THE UNIVERSITY OF MELBOURNE

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Alumni Newsletter ISSUE 7 2007

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Research and Recognition Days 2006

The 37th Annual Program of undergraduate and postgraduate student research presentations was held in October 2006. Twenty five papers were presented on a variety of topics which ranged from software development for post mortem mass disaster identification to a comparison of submandibular/sublingual and parotid flow rates in healthy young adults, involving the development of a unique device for saliva collection. Future projects for 2007 will include the effect of bisphosphonates following tooth extraction in rats and the determination of the erosive potential of beverages sold in Australian schools.

At the opening address, the Head of School, Professor EC Reynolds AO, presented Dr Pamela Craig with the WM and AV Eggleston Trust Excellence in Teaching Award, an award which is held in high regard in the School of Dental Science as it is voted by the undergraduate students. Dr Menaka Abuzar was awarded the IJ Marks and TC Adamson Prize for 2006 in recognition of her excellent work in establishing the Shepparton node for undergraduate clinical training.

The two staff award presentations were in addition to those to the high achieving recipients of the 2005 undergraduate awards listed below:

First Year Awards & Prizes 2005

Michelle Clark Memorial Prize in Introduction in Dental Biology
Cathy Wang

John Iliffe Scholarship Prize for Highest Aggregate
Renato Assini

EB Nicholls Prize in Dental Anatomy in First Year
Sonja Sokolovska

The Dean's Honours List
Renato Assini
Aditi Bhide
Cathy Wang
Sonja Sokolovska

Second Year Awards & Prizes 2005

John Iliffe Scholarship Prize for Highest Aggregate
Kar Yeng Tham

Gladys & George Campbell Scholarship for Best Performance in Dental Practice 2
Kar Yeng Tham

Alan Docking Prize in Dental Materials Science
Jing Jia Wu

EB Nicholls Prize in Dental Anatomy in Second Year
Kar Yeng Tham

The Dean's Honours List
Kar Yeng Tham
Monique Cheung
Ye Liu

Third Year Awards & Prizes 2005

The RDHM Auxiliary Prize for Second Highest Aggregate
Magdalena Wyszomirska

The RDHM Auxiliary Prize for Third Highest Aggregate
Priscilla Lu
Kaoutar Marhfour

John and Elsie Jago Prize
Timothy Wong

John Iliffe Scholarship Prize for Highest Aggregate
Braydon Patterson

Tuckfield and Shepherd Prize
Magdalena Wyszomirksa

Continued over...

Pictured Top: Professor Reynolds presenting Dr Abuzar (right) with the IJ Marks and TC Adamson Prize for 2006 in recognition of her work in establishing the Shepparton node for undergraduate training, and the the WM and AV Eggleston Trust Excellence in Teaching Award 2006 to Dr Pamela Craig.

A Word From the Head

In September 2006 after a protracted period of seeking suitable alternative accommodation the School's Clinical Trials Unit finally moved into former postgraduate student space at 720 Swanston Street. Although preferable to have the School only split over two sites, the adjustments that have had to be made by both staff and postgraduate students simply serve to highlight the lack of current space at 720 Swanston Street.

This year the School will be focusing again on its teaching activities as we move together with the faculty and the university to implement Growing Esteem and the Melbourne Model. Many decisions will have to be made, plans drawn up and the process of implementation commenced in the coming months, in fact years, ahead. Communication with stakeholders will be a significant feature of these activities. The university already has an active link with the broader community through information on its website and a vigorous information campaign is planned for this year.

An increase in first-year student intake numbers this year will, in due course, help address some of the current workforce issues outlined in the Oral Health Plan but will also place further strain on our already limited resources. Urban and rural placements are absolutely invaluable in providing additional dental chairs for our current cohort of students but of course, more will be needed as we continue to grow student numbers. The rural initiative at Shepparton has been a great success story and this year will be the first year that all our final year undergraduates will have a rural rotation. But - more of that in later editions.

PROFESSOR ERIC REYNOLDS AO

The Clinical Trials Unit l-r; Dr Cladine Tsao, Ms Wendy Thompson, Professor Mike Morgan, Ms Karen Escobar, Dr Denise Bailey, Ms Cathie Filer, Mr Geoff Adams and Dr Anne Hyslop.

Overview: Clinical Trials Unit

The Clinical Trials Unit (CTU) was formed largely from staff working on the four year *project, A Clinical Trial of a Sugar-Free Chewing Gum.* This was the largest clinical study ever undertaken by the School and one of the largest in Australia. Professor Michael Morgan has leadership of the group. Dr Denise Bailey undertakes clinical management of the Group and is a calibrated examining dentist. The Group has two more examining dentists, Dr Claudine Tsao and Dr Anne Hyslop (see Anne's profile), both of whom have extensive experience in standardization and calibration. Claudine is also the Group's adverse event monitor. Cathie Filer is a highly experienced Study Coordinator, whilst Wendy Thomson provides additional Study Coordination and administrative support. Karen Escobar is the Clinical Research Assistant (see Karen's profile). Geoff Adams provides statistical support for this Group and the School as well as CRC programs and designs many of the direct entry databases used in the studies.

The Group is able to conduct all aspects of clinical trials from protocol development and ethics applications to data analysis and final report. Clinical trials conducted this year include *A Clinical Trial of a Tooth Cream in the Repair of Early Dental Decay and A Comparison of the Antiplaque and Staining Properties of a Chlorhexidine and a Triclosan-Containing Toothpaste.*

Continued from page 1...

The Dean's Honours List
Braydon Patterson
Magdalena Wyszomirska
Kaoutar Marhfour
Si'ai Priscilla Lu

Fourth year Awards & Prizes 2005

John Iliffe Scholarship Prize for Highest Aggregate
Omar Breik

Bertha Bennett Prize (RDHM) for Highest Aggregate
Omar Breik

William Leslie Elvins Prize for the top Student in Dental Practice 4
Nancy Henein

Frances Gray Prize for Best Performance in Dental Practice 4
Jason Yap

William J Tuckfield Prize for Best Performance in Dental Practice 4 (Restorative Dentistry)
Carolyn Ng

Fred Barnett Prize for Highest Marks in Prosthodontics
Payam Poursoltan

The Dean's Honours List
Omar Breik
Helena Horina
Sara Lou
Nancy Henein
Jenkin Chiu

Fifth Year Awards & Prizes 2005

American Society of Dentistry for Children Prize
Chris Moule

Ernest Joske Memorial Prize
Balakka Reddy

Des Crack Memorial Prize in Paediatric Dentistry
Adam Wallace

John Iliffe Scholarship Prize for Highest Aggregate
Adam Wallace

Rowden White Prize
Adam Wallace

Australian Dental Association (Victorian Branch) Prize for best student
Adam Wallace

Australian Society of Periodontology Prize
Cecily O'Shea

Australian Society of Endodontology Prize
Melody Chia-Chun Kuo

Mervyn Townsend Memorial Prize in Orthodontics
Claire Kimpton

James Monahan Lewis Prize in Periodontics
Chris Moule

Victorian Women Dentists' Association Prize
Rachael McDonald

Royal Australasian College of Dental Surgeons Prize
Chris Moule

The Dean's Honours List
Adam Wallace
Chris Moule

First Year Awards & Prizes BOH 2005

The Dean's Honours List
Sophie Norden
Shellie Morris
Charlie Jong

Teaching Awards 2005 & 2006

Dr Pamela Craig—
WM and AV Eggleston Trust Excellence in Teaching Award
Dr Menaka Abuzar—
IJ Marks and TC Adamson Prize for 2006

Copies of the 37th Annual Program of Student Research Presentations proceedings are available from Dr David Manton, 5th Year Research Convenor at djmanton@unimelb.edu.au.

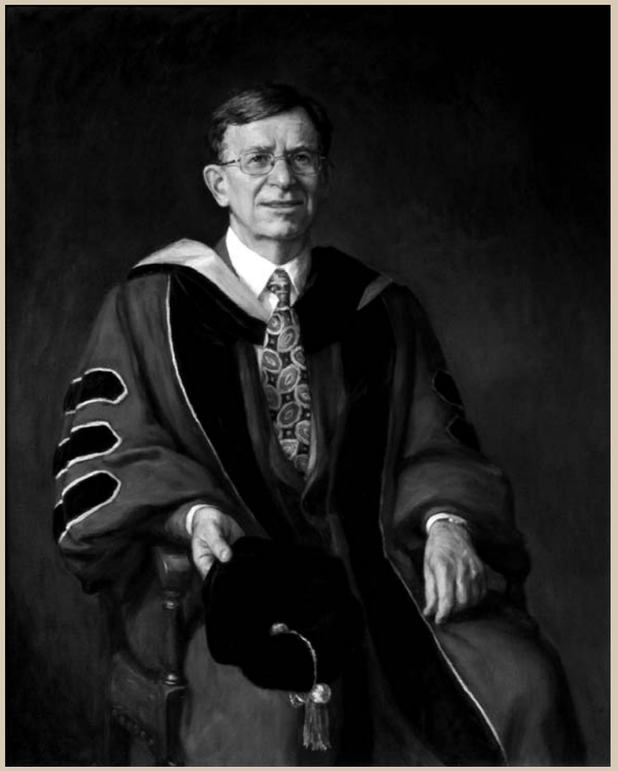
Staff News

Retirement of Emeritus Professor Harold Messer

The School recently held a formal presentation to honour Emeritus Professor Harold Messer on the occasion of his retirement to recognise his academic achievements over more than 45 years involvement in dentistry, with almost 40 of those associated with academic dentistry. Family members attended including Professor Louise Brearley Messer, Dr John Messer, Mrs Ruth Messer, Mr Bill Brearley and his son Dale Brearley.

Before coming to Melbourne as Professor of Restorative Dentistry in 1990, Harold was Chairman and Professor of Endodontics from 1974 - 1988 and in 1989 Acting Chairman of the Department of Restorative Sciences at the University of Minnesota. Harold was a gifted dental student and moved immediately into an MDSc higher degree which was completed in 1967 and then into a PhD program, which he completed in 1972.

Harold's research includes 164 peer reviewed publications, three papers have over 50 citations, his paper "pH changes in root dentin over a 4-week period following root canal dressing with calcium hydroxide" is one of the most cited papers in endodontic research and he has received over $1m dollars from the National Institutes of Health (USA), National Health and Medical Research Council and the Australian Dental Research Foundation.



In 2003, Harold was awarded the prestigious IADR Alan Docking Award. The staff and students of the School of Dental Science congratulate Harold on his achievements and wish him a happy retirement.

Harold has been a mentor in both Undergraduate and Postgraduate Teaching in Endodontics, has successfully supervised sixty research higher degree students including eight PhD students and is currently supervising eight PhD students and two postdoctorate students.

Harold's international activities have included:

- International Education (South-EastAsia and the Middle East)
- Recruited over 35 international postgraduate students to the School
- Harold's graduates are now in Deputy Vice-Chancellor, Associate Dean and Departmental Head positions
- Visiting lecturer in countries which include Taiwan, Thailand, Japan, Kuwait, Singapore

The portrait of Professor Messer has been hung in the Jean Falkner Tahija Lecture Theatre, along with those of other Deans and Heads.

Portrait of Professor Harold Messer painted by artist, Mr Tom Alberts.

Professor Martin Tyas

At the November 2006 Meeting of the Australian Dental Association Inc., Federal Council awarded Professor Martin Tyas its highest honour, that of Honorary Life Membership. This award is in recognition of his contribution to dentistry over many years. Professor Tyas will receive this award at the forthcoming Australian Dental Congress in Sydney in March 2007.

Professor Tyas was also appointed Chairman of the Science Committee of the FDI World Dental Federation at its Annual World Dental Congress in Shenzhen in September and has recently been re-elected to the Council of the Royal Australasian College of Dental Surgeons.

Congratulations

Roy Judge who was promoted to Senior Lecturer in September.

David Manton has been awarded the Kenneth JG Sutherland Prize for 2007 in recognition of his achievement of the highest marks in General Dentistry at the final examination of the Royal Australasian College of Dental Surgeons.

Pictured above: Martin Tyas, RAAF 2006.

from the Museum

The Hypodermic Syringe in Dentistry

Manufactured by Zenith Record, this beautifully presented syringe has a glass barrel calibrated in minims to twenty and ccs to one, with all metal attachments heavily gold plated. The syringe is stored in a gold plated metal box engraved on the upper surface of the lid; 'In appreciation of your assistance which made possible the manufacture of hypodermics in Australia' and on the inside lid; 'Dr J Wunderly, D. Sc.' The outfit is stored in a soft leather case, stitched in cotton with the initials 'J.W.' embossed in gold. *(see picture 1 opposite)*

Jack Wunderly was a demonstrator in Orthodontics at the Australian College of Dentistry and was on the staff of The Royal Dental Hospital of Melbourne working in the Malocclusion Department. His main interest, apart from orthodontics, was the science of dental materials and he was most supportive of the work of the Bureau of Dental Standards.

He was known by his close colleagues in the profession as Happy Jack Wunderly because of his serious mien and total devotion to his science. Wunderly's interest in hypodermic needles stemmed from his fundamental knowledge of dental materials, particularly the stainless steels used in orthodontics. It was this knowledge that was called upon to help in the commercial production of hypodermic stainless steel needles and for which he was given the gold plated hypodermic syringe.

The syringe, together with other items, was donated to the collection by Mrs Wunderly. Little is known about the circumstances surrounding the presentation of the syringe and the curators would therefore be delighted to hear from anyone who may be able to provide any further information.

In 1853, Scottish physician Dr. Alexander Wood, using an all glass syringe made for him by Ferguson's of London, gave the first true hypodermic injection of a solution of morphine. Although the good doctor was wrong in thinking that his injection had a purely local effect, it was the first step in a completely new mode of treatment.

The Henry Forman Atkinson Dental Museum holds many examples of hypodermic syringes. The earliest syringe dates from the 1860s; it has a glass barrel, calibrated in minims, metal ends cemented in place and two right angle needle attachments 'pointed tubes' that push on to a tapered extension. The piston was made by winding coarse linen thread between two metal cheeks on the piston rod. At the time, the making of small diameter metal tubes of more than a centimetre or two in length for use as needles, was virtually impossible. Those supplied consisted of a length of much thicker and stouter tube into which a short extension of fine tube was soldered. The injection was made, if the piston was a good fit in the barrel, by drawing up the solution; otherwise with the piston removed, it was poured directly into the barrel. *(see picture 2)*

Glass tubing with a parallel bore was also difficult to make and so the piston had to be flexible to accommodate changes in the bore. Leather washers were frequently used in a back to back form to allow solutions to be both drawn into as well as expelled from the syringe. Longer and finer metal tubing appeared making easily replaceable needles possible. These were attached to the syringe by means of a soft metal hub compressed under a cap nut to render leak tight. Unlike the physician, the dentist had frequently to inject into tissue that was closely bound to the underling bone and hence more pressure was required than when injecting into muscle. A leak proof syringe was therefore essential.

The problem was solved with the design of the displacement type syringe in which the piston was replaced by a plunger as long as the barrel, the seal being effected by a compression washer at the finger grip end. Such syringes were, apart from the essential asbestos fibre sealing washers, of all metal construction. To ensure leak proof joints, all fittings had to be screwed up tightly necessitating the use of two or more spanners. *(see picture 3)*

Glass barrel syringes were favoured by dental surgeons who were using nerve block techniques. When aspiration was practiced, any blood drawn into the syringe at the needle end was immediately visible and as little pressure was required to make the injection, a slight piston leak was acceptable.

To obviate the use of tools to dismantle a syringe for cleaning and sterilizing the 'spannerless' glass barrel syringe was invented by Dr Raison. This syringe never gained popularity as it consisted of a large number of parts, was time consuming to dismantle, clean and re-assemble, and was also expensive. *(see picture 4)*

Glass barrel, metal piston syringes required that piston and barrel be individually 'ground in' to ensure a good fit and therefore were always kept as a pair when dismantled: if a complete syringe was washed in hot water or sterilized, a fractured barrel resulted due to differential expansion. To minimise problems in this area some manufacturers kept piston and barrel permanently linked by a fine chain. All glass syringes appeared in which the plunger was as long as the barrel and ground to fit throughout its length. As techniques improved, it was possible to make for one size of syringe that any piston would fit any barrel; a great technical achievement.

The problems associated with maintaining a sterile chain from manufacture through to operator and patient had troubled the profession from its earliest days. In an attempt to solve this, manufacturers added a powerful disinfectant to the solution, thereby ensuring a sterile product at the point of sale. However, as neither the physiology nor the pharmacology of local anaesthetic solutions were fully understood at the end of the 19th century, some curious mixtures, often referred to as 'shotgun prescriptions', were available to dentists.

The supply of solutions in rubber capped bottles reduced some sources of contamination but introduced others as after puncture the cap acted more as a sieve than a seal. However the rubber cap saved patients from painful penetration wounds as blunt or fish hook needles would not penetrate the cap and had to be changed. Single dose glass vials or ampoules again solved one problem but exposed the solution once opened. Compressed tablets of a mix of compounds added to the correct amount of water and boiled at the time of use might give a sterile solution but during cooling and adding a drop of vasoconstrictor, the mixture was open to contamination. Although early 'sterile solutions', particularly if containing large amounts of cocaine, produced deep and lasting analgesia, the after effects were such that patients often requested treatment without 'the needle' otherwise known by students as 'cold steel' or by the hospital authorities as 'pure and simple'. *(see picture 5).*

The evolution of the cartridge syringe from the early 1920s solved many of the above problems but it was not until the 1950s that fully automated plants commenced the production of syringes and cartridges, containing the wide range of solutions that are available today. The cost of the first new instruments was high and in the mid 1930s, when Waites produced an 'Introductory Outfit' of syringe, needles and cartridges, all very well presented in a plush lined box, some unwise practitioners used half a cartridge saving the remainder for the next patient. Others tried refilling from a stock bottle, both practices producing unfortunate results. *(see picture 6)*

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1. Zenith/Record hypodermic syringe c.1950. Reg no 966
2. Early hypodermic syringe in leather case with hinged lid and blue plush lining. Reg no 943
3. Hypodermic syringe in fitted metal box with spanner and pressed metal push on needle covers. Reg no 946
4. Dr. Raison's type syringe made by the A D Co LTD, on card in pieces. Reg no 961
5. Lamp, boiler and tube of Novocain tablets
6. Waites Introductory Outfit in plush lined box. Reg no 987

Cleanliness, asepsis and sterilization have for long continued to be of concern to the practicing dentist with the profession quick to follow the advice of Lister (1827-1912), using first strong disinfectants and later sterilization by boiling and heat. Early photographs of the Australian College of Dentistry show typical 'fish kettle' type sterilizers in use in the extraction department. Dental catalogues of the 1890s offered 'sterilizing vases' for all hand instruments in which the objects were immersed or kept in a solution of disinfectant. Most enlightening however, are illustrations of Bardet's Sterilizer specially designed for a dental syringe fitted with a needle and which kept the instrument suspended in a sterilizing solution; a piece of equipment that has stood the test of time having been in use for over 150 years.

The current stage in the saga of the hypodermic syringe could best be described under the general heading of the 'plastic age' in which identical instruments are produced in the thousands, graduated, leak proof, sterile and delivered in a sealed pack to the hands of the operator; some with needle attached and containing the required solution, once used and then discarded!

The museum holds specimens of all the above types of syringes and associated equipment including a photograph of Dr Wood's original syringe which is now held by The Royal College of Surgeons of Edinburgh.

Cards from the Henry Forman Atkinson Dental Museum

Would you like to purchase gift cards featuring objects from the Henry Forman Atkinson Dental Museum? The School is offering Alumni the opportunity to purchase packs of gift cards consisting of eight cards (2 of each image) at a cost of $30.00 including postage. The inside of the card is blank and images on the cards are–

1: Frances Dorothy Gray c.1914

Australia's first female Bachelor of Dental Surgery, graduated from the Australian College of Dentistry, The University of Melbourne, 1907. Shown here treating a soldier, WW1.

2: Drill, Hand Operated c.1790

Hand operated dental tooth drill with universal joint to turn square shanked drill. Has a large hollow handle with a screw cap to hold spare drills. In use, the octagonal ivory handle was held firmly with the drill on the selected tooth; cutting was achieved by rotating the smaller cylindrical handle rapidly between the fingers of the other hand, the motion being transmitted through a universal joint. Made of ivory and steel.

3: Blowpipe, Mouth c.1900

Moore and Wright hand held methylated spirit lamp with mouth blow pipe attached. Used in the soldering of larger dental appliances such as dentures. Made of brass with rubber tubing.

4: Portable Dental Engine c.1900

Portable dental engine packed in fitted wooden carry case complete with oil can and burs (drills). The illustration in the lid shows the fully assembled dental engine. The outfit was very popular with dentists who had branch practices or made home visits. Made by C. Ash and Sons, England.


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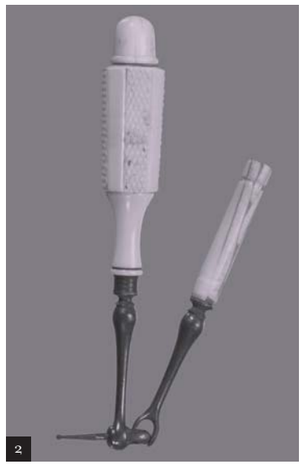
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If you are interested in purchasing these cards, please complete the enclosed invoice. Different images will be produced with each edition of *Dent~al*.

Research News

By Associate Professor Stuart Dashper
Head of Oral Biology Section and
Director of Research

The results of the National Health and Medical Research Council and Australian Research Council grant applications have recently been announced and I am happy to report that the School of Dental Science has again been very successful in obtaining these highly competitive funds to support research. In 2006, we were awarded three NH&MRC project grants to support research in the School. Dr Mina Borromeo and Professor John Clement were successful in obtaining three years of NH&MRC funding to investigate the effect of bisphosphonate treatment of bone disease on dental healing. Recent research, including a warning from the National Adverse Drug Reaction Committee has suggested a possible association between bisphosphonates and bone breakdown in the jaw (osteonecrosis), a devasting condition for which no effective treatment exists. This study seeks to determine if bisphosphonate use for the treatment of OSP or other non-cancerous bone disease (eg Paget's disease) slows dental healing and increases the risk of jaw osteonecrosis. This has major implications and significant potential benefits for the large numbers of people with OSP taking bisphosphonates. Currently, the chance of dental complications during bisphosphonate therapy and what factors predispose to such complications remains unclear.

This study will determine if long-term bisphosphonate treatment of OSP or other benign bone disease slows dental healing and leads to jaw osteonecrosis.

Professor Clement was also successful in obtaining ARC funding to continue his research into the three dimensional analysis of facial features of the Australian population. The forensic sciences concerned with establishing human identity play a vital role in safeguarding Australia. Certainty in human identification is required by Police and intelligence agencies because knowing the identity of perpetrators (or potential perpetrators) of crime allows effective preventative intervention. This is particularly important during surveillance operations and in the context of border protection. When crime has already been committed, the identification of victims and perpetrators is important for the exoneration of the innocent and successful prosecution of the guilty. The full utilisation of 3D morphometric analysis of faces will provide criteria robust enough for legal proof of identity.

> The forensic sciences concerned with establishing human identity play a vital role in safeguarding Australia.

We have had a record number of higher degree students completing their studies. Five PhD students have graduated in 2006.

Congratulations

Dr Rafat Bagheri (Dental Materials),
Dr Samantha Byrne (Oral Biology),
Dr Roy Judge (Dental Materials),
Dr Diatri Nari Ratih (Dental Materials),
Dr Ashraf Ibrahim Shaweesh (Oral Anatomy, Medicine and Surgery Section).

In addition, Dr Pallavi Mishra obtained a MDSc by research in Dental Materials. We have had fourteen Doctor of Clinical Dentistry graduates in 2006, a Master of Dental Science by coursework, and seven Bachelor of Science with honours in Oral Biology graduates.

I am pleased to announce that Ms Sherie Blackwell has won the National Institute of Forensic Science Australia's *Best Paper Award in a Refereed Journal* for her publication "3-D imaging and quantitative comparison of human dentitions and simulated bite marks" in the International Journal of Legal Medicine. This is a particularly impressive achievement as it is Sherie's first ever publication.

A recently published study, led by Dr Nathan Cochrane, tested the fluoride levels in ten of Australia's top-selling bottled waters.
The study found that all ten bottled waters contained negligible amounts of fluoride.

The waters all contained less than 0.08ppm compared with Melbourne's reticulated water supply which contained 1.02ppm. The minimal concentration of fluoride required to prevent dental caries, as identified by the National Health and Medical Research Council, is 0.50ppm.

It is clear from this study that if someone chooses to drink bottled water rather than tap water, they may be at an increased risk of developing caries.

At present, bottled water producers are not required to display the levels of fluoride, or any other naturally occurring minerals, on their labels. The authors of this study suggest that providing information about fluoride levels would enable consumers to make an informed choice of drinking water supply.

This study generated much interest in the broader community and resulted in a news article in the Herald Sun on Monday the 6th of November and radio reports on 3AW and Star FM.

Reference: NJ Cochrane, S Saranathan, MV Morgan, SG Dashper "Flouride content of still bottled water in Australia" *Australian Dental Journal* 2006; 51(3):242-244

We welcome Ms Diana Zeppieri, the School of Dental Science's new Research Administrator. The Research Administrator is required to coordinate the administration of the School's research activities and is responsible for grant and research contract preparation, submission and monitoring of ethics applications and the collection and dissemination of research information.

Ms Karen Escobar

Karen graduated in 1998 as a laboratory technician from the Polytechnic National (Colombia-South America) with a degree in Dental Rehabilitation (Hons). During her studies she worked as a dental assistant and as a demonstrator which allowed her to build contacts within the dental profession. Karen eventually opened her own dental laboratory in Colombia called "Ceramdent".

Karen was born in Melbourne, but her parents moved to back to Colombia when she was four. Karen felt that she wanted to know more about the country of her early childhood. So, in 1999, she immigrated to Australia. However, there were two problems that she needed to overcome: language and having to leave everything behind in Colombia. She worked in various dental laboratories around Melbourne, in crown and bridge departments, whilst improving her English. She also travelled the world a few times!

Last year Karen had the opportunity to work as part of the team of Program One: Oral Health Informatics of the CRC for Oral Health Science, under the guidance of Professor Mike Morgan and Dr Rodrigo Marino. She worked as a dental nurse and recorder on the Victorian component of the National Survey of Adult Oral Health. Together with the examiner, Dr Anne Hyslop, they travelled around Victoria collecting oral health data.

Karen came back to the University in 2006 to work as part of the Clinical Trials Group as a Dental Research Assistant. She is involved in the planning, delivering, dental assisting and recording for clinical trials. Her main focus at present is a clinical trial of a tooth cream in the repair of early decay. This trial has allowed her to put her dental knowledge into practice. She has been instrumental in the development of taking standardized digital photographs and working closely with the Quantitative Light-Induced Fluorescence (QLF) machine.

She looks forward to continuing to be part of this wonderful team.

Dr Anne Hyslop (nee Stuart)

After graduating from The University of Melbourne in 1975 with a BDSc, Anne practiced in the Eastern Suburbs of Melbourne before joining her husband Peter in his family dental practice in Hamilton, Victoria, in 1979. They enjoyed 25 years running their dental practice in rural Victoria and the great surroundings it provided for a young family. In 2003 they decided to swap this for a "city change" and moved to Southbank. Since arriving in Melbourne, Anne's husband Peter has been working with the DHSV Domiciliary Unit based at RDHM.

Anne first became involved with the CRC for Oral Health Sciences (CRC-OHS) when in 2005 she was one of the clinical dental examiners on the National Adult Oral Health Survey. Anne, along with Karen Escobar as Dental Recorder, spent 8 months travelling to areas of suburban Melbourne as well as many parts of Victoria. As the only full time team, and often using portable dental equipment, they helped provide the majority of data for the Victorian component of this very large national survey.

Since April this year, Anne has again been working for the CRC, this time in the Clinical Trials Group. Most of her time has been spent on a clinical trial to investigate the potential of RecaldentTM to repair early enamel decay in a group of adolescents following fixed orthodontic appliance removal. Anne is enjoying the challenge of using new equipment such as a Quantitative Light-induced Fluorescence machine looking at very early enamel lesions and also learning the complexities of clinical research. Anne was lucky enough to spend a day of training with the manufacturers of this equipment in the Netherlands whilst visiting her son earlier this year. (The School owns the only two such machines in Australia and this is the first implementation in a clinical assessment situation in Australia).

Once again Anne and Karen are working as a clinical team, this time visiting private orthodontic practices to examine each participant over a 3 month period.

Anne and Peter have two adult children who have dentists as grandfathers and a great-grandfather! Despite this family background, their children have decided to take different pathways and have qualifications in Aerospace Engineering and Marketing.

Profiles

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.

The next edition of Dent-al will be in June 2007. If you have any items of interest, please let us know.

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