A short history of the Royal Dental Hospital of Melbourne

By Henry F Atkinson

After several difficult and unproductive years of debate by the Odontological Society of Victoria on the possibility of establishing a dental hospital in Melbourne, the president John Iliffe took the problem directly to a meeting of the local dentists with the result that the Dental Association of Victoria was formed with the single aim of opening a dental hospital.

This event occurred with much fanfare in 1890. The new Melbourne Dental Hospital occupied rooms over Garton’s Horse and Carriage Bazaar directly opposite the gates of the Melbourne Hospital in Lonsdale Street. Initially the hospital prospered, treating patients and taking on apprentices but politics, gold rushes and the collapse of the land boom saw the Committee of Management reduced to two, Mr John Iliffe, the President, and the Secretary Mr Ernest Joske. They must have dreaded the closure of the hospital and the end of a decade of work.

Drastic steps were necessary, public meetings were called resulting in the administration of the hospital and all its assets, being returned to its founding fathers - the Dental Association of Victoria - of which Iliffe was also President. The hospital continued in reduced circumstances until 1897 when another meeting of local dentists resulted in the establishment of an educational institution, the Australian College of Dentistry, which included the hospital administration (apparently returned without fanfare from the dental association).

Nominally the hospital had its own management committee, the members of which, together with the secretary, were common with the college.

The union between the two bodies prospered with the college eventually designing, financing and completing in 1907 a building at 193 Spring Street to house both organisations, with the hospital as a tenant. They were justly proud of this achievement which John Iliffe stated at every opportunity, was built without government help.

To both patients and students it was not possible to separate hospital from college.

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Picture: Porcelain room and staff, c.1907, sepia toned photograph of the porcelain room at the Melbourne Dental Hospital and Australian College of Dentistry, Spring Street Melbourne with (l to r) Dr E F Greenwood, unknown student, Mr T Unsworth, Dr Angus Bain, Mr Ernest Joske and Mr L Price. 20.5 x 28.0 cm, reg. no 1232/362, Henry Forman Atkinson Dental Museum.
The School has been engaged in a range of activities in the first quarter of 2011, with a particular focus on preparing the documentation for the Australian Dental Council for the accreditation of our new Doctor of Dental Surgery (DDS) curriculum, completion of the negotiations to finalize the agreements to establish the new Cooperative Research Centre for Oral Health (CRC-OH) and to secure approval from the finance committee of the University Council for the release of funds to establish the Melbourne Oral Health Training and Education Centre (MOHTEC) at 723 Swanston St.

I am very pleased to report that the accreditation documentation for the DDS was recently submitted to the ADC and an ADC accreditation visit to the School has been planned for August with the aim of having new the program accredited before our first student intake in early 2011. I would particularly like to thank Professor Michael Burrow, the Head of DDS, and the DDS Curriculum Committee for developing, what I think, is an exciting and prosperous future.

Entry was by a common door off the street, students treated patients and furthermore when the superintendent, Dr. John G. Ensom, hospital staff went on leave, a senior student was appointed to the position. A dental faculty was formed and the college was affiliated with the University of Melbourne, which, according to the inaccurate wording on a cast bronze plaque mounted on the wall of the entrance hall, also included the hospital.

I would like to see the college continue in an advisory capacity to continue in an advisory capacity to the Melbourne Dental School. The college had changed in the physical sense, the practical situations did not change. The dental student’s role was to attend lectures, pre-clinical practical classes, laboratories and online learning. The curriculum is based on up-to-date scientific evidence in oral health, imparting important philosophies, skills and knowledge related to all areas of clinical dental practice and research.

As part of the four year full-time degree, students will spend significant time in provision of care, using advanced materials and clinical methods, as well as undertake a two-year research project in oral health. In final year, students have the unique opportunity to experience working in a private practice setting in MOHTEC, as well as learning how to run a small business.

MOHTEC will not only provide a state-of-the-art clinical simulation facility and a small private dental clinic which will complement the current clinical training sites at the Royal Dental Hospital of Melbourne and various Community Health Centres in regional and rural locations in Victoria.

This new CRC builds on the old CRC for Oral Health Science and welcomes new partners, Colgate Oral Care, Murray Goulding Dairy Co-operative and the University of Queensland Dental School. The participants of the original CRC will all continue in the new CRC-OH and these are the Melbourne Dental School and other Departments of The University of Melbourne, CSIS Ltd, QC, Australia, Reckitt Benckiser and Monash University. All the CRC participants are advised to Ms Gillis Pevin Deputy CEO and Legal Counsel who has worked tirelessly for the last nine months to facilitate agreement between all parties and make the CRC a reality.

The introduction of the DDS, and the establishment of MOHTEC and the new CRC-OH would feature amongst the most transformational changes for the Melbourne Dental School in its 150 year history and clearly auger well for an exciting and prosperous future.

A new benchmark in 21st century dental education. The degree will not only lead to registration as a general dental practitioner with the Dental Practice Board of Australia and New Zealand, but it will also create a pathway to enter the MPH, PhD or Doctor of Clinical Dentistry.

The School is fortunate to have internationally recognised academics who will deliver the course using lectures, pre-clinical practical classes and clinical patient treatments involving all specialties of dentistry and knowledge of both clinical and online learning.

Today the Federal Government is determined to make changes at the national level to the funding of health care in order to bring services to the wider community.

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This action involved the hospital and the Hospitals and Charities Commission and resulted in the Minister of Health establishing the Ministerial Advisory Commission to consider, amongst other items, the relationship between the hospital and school. Discussions also centred on changing the philosophy of the hospital to that of a general or teaching hospital.

This concept was strongly supported by the chairman of the Hospitals Commission who had recently concluded a similar proposal involving the new Austin Hospital and the university; the proposal was ultimately narrowly defeated. The Commission however increased hospital staff by appointing to additional clinical teaching areas with more house and clinical supervisors. The hospital changed the position of secretary to that of chairman and appointed a member from the staff of a general hospital who had experience with academics as well as medical and dental practitioners and their problems. Changes were also made to the membership of the Committee of Management, now renamed Council, which included a university representative and the Dean of the Faculty relationships between the hospital and dental school had been much improved as a result of these changes.

The whole health system was in a state of flux with separate acts under discussion for medicine, dentistry and other dental personnel. The hospital administration changed fundamentally. The previous system, which allowed contributors to put forward and vote for committee members and thereby allowed the academics to play internal politics, was abolished and appointments made from above.

The absorption of the Dental Faculty into the Medical Faculty and the official creation of a Dental School prior to the move to a new building where the school would be a tenant, would be a major problem. The absorption of the Dental Faculty into the Medical Faculty and the official creation of a Dental School prior to the move to a new building where the school would be a tenant, would be a major problem.

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In their practices, no equivalent assist medical practitioners to adopt While there are numerous evidence-based systems and resources to assist medical practitioners to adopt improved quality and safety measures in their practices, no equivalent support systems exist for Australian dentists.

Science transfer Research is fundamental to building our knowledge base, yet there is often a disconnection between research outcomes and the realities of patient care. This is due to the fact that most dental research is conducted within a university setting. Using the results of a number of studies published within the medical literature, it has been estimated that it takes on average 17 years to turn 14% of original research findings into changes in clinical care that benefit a patient (Balas & B. Managing Clinical Knowledge for Health Care. In: Yearbook of Medical Informatics 2006:65-70). A recent publication by Gilbert et al., in IJADA 2008;339(7-8), reviewed the structure and function of the University of Alabama practice-based research network, which includes practitioner researchers in seven US states and three Scandinavian countries. The authors concluded that practitioners from diverse settings were partnering with fellow practitioners and academics to improve daily clinical practice and meet the needs of clinicians and their patients. They stated that DPBRNs can improve clinical practice by engaging dentists in the development and implementation of studies that are of direct interest to them and their patients.

This active engagement of the profession offers the potential to significantly improve the science transfer from research projects to clinical practice.

The Network eviDent will train eviDent members in research skills and engage them in activities and projects within their own practices that will improve the evidence base for dental care. Most dentists work within isolated clinical settings with little opportunity for clinical benchmarking. It would be of great benefit to the profession and community at large if information could be obtained from the private practice environment. Through eviDent, clinical and community based health care questions can be answered and translated into provision of services in accordance with best practice and quality improvement guidelines. In addition, this information can be utilized to direct appropriate policy initiatives. Within the context of quality assurance, practice accreditation and practitioner revalidation a DPBRN would provide dentists with the resources to meet the burgeoning requirements set by regulating bodies. eviDent will draw on the experience and insight of Associate (practitioner) Investigators to identify and frame research questions whose answers can improve the delivery of dental services within the private practice setting. By linking these questions with rigorous research methods, the DPBRN can produce research findings that are immediately relevant to the clinician and, in theory, more easily assimilated into everyday practice.

Research Projects & Funding The primary objective of each eviDent study is to strengthen the knowledge base for clinical decision-making and policy-setting. This will be done by testing particular approaches and evaluating the effectiveness of strategies for the prevention, management, and treatment of oral diseases and conditions. The first two approved research projects relate to implant complications and Hypomineralisation. Further details about these will appear in future newsletters. Their practicals for new projects will be relevant to oral health care and, where possible, educating general practitioners and practice staff thereby helping to build knowledge and research capacity of participants. Research will occur in two broad areas: 1. Research projects about policy issues 2. Research projects about clinical issues.

The ADAVB has committed $500,000 to start an investment fund to generate future earnings that can be assigned to support research activities, and both the ADAVB and CRC-OHS provide significant amounts of in-kind support for eviDent. Research projects will be able to make applications for National Health and Medical Research Council and Australian Dental Research Foundation funding with assistance from Chief Investigators (Melbourne Dental School academic staff). Research projects to be conducted by eviDent are expected to cost from $50,000 to $100,000 depending on the scale and scope of the research design.

Further information Members interested in eviDent should contact: Ms. Meaghan Quinn eviDent DPBRN Coordinator PO Box 5005 SOUTH MELBOURNE VIC 3205 Ph: +61 (3) 9870 4602 Email: meaghan.quinn@unimelb.edu.au For more information on the 2010 program please contact: or check our web site at www.dent.unimelb.edu.au

Melbourne Dental School Pre-Convention Workshop Thursday 29th July 2010 The Melbourne Dental School (MDS) in conjunction with the ADAVB is proud to present the 2010 Pre-Convention Workshop. This workshop will highlight current concepts in preparation design. The workshop will be headed by Professor Charles Goodacre, one of the pre-eminent prosthodontists of today. Professor Goodacre will bring together many years of clinical research and teaching experience to help drive this workshop. He will present concepts behind preparation design and present techniques by using video, live demonstrations and power point presentations. Participants will be able to carry out these preparations under the supervision of some of the leading prosthodontists in Australia. The Melbourne Dental School is proud to offer the first Pre-Convention workshop providing hands-on learning in conjunction with the excellent program offered by the ADAVB. 

Objectives To understand choice of preparation • Concepts supporting design philosophy • To increase clinical skills by immediate feedback from a range of prosthodontists • To encourage conservative philosophies in preparation design

Major Topics • Overlay preparation • All Ceramic preparation • Metal Ceramic preparations

Possible funding sources include various foundations and trusts plus public donations for particular projects or a general pool of funds for eviDent.
The Dean of the Faculty of Medicine, Dentistry and Health Sciences is delighted to inform you that the Melbourne Dental School that the Vice-Chancellor has accepted his recommendation that Professor Eric Reynolds is appointed Foundation Head of the Graduate School of Dentistry, known as the Melbourne Dental School for five years from 4th January 2010.

Mr Alan Eddy has been appointed as School Manager of the Melbourne Dental School replacing Sandra Turner who is now the Manager of the Department of Medicine.

Professor Michael Woods has resigned from his role as Head and Chair of Orthodontics. Michael has been with the School for over 14 years and has built up graduate orthodontists to be one of the most sought after graduate courses.

Congratulations to Dr Julie Satur and Dr Neil O’Brien-Simpson on their recent promotions to the level of associate professor and also to Senior Research Fellow.

Professor Michael Burrow

After 15 years, Michael Burrow will be leaving the Melbourne Dental School. He will take up a position in Comprehensive Dental Care in the Faculty of Dentistry at the University of Hong Kong. Michael came to Melbourne in 1995 after spending six years in Tokyo where he completed a certificate in Japanese language at the Tokyo Institute of Technology, then his PhD at Tokyo Medical and Dental University, First Department of Conservative Dentistry. His research was the first to investigate the long-term durability of resin-based adhesives to dentine with clinical etch and rinse systems and the pioneering development of the self-etching adhesives.

He has actively continued his research throughout his time at the School. Originally from Adelaide, where he graduated in 1978 from the University of Adelaide with a BDS, he then completed a Masters degree in Prosthodontics in 1979. Michael started at the School as a Lecturer convening Removable Prosthodontics and shorty after Dental Materials. He then convened Konservatism from 1997 till 2002, he was appointed as Clinical Dean of the School, and in 2007 was promoted to Professor. He has played a major role in the development of the School and has mentored many other aspects of curriculum development and education in the School.

We wish Michael well in his new ventures and look forward to making stronger links between the Melbourne and Hong Kong in the future.

Visitors to the School

Professor Nazan Talabani and two PhD candidates, Dr Arias Rauf and Dr Fadi Kareem recently visited the Melbourne Dental School from the College of Dentistry University of Sulaimani, Iraq. During their visit, they collaborated with Professor Mike Morgan, A/Prof Rodrigo Marlini and Dr John Rogers. Our guests also had the opportunity to visit other departments of the Dental School and Dental Health Services Victoria.

Professor Talabani discussed the possibility of future collaboration between the University of Melbourne and Iraqi Universities.

Launch of the Stanley Jacobs Trust for Orthodontic Research

The family of the late Stanley Jacobs have donated funds to the School to establish the Stanley Jacobs Trust for Orthodontic Research. The purpose of the Trust is to promote research in orthodontics and to recognize Dr Jacob’s dedication and passion for his chosen profession. A formal launch of the Trust was recently held in conjunction with the Faculty of Medicine, Dentistry and Health Sciences and the Australian Society of Orthodontists.

Stanley worked for the Royal Dental Hospital of Melbourne for many years as an orthodontist. His training in orthodontics was in the United Kingdom in the 1960’s, affording him a particular interest in removable orthodontic appliances although his practice was mainly with fixed appliances. He built up a collection of orthodontic models, slides and radiographs illustrating the diagnosis and treatment of undergraduate orthodontic cases whilst he was teaching final year undergraduate students in orthodontics. The collection was greatly appreciated by other clinical teachers in the undergraduate orthodontic programme at The University of Melbourne.

Professor Talabani was also utilised in the short courses for general practitioner dentists in orthodontics convened by the Orthodontic Department of the IDCHM for which Stanley provided lectures and tutorials.

Impacted canines were of particular interest to Stanley and he explored the detailed aspects of localisation, interceptive treatment and surgery. This led to the publication of 26 scientific papers and case reports in Australian and international journals. His articles were cited in many later papers relating to impacted teeth and their management. Stanley gave many lectures on impacted canines and other orthodontic topics to orthodontists, general practitioners and undergraduates and his collection of slides was passed to the undergraduate programme when he retired. He organised an outstanding continuing education programme for the Orthodontic Department from 1995-1999. During the academic year weekly one hour meetings were held and Stanley arranged for staff, postgraduate students and visiting speakers to present seminars, literature reviews and cases.

The Melbourne Dental School acknowledges and thanks the family of Dr Jacob’s for their generous bequest. It is family’s hope that the Trust will enable many more students at The Melbourne Dental School to further their study.

Launch of the Paediatric Dentistry Education Fund

On Tuesday 27 April 2010 the Head of School, Professor Eric Reynolds, AD launched the Paediatric Dentistry Education Fund of the Melbourne Dental School. In opening the fund, Professor Reynolds said: “This fund will allow postgraduate students in Paediatric Dentistry to engage fully in research and scholarship.

Research is an integral part of dental education and training. All of the Melbourne Dental School undergraduate and postgraduate students are involved in research during this course and this requires substantial resources to provide the facilities and equipment for the students to engage in meaningful projects with outcomes of real impact. Research is important to provide a scientific basis to dental practice and to produce a critical, enquiring and self-improving professional. The Melbourne Dental School is ranked the leading dental school in Australia for its research output and the students, particularly the postgraduate students make a substantial contribution to that output. The Paediatric Dentistry Education Fund will ensure that the School has the resources to continue to involve students in state-of-the-art research in Paediatric Dentistry that will keep the Melbourne Dental School competitive and maintain its international reputation during these years we have been diminishing funds for student research. The fund will also allow us to financially support travel to the Paediatric Dentistry postgraduate students to international meetings and to other universities such as the University of Minnesota where specific and long term linkages exist.”

In the presence of the Dean of the Faculty, Professor James Angas, Professor Reynolds welcomed guests and the Brownbill Family, Clinical Associate Professor John Brownbill and wife Gae, Andrew Brownbill and partner Peta; Robert Brownbill and James Owens-Brownbill; also welcoming Clinical Associate Professor Paul Schneider and Dr Margarita Silva and Dr Karen Kan. It is their association with the late Robert Feigal through Emeritus Professor Louise Breanley Messer at the University of Minnesota that the fund has been established with generous contributions.

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Dr David Manton, the convenor of Paediatric Dentistry, outlined plans for using some of the money for a visiting otosomal examiner and as a contingency fund for unexpected opportunities.

Professor John Brownbill spoke of the inspiration of the late Robert Feigal and how colleagues in Minnesota had established the Feigal Symposium. John thanked his extended family for their attendance, particularly his three sons whose contributions established the fund. John is the last of a family of dentists who practiced in Victoria throughout the twentieth century. His father Joseph Brownbill practiced in Mildura and his uncle George Brownbill practiced in Maryborough. The fund also acknowledges John’s mother Ruby and the support of John’s wife Gae.

Before closing the launch and thanking all for their attendance Professor Reynolds said: “In establishing the Paediatric Dentistry Education Fund we are not only showing great generosity but also great foresight and leadership: to help advance Paediatric Dentistry and attract higher postgraduate students to an exciting postgraduate training program. By attracting high caliber postgraduate students the School can provide to the public dental hospital this fund will also help children in need of dental care. These gifts are truly gifts that keep on giving to future Paediatric Dentistry postgraduate students and patients under their care. To establish a well-resourced and exciting education training program in the current climate of under-funding of higher education, particularly dental education, it requires partnerships and philanthropy.”

The Melbourne Dental School may have noticed that the old building which was home to many for over 40 years is gradually disappearing to make way for the new Comprehensive Cancer Centre. The foundation stone was laid in 1956 and the School and Hospital moved into the building in 1959.

Final Farewell to 711 Elizabeth Street

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We are interested in hearing from our Alumni who would be interested in attending a reunion of all alumni of dentistry. Please send your expressions of interest to Jenny Sforios, email sforios@pumelit.edu.au or telephone 03 9341 544.

We expect that this reunion will attract at least 500 former graduates and we anticipate holding the event in late 2010. The Reunion Committee made up from Melbourne Dental School staff, are looking for volunteers who would like to work in year cohorts.

The Advancement Office at the University of Melbourne is providing substantial assistance and some funding to help organize what should be a fantastic reunion dinner.

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Because my teeth had been neglected for so long the dentist decided after my second need more specialist attention than he could provide, so I was taken to the Dental Hospital in Melbourne to have the job done under anaesthetic. I stayed there for a couple of days which I did not mind, as I was fed mainly jelly and ice cream, food that we seldom saw on the orphanage menu.

He then quotes from the 87th Annual Report of the Melbourne orphanage for 30 June 1939 when the reports we gain the impression that the children’s diet was fairly good, with only one or two fillings or extractions.

The group averaged just over four fillings or extractions which must be considered good. There were no indifferent or bad days.

As a point of interest I have compared the figures for the children in the same age groups in my own practice and have found the same fillings and extractions averaged eight compared with less than two of those in the orphanage.

A large proportion of the extractions are almost entirely due to an inadequate and in most cases complete lack of dental attention.

Examinations of the children under such conditions are often of little use.

From his comments on the children’s teeth it seems that he developed an interest in the prevention of dental disease and associated statics from the early years of his career.

Intrigued by the reports from the dentists I asked Tom if they had tooth fillings in front permanent teeth; five porcelain extracted; 19 amalgam fillings in permanent teeth; five porcelain inclusions; one to sit on and the other as a backrest.

The ‘cottage mother told me to go to the waiting room and sit there until the dentist was ready for me. Finally a white coated man called me. He indicated to me to sit in the steel dental chair on which there were two leather horsehair filled cushions, one to sit on and the other as a backrest.

The ‘Orphan’s Tale’

The museum requires many visitors, some merely curious but others considering what a dental museum may have to offer, others searching for knowledge but none more interested than Tom who, at the request of his family, and after undertaking considerable research, is writing an account of his early years as an orphan.

Many years ago Tom was in the care of the Melbourne Orphanage where every six months each child was given a medical check up after the Matron of the Melbourne Orphanage where “The Orphan’s Tale” was happening.

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Intrigued by the reports from the dentists I asked Tom if they had tooth fillings in front permanent teeth; five porcelain extracted; 19 amalgam fillings in permanent teeth; five porcelain inclusions; one to sit on and the other as a backrest.

The ‘cottage mother told me to go to the waiting room and sit there until the dentist was ready for me. Finally a white coated man called me. He indicated to me to sit in the steel dental chair on which there were two leather horsehair filled cushions, one to sit on and the other as a backrest.

The sound and vibration of the drill in my mouth was horrendous and to help me cope, I gripped the arms of the chair tightly. The dentist noticed my distress. ‘It’s nearly over, the only thing I need to do is to fill your hole.’

Because my teeth had been neglected for so long the dentist decided after my second need more specialist attention than he could provide, so I was taken to the Dental Hospital in Melbourne to have the job done under anaesthetic. I stayed there for a couple of days which I did not mind, as I was fed mainly jelly and ice cream, food that we seldom saw on the orphanage menu.

He then quotes from the 87th Annual Report of the Melbourne orphanage for 30 June 1939 when the reports we gain the impression that the children’s diet was fairly good, with only one or two fillings or extractions.

The group averaged just over four fillings or extractions which must be considered good. There were no indifferent or bad days.

As a point of interest I have compared the figures for the children in the same age groups in my own practice and have found the same fillings and extractions averaged eight compared with less than two of those in the orphanage.

A large proportion of the extractions are almost entirely due to an inadequate and in most cases complete lack of dental attention.

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Sir Arthur Amies (1902-1976) represented a new generation of dentists who were University trained and qualified unlike many of Tuckfield’s era who came through the apprenticeship system. Amies completed his dental degree at the University of Melbourne in 1924 (BDS) and the Diploma of Laryngology and Otology (1935).

There are 17 archival boxes of Amies’ material covering 11 different series that include correspondence, photographs, lecture notebooks, minutes, speeches, administrative files all relating to the broad orbit of Amies’ interests and responsibilities in his many professional roles. The records provide insights into the activities of the Australian College of Dentistry, the establishment of new professional chairs in Conservative Dentistry and Dental Prosthetics, the fluoridation debate in Victoria and Amies views on dentistry delivered through an impressive number of public speeches.

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The recently listed Tuckfield material is in 2 boxes covering 5 series, and includes certificates 1945, 1955, objects 1911-1965, professional articles and teaching materials 1945, 1951; papers 1868, 1944 and photographs c.1964. Although small, this collection contains evidence of the key achievements and interests in Tuckfield’s academic career and life.

Dr Annette Humplik obtained her BDS from the University of Melbourne in 1980 and subsequently her MDCD in Prosthodontics in 2000. Her career commenced as an Intern for the Royal Dental Hospital of Melbourne followed by six years of general dental private practice. Annette’s adventurous spirit led her to Northern Australia where she worked with indigenous communities in Oenpelli (Kakadu), Milingonda (Anhem Land) and Palm Island, Queensland. On completion of her Masters, Dr Humplik worked for the first year in Saudi Arabia and upon her return to Australia worked in beautiful Norfolk Island. Late in 2001 she established her private solo practice in Moonee Ponds and commenced practice as a Specialist Consultant for the Royal Dental Hospital of Melbourne. Today, both these practices continue as well as an ongoing commitment to her own and others’ education. Dr Humplik completed an Executive Master of Business Administration with Distinction in 2008. Her commitment to teaching is demonstrated by years of undergraduate demonstrating and presently as Honorary Clinical Senior Lecturer to the Doctor of Clinical Dentistry Dr Humplik convenes several DHIV CIO programs, is a recent past Member of the DHIV Clinical Leadership Council, presenter to AIDER (Australia-Pacific Institute of Dental Education & Research) candidates and most recently delivers her own training programs in-house to public sector agencies through the Enhance© program. Dr Humplik also provides mentoring and one-to-one training for overseas dentists and graduates through dentalaptid.com Projects include writing and directing an oral health promotion animation titled ‘Manny the Molar and the Fluoride Fairy’ and most recently, under the auspices of Leadership Victoria, expanding the base of the Hume Global Learning Village to encompass health. Dr Humplik’s philosophies of treatment are based on sound treatment planning, with a strong preventive and minimalist approach.

Dr Julia Gellatly

Dr Julia Gellatly, who recently graduated from the Melbourne Dental School, is working in forensic science can be more confronting than other professions and there are certainly aspects of it that are hard to discuss at the end of the day over dinner,” Julia has always had a passion for anatomy and worked as a respiratory physiologist before pursuing a career as a dentist. "Being a dentist offers a variety of opportunities that go beyond the usual stereotypes people have such as cleaning teeth or filling cavities," said Julia, who worked as a dental nurse throughout her dentistry degree to support herself. "It allows you to engage with people and build relationships with them so they have trust in you.”

Julia grew up in the western Victorian town of Horsham and completed an arts and science degree before starting a traineeship as a dental nurse. In 2004, she commenced the Bachelor of Oral Health and then transferred to Dental Science in 2005. Reflecting on her experience, Julia said the course offered good opportunities for intensive clinical training and exposure to research.

"The School has a practical and academic approach to learning and also allowed me to gain exposure in a variety of settings," said Julia.

Dr Annette Humplik and Dr Julia Gellatly

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Editor’s note: Julia won the Peter Fleauchard University Award in 2009 awarded to an outstanding student.
Ms Judith McNaughtan

By Dennis Rowler

Judith has recently retired from the Melbourne Dental School after 15 years. Judith started at The University of Melbourne’s Department of Otolaryngology where she ran the histology laboratory for 7 years. Much of her time was spent developing histology techniques to section the cochleas for Professor Graeme Clark. In 1995 Judith moved to the University’s School of Dental Science. The Dental School runs a small diagnostic service and most of Judith’s time has been spent running this valuable service to the industry. Class sets and research histology are also a part of the daily routine. Over the last few years one of the more interesting research projects has been to work with Dr Bryan Fry from the Department of Biochemistry and Molecular Biology and the Australian Venom Research Unit. He has made major inroads in researching venoms in reptiles and how they can be utilised for possible medicinal needs.

Being the sole person in a small histology laboratory means a lot of manual procedures have to be undertaken. There has been no labeller, no auto stainer and no coverslipper. All staining techniques including immunohistochemistry and immunofluorescence are done manually. Special techniques including microphotography, radiography and scanning of slides with a digital scanner are also a part of Judith’s routine. Histology covering all aspects from specimen reception, cut up, processing, sectioning, staining and labelling through to administration of the laboratory including filing of slides and pathology reports are all a part of Judith’s day. Judith has certainly had a long and interesting career. Apart from the impressive number of big name researchers she has worked with Judith has developed immense knowledge of techniques involving many different types of material.

From the Editor

We hope you enjoyed reading this edition of Dent-al, the Melbourne Dental School’s newsletter for alumni. We would be 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, please let us know.

Editor: Jennifer Sifonios

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