



Not for the Squeamish?



In my penultimate President's letter things are going to get a bit gory! So let me ask you, are you squeamish? Presumably not, since the majority of you have selected a career where you are exposed to blood and gore on a daily basis.

I recently found myself wondering whether squeamishness is an inherited or acquired trait. This obscure train of thought was brought about by observing the reactions of my two sons to matters medical: one son turns wan at the merest hint of blood, particularly his own, and is absolutely adamant that a career in medicine or dentistry is not for him; the other son is strong and stoical and exhibits an almost morbid fascination with anything clinical and a bit gory. I will leave those of you who know my sons to work out which one might be which!

I wonder how many of you, like me, watched a TV series last year called "*Blood and Guts*"? It was a fascinating look at the history of surgery, tracing the development of some of today's most complicated surgical procedures from their earliest beginnings. Of particular interest was a programme entitled "*Bleeding Hearts*" about the pioneers of heart surgery. I was astonished to see that the earliest heart operations were carried out, before bypass machines had been invented, on still-beating hearts! Particularly memorable was some old film footage of a surgeon cutting into the rapidly beating heart of an anaesthetised patient to carry out a repair to one of the heart valves. It brought a whole new dimension to working against the clock!! The seemingly unstoppable torrent of blood that spurting out of the incision had to be seen to be believed: the operator must have had nerves of steel. Looking back, I realised that I had watched the programme with an interested detachment, not feeling in the least bit squeamish. I concluded that, in a clinical context at least, I had become so used to seeing blood spilt that I no longer gave it a second thought.

How different then, in another clinical context, the amount of thought we give to spilt blood when it comes to infection control procedures: here, of course, the concern is with the blood-borne pathogens that it might contain. All our rigorous decontamination and disinfection measures essentially boil down (sorry for the pun) to getting our instruments and surgeries spotless so that not even a trace of blood remains.

So I wonder what you make of the seemingly contentious observation that Christianity might not be for the squeamish? Have you ever considered how much of the Old Testament is concerned with spilling blood? Set aside, for a moment, the numerous accounts of brutal battles with high body counts and blood and gore everywhere; disregard, briefly, the Passover in Egypt where blood was painted around the door frames of the Israelites' houses to ward off the destroyer that would pass by at midnight; at the heart of the Old Testament is the sacrificial system with its necessity for repeated animal sacrifice and the spilling of blood. Nowhere is this more graphically recounted than in the description of what the high priest was required to do on the Day of Atonement: a bull and a goat were slaughtered and the high priest dipped his finger in their blood and sprinkled it repeatedly on and before the atonement cover in the Most Holy Place. I am sure that I would not have been able to watch events like these with interested detachment.

Ultimately, spilt blood is at the heart of the gospel: the blood of the covenant, poured out for the forgiveness of sins (Mt 26: 28); redemption through Christ's blood (Eph 1: 7); robes washed and made white in the blood of the Lamb (Rev 7: 14). In view of our dental backgrounds isn't it slightly ironic that, in the context of the gospel, Christians are blood-born: washed and made spotless not from blood but by and in blood; the precious blood of Jesus?

Ian Harris

Ian Harris

Annual Conference

16th - 18th October 2009

Hothorpe Hall, Theddingworth LE17 6QX

Speaker: Hugh Palmer, Rector,
All Souls Langham Place

**"Speaking Christ
to a Modern World"**

Studies from Acts 17 and 18

Regional Day 2009



Cake created by Alan Vogt for the South London day

In March 2009 many regional groups of CDF met to socialise and share fellowship with each other.

Here is a selection of reports about the day. I would encourage you all to get in contact with other Christian Dentists in the area if you are not already in touch, even if it is just for a quick drink at the pub. We all need others who understand our circumstances and the particular pressures that being a dentist brings.

East Anglia North



It was a beautiful sunny spring day at Dry Drayton in Cambridgeshire, as around a dozen CDF dentists and spouses gathered at the delightful home of Les and Pam Manderson on Saturday 21st March.

Meeting other Christian dentists is always an encouragement and making new friendships and renewing long standing ones over tea and coffee would itself have made the day worthwhile. But there was more! Home made soups (I had two bowls and only a sense of civilised restraint prevented me from having five!) followed by a variety of meats and

salads, puddings and fruit was thoroughly enjoyed by all.

Yet the best was still to come. A presentation on 'Working on the Mercy Ships' by Leo Cheng in which he spoke of his work as an oral surgeon, reconstructing faces and jaws ravaged by wars, violence and tumours, saving lives and bringing the love and compassion of Christ to some of the poorest people on earth in West Africa. It was both riveting and inspiring. Slides illustrated the life changing nature of the surgery, which itself preceded the life changing acceptance of Christ as Lord in many cases.

The day concluded with tea, coffee and cakes. If only I'd had room for six!

Congratulations and thanks to Vicky Rushton and Clive Sprawson on arranging a truly memorable and profitable day for us all, and to Les and Pam Manderson for making us so welcome in their beautiful home.

Barrie Lawrence

East Anglia South

The East Anglia South Regional Day was small but sweet. A select three members met at St Margaret's Vicarage in Colchester at Cathy Fordyce's house. We were joined by two 'junior' members Isobelle Fordyce (13 months) and Thomas Nightingale (5 months)! There would have been more, but the tide caught us out and trapped one member on Mersea Island. What we lacked in number, however, was made up for in Spirit. We enjoyed a lovely lunch together and plenty of good chat. The fellowship was central and it was great to encourage one another in our work, motherhood and spiritual lives.

Kate Nightingale

London North

The CDF meeting was held in the home of John and Sharon Evans on Saturday 14th March where 10 people attended. After an informal time of fellowship over nibbles and drinks, we gathered together and were treated to a beautiful meal provided by our hosts. At the end of the meal Professor Raman Bedi spoke of how he became a Christian when a student at Bristol and how the Lord had led him over the years. He referred to a passage in Matthew about the Magi and pointed out how the verse had helped him in his professional life. He reminded us of the danger that it was easy to get so involved in the Profession that we did not give enough time to our wives and family which God had given to us. We then had a time of prayer and discussed what we should do as a group to involve others. We are planning a barbecue for the summer when we can invite families as well as colleagues. It was felt that the Bedford area was probably the best area to meet as most people lived in the area and others could travel there easily.

James Moss

London South



Eighteen members came to the South London Regional Day and 14 sent apologies. We are scattered from South London to Brighton and from Haywards Heath to Woking. After coffee and introductions, Paul Adams (CDF member and Pastor of Banstead Baptist Church) gave a Bible talk, using the illustration of the gastric juices from within us causing dental caries. Taking Matthew 15:18-20, he spoke of the “spoiling agent” within us, “The world is looking for solutions but it needs a Saviour”.

It was a good reunion for some and making new friends for others. Jean-Claude and Margaret Barrault showed pictures of the dental work at Kagando Hospital in S.W. Uganda. Maggie Sherborne and Thelma



Edwards gave a power point presentation of the cruel practice of Infant Oral Mutilation in Uganda and how they, with Dentaaid, are seeking to eradicate it. The day finished with the cutting of a celebration cake at tea time.

Alan Vogt

North East



Fourteen of us meet in Gateshead for the North East Regional Day at the home of Sarah and Ben Wood. There might have been more students, but several had gone home for Mothering Sunday! Following an excellent lunch combined with plenty of good conversation, Tim Bates shared his experiences from his two week stint on the Africa Mercy Ship in November 2008. There was discussion regarding the merits of simply treating dental disease compared with the greater challenge of training others to do so once you have left.

After this Simon Stretton-Downes shared his thoughts on the move from NHS to private practice. This produced an interesting exchange of experiences with those doing NHS dentistry in more deprived areas from a larger practice where the NHS model has been more successful.

After much discussion, one of us agreed to do a presentation on 'My practice, my mission field' for our next meeting in September.

All in all a good afternoon.

Simon Stretton-Downes

Scotland

Forty eight delegates attended this year's Scottish CDF Conference, which took place at Letham St Mark's Church in Perth on Saturday 21st March. The focus was on exploring the realities of our day-to-day lives as Christians under the title '*On the Rock but in a hard place*'

The day began by worshipping God together and learning from the Scriptures. We were led in worship by an *ad hoc* but accomplished group of musicians led by Andrew and Shona Mason before a challenging biblical exposition on work '*Christianity in the workplace – in theory*' by the Rev Jim Turrent, Pastor of the Central Baptist Church in Dundee. This was an inspirational session that encouraged us to see all that we do as an offering to God, with no divide of “spiritual” and “secular”.

An overseas mission feedback session gave us the opportunity to hear three brief reports from: the Vine Trust (<http://www.vinetrust.org/medicalproject.php>) *Amazon Hope* boat in Peru (Angela Waugh, Chris Samson and Shona Mason); the Cambodia Orthodontic project (Richard Pilley) and a newly established Dundee-based project in Uganda (Chris Southwick).

After lunch, Jason Leitch gave an insightful and honest account of his struggles at work as he sought to put his faith into practice: '*Christianity in the workplace – in practice*'. Following this, there were three short presentations: '*When health goes wrong*' (Mary Downie), '*When church goes wrong*' (Graham Ball) and '*When equanimity goes wrong*' (John Gibson).

All four of the afternoon speakers shared their experience in a very sensitive and constructive way which, from the feedback, was enormously helpful to all.

The day concluded with an epilogue by John Gibson who reminded us, through the story of Hosea and Gomer, of God's profound and committed love for us, and a final act of thankful worship for a day when we were aware of God's presence and blessing in our lives and the collective life of the Scottish CDF community.

John Clark



Hope in Peru and In

My elective began with a much anticipated two-week placement with The Vine Trust and their Amazon Hope Medical Project in Peru. I was part of a small team of British and Peruvian healthcare professionals working on board the Amazon Hope 2 ship, one of two ex Royal Navy fleet diving tenders that have been converted to medical ships. The team provide primary healthcare to villagers living along the banks of the river Tigre, one of the Amazon's many tributaries, in the remote Peruvian jungle. I had heard a lot about the project from our team's dentist Dr Shona Mason so I had some idea what to expect, but nothing quite prepared me for the actual experience.



Amazon Hope 2 Ship

The clinic on the lower deck was very compact, but I quickly realised it would be a lot of fun working at such close quarters with the rest of the team. I was also impressed with the small dental room and variety of dental materials and equipment. I had been expecting far more basic facilities, but was pleased to find that even in the middle of the Amazon we could provide a good standard of dental care. We not only treated patients in the dental room but for simple extractions we used an ordinary chair in the small operating theatre, which also doubled as a doctor's surgery. There was no radiography equipment available although I didn't find that I missed it and often the only history I took involved asking patients to point to the source of pain. Thanks to Shona, the excellent translators and a Dictionary of Medical Spanish, I learned some basic phrases to communicate directly with patients. Any successful communication was incredibly rewarding but when my Spanish failed me, I learned the power of mime and a smile!

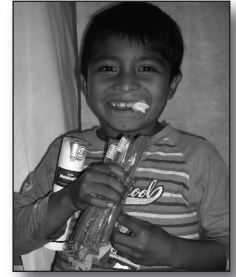


Me treating a patient

Due to the number of patients and the occasional nature of the ship's visits, we could only treat the source of pain. We carried out simple restorations and extractions in almost equal proportion. The caries rate was higher than I expected, which I discovered was largely due to the popularity of the luminous yellow fizzy drink "Inca Kola"! Oral hygiene instruction (OHI) therefore formed an important part of treatment, which was given to many patients in small groups and larger groups on deck and toothbrushes and toothpaste were distributed - fortunately there was a plentiful supply.

There were some interesting cultural differences that I became aware of on our trip. Many people had anterior gold crowns which they displayed with pride, in contrast to the white smiles usually desired in western culture. I also found that, with only

a few exceptions, children were not troubled at all by dental treatment. Even after a restoration or extraction they often left the clinic smiling, which was wonderful to see and very rewarding. Whenever time allowed, the team visited the village at which we had moored. On one such occasion, a 12-year-old patient of mine approached me smiling and shook my hand to say thank you and an elderly lady gave the team a bag of shells as a thank you gift. Such small but meaningful gestures provided some of the most memorable moments of my trip.



A very happy boy... just after an extraction



The dental tent in India

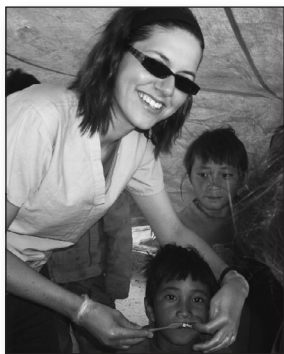
The second three-week placement was with Himalayan Health Exchange (HHE) working in the state of Ladakh in northern India. Similar to the Amazon Hope project, I was part of a team of approximately 40 medical and dental students and professionals from the USA and UK. We were based in the town of Leh, which at 11,500ft has the world's highest airport, so not surprisingly it took a few days to acclimatise! Here we ran clinics, before travelling in jeeps to settlements several hours north and east of the town to treat people in these remote areas of the Himalayas. These sites brought us close to the disputed Chinese and Pakistani borders, within 40km in some places, where the presence of checkpoints and soldiers acted as a constant reminder.

Working with HHE was in some ways a similar experience to the Amazon Hope project. Clinics ran in a similar fashion, however unlike Amazon Hope there was no fixed clinic site; instead the equipment was packed into jeeps and transported between settlements. This meant that our facilities were more limited and I quickly realised how relatively spoilt we had been on the Amazon Hope. Extractions were easy enough but restorations were impossible to do well. Oral hygiene instruction was carried out whenever possible but the language barrier sometimes posed a significant problem. This meant it was also difficult to comfort patients who were struggling to cope with extractions, although I did my best with a soothing tone of voice! It was also a surprise to discover that giving local anaesthetic for restorations is not common practice in India, so we had to reassure the startled patients that their tooth was not being extracted!



Patients from the nomadic settlement gathering at the clinic

dia - An Elective Report



Oral hygiene instruction in the nomadic settlement

Many of the clinics were busy and often quite stressful but one of the best days was the final clinic day, when eight of the team travelled to a small nomadic settlement in the Tibetan borderland region. Here, for the first time, we were able to carry out OHI and distribute toothbrushes, although there was no toothpaste. Two of the many curious children acted as models for toothbrushing instruction. Fortunately they did not seem too concerned by the appearance of blood on the toothbrushes (due to chronic gingivitis)! It was so rewarding to finally do something, however small, by way of disease prevention and I left that site feeling much more content.

I learned a huge amount during my placements with both the Amazon Hope Project and HHE. My practical skills improved a great deal, I began to trust my own clinical judgement and my self confidence also increased. Carrying out OHI was

surprisingly rewarding, perhaps because it involved working around such huge obstacles as language, poverty and lack of education. As such I returned home with a renewed enthusiasm for disease prevention, where we are fortunate to have few such obstacles yet often take this for granted. One of the bible passages that stayed with me throughout my elective was from Colossians 3:15-17, where we are called to be representatives of the Lord Jesus and to always give thanks. I have many things to be thankful for during my elective, both for myself and for the people we were able to reach and treat. I am so grateful that I had the opportunity to work with these projects and I pray that their amazing work will continue.

Angela Waugh
5th Year Student, Dundee



Toothbrushes put to good use



Bridge2Aid

Successful Commonwealth Dental Association workshop held in Mwanza

The Commonwealth Dental Association (CDA) and the Tanzanian Dental Association teamed up with Bridge2Aid in Mwanza recently for a workshop entitled 'Training of Rural Clinical Officers in Urgent Oral Treatment; a Challenge to the Oral Health Professions'. It was held in February 2009 and in all, 15 delegates from six Commonwealth nations were represented.

The workshop programme began with a presentation by Professor Emil Kikwilu, Dean of the Dental Faculty at Muhumbili University, Dar es Salaam on the incidence of oral pain in adult Tanzanians. There was a great deal of discussion during the event of the burden on rural populations of oral pain and the impact on daily life caused by a lack of access to emergency dental services. Other sessions focused on the structure of the Bridge2Aid Dental Volunteer Programme. Participants then visited a local health centre for a demonstration of the training model (pictured below), perfect timing as the 13th B2A Dental Volunteer Programme (DVP) was in full swing. To date the programme has trained 72 clinical officers in Oral Urgent Treatment, providing access to over three quarters of a million people in North West Tanzania.



Dr Menal Pancholi training a rural Clinical Officer at Lukungu Dispensary

The workshop was a great success, with all the delegates being very positive about the DVP model and its appropriateness and necessity on relieving oral pain in remote communities.

The CDA supported dentists from developing countries around the world to attend the workshop. This enabled them to take back to their respective regions ideas on dental outreach programmes.

Dental Director of Bridge2Aid, Dr Ian Wilson, said "It was a wonderful three days, a fantastic opportunity to welcome delegates from developing countries both far and near and an excellent chance to profile what we are doing with our Dental Volunteer Programme here in Mwanza. It was a very pro-active workshop and the resulting discussions were extremely encouraging," he added.

Climb Mount Kilimanjaro

It's not too late to take part! Participants register with £250, and then fundraise £2,950 to cover all their costs, with the remainder going to support the work of Bridge2Aid in Mwanza.

Mount Kilimanjaro is there for the taking! And remember, if this challenge doesn't tick your box, there are many other open challenges to choose from in aid of Bridge2Aid - visit our website at www.bridge2aid.org today!

The Young Dentist's Survival Guide



Although it has been some time since my first shift as a Senior House Officer (SHO), I can still remember the fear and trepidation mixed with the excitement that I felt. I was so proud to be doing the job that I walked into Tesco's after my shift proudly displaying my badge and bleep. No-one batted an eyelid – they were all used to doctors shopping there, but it was a special moment for me.

Usually your SHO shifts will start slowly with orientation and CPR training, along with how everything is timetabled and managed; how to dictate letters; how to manage the paperwork and what goes where. You'll have a tour of the department to meet all the staff and this is good time to start remembering names! There are a few good things to remember when you start your job.

1. The nurses on the ward know far more than you and it's a really good idea to value them.
2. The nurses on the clinics also know more than you and can make both consultation and local anaesthetic clinics go (almost) without a hitch if you treat them correctly.
3. The secretaries can really help you if you respect them. They are the people who will make your letters sound like you've been writing them for years and sort out your grammar to boot.
4. The reception staff will get you that last slot on the Consultant clinic that you really need, so be nice to them. I know some SHOs who have thought that it doesn't matter what these staff think of you, but they can make your time in the hospital much easier if you let them.

As you go around these first few days and weeks, I'd advise you to have a little notebook in your pocket at all times. I wrote up things like: how to pre-clerk patients; what paper-work they needed in their notes; what drugs and dosages needed to be written up on charts for different operations;

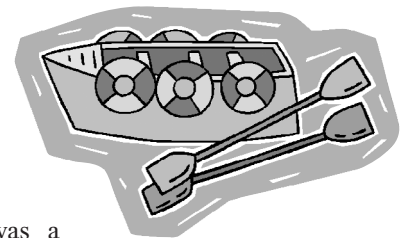
how to check what is needed prior to operations and how to write up the boards; how different clinicians like things done; how to do full head and neck examinations in A&E and useful phone numbers. It's also worth keeping a record of what you do each day – different patients that you've seen in theatre, and later on who you've operated on, for future reference. It is also a good idea to get as much practice as soon as you can in taking



blood and cannulating. It's much less stressful to do this during the day when there are others to guide you, rather than at 3 am when you've just admitted a patient with a raging infection who needs IV antibiotics and you're going to have to wake up the SpR because you can't get a line in!

Typically for the first few days you'll sit in with the Consultant clinics, shadow more senior SHOs and carry out some easy LA clinics to start you off. However, the first day of on-call work will come, and suddenly you will be holding the bleep and wondering how you'll cope.

Remember that there are always other SHOs, your SpRs or Consultants around if you're not sure what to do. The first person that I had to see



and stitch in A&E was a teenage girl. My boss came with me to start me off, but at some point I had to be left to anaesthetise her lip and stitch her up. She wasn't the best patient, being rather squeamish, but I got through it and it looked good.

When you're on call, remember to eat! I was having a terrible day-shift on-call, where I was getting one bleep after another from A&E and the ward, along with trying to get routine ward jobs done. I hadn't eaten or rested all day and was frazzled. One of the SpRs told me off, "You won't do anyone any good if you are tired, hungry and stressed. If these things are non-urgent you need to tell them you'll be up after you've had lunch." It was a great piece of advice and I took it on board. There will be times when you really need to be somewhere, but if you can take that break, do it. Legally you're required to have breaks in a 12 hour shift for these very reasons.

Our night shifts were done as a week of 12 hour shifts from 8 pm to 8 am with rounds and hand over happening from 8 to 8:30 am. The most important things to remember about these are that you need to have enough sleep when you're at home. It's really hard to switch your body round 12 hours and some people will fail (I was one of them) but do your best, and don't think that your days can be filled with lots of things – sleep only! When you are actually on-call, you need to be familiarising yourself with the patients on the wards and making sure that you know everything about them. Remember that on the ward round the next morning you'll be grilled about them and you don't want to look red-faced when you're already tired. Also make sure that everything that needs to be done for them has been done. It's a good time to touch base with patients as the day shift probably won't have had time. Accident and Emergency can be so quiet it's like a ghost town, or can be like Oxford Circus. If it's quiet, take the opportunity to be quiet

e to Being an SHO

yourself – rest or study. If it's busy, take one case at a time. There will always be someone else around. Either another doctor in A&E or on the wards, or at the other end of the phone.

Don't be afraid to call them if you feel out of your depth. It may mean that you feel silly if you could have done it yourself, but better safe than sorry.



When you are assisting with operating lists and clinics make sure that you find out what is on the lists the day before if possible, to allow yourself time to read up on what is being done. You're more likely to be involved if you can show that you know what is going on. There

are going to be many times when you spend hours holding retractors, but it is much more interesting if you know what is happening!

Now, having gone through the practicalities of being an SHO, I need to emphasise the biggest and most important piece of the puzzle. That, of course, is God. Not only does the Lord want you to look after His flock in the best way you can, He wants you to enjoy yourself, learn, be encouraged and grow. Finding time for decent bible study and prayer may seem impossible, but there are ways of feeding yourself and growing your relationship with God. For me, it was one of the best times of my life. I was a member of a great housegroup who were really supportive and understood when I couldn't make meetings. I helped with the Church youth group, who again appreciated that I couldn't always make planning meetings or the group itself. I managed to grab a few minutes here and there during the day at work. I found that a good place to go was the chapel. It was quiet and I had a chance to be still in all the busyness. Remember those arrow prayers too, when you think that you just don't know what to do. The Lord is always listening.

There has been a lot of press recently about whether medical staff should share their faith with patients, but even if we are not evangelising with words, we can show our faith through our actions – our compassion, our willingness to help, our need to do things to the best of our ability. I am very much a believer that actions speak louder than words.

If you do decide or have already decided to do an SHO post, I wish you God's blessing and hope that you have a wonderful time!

Cathy Fordyce

Deadline for the next issue of Newsround is 6th July 2009

Spiritual Seasons



As a Christian do you feel distant from your first flush of enthusiasm of new faith? Do you ever feel guilty that there have been earlier times in your life that have been fruitful, whereas now you are in a time of reflection?

As I look out of the window at the burgeoning spring, I am reminded of the seasons of our Spiritual life. At times we feel that nothing can stop our zest for the Good News and we feel that we are being so effective in our evangelism. At other times it seems as though God is so far away, He's not even a dot on the horizon.

I have recently been transitioning from a mild Spiritual winter of having Isobelle (where although I didn't feel God was far away, I was finding it difficult to find time to devote myself) to the spring of getting back on top of things including my prayer life and quiet times. I am reminded of the words of King Solomon in Ecclesiastes 3, "There is a time for everything and a season for every activity under heaven...". It is exciting for me to be thinking about how I will be growing over the next few months and years, blooming into a full summer. However autumn is not a time of dying but a time of harvest, and winter is not necessarily a time of death but can be a time of rest and reflection. I hope we can each find serenity in accepting the season that the Lord is teaching and leading us through. Whatever season we are in let's keep our eyes set on our Lord.

As always my address is cathy.fordyce@tiscali.co.uk, 348 Mersea Road, Colchester, CO2 8RA. I would love to hear from you, please feel free to just let me know what you'd like to see in Newsround, even if you're not sure who could write it.

Cathy

Cathy Fordyce
Editor

JOINING CDF

Please complete and return this slip to Mrs A. S. Hallowes, CDF Administrator, 44 Pool Road, Hartley Wintney, Hook, Hampshire RG27 8RD

I would like to become a member of CDF, please send me an application form.

Name:

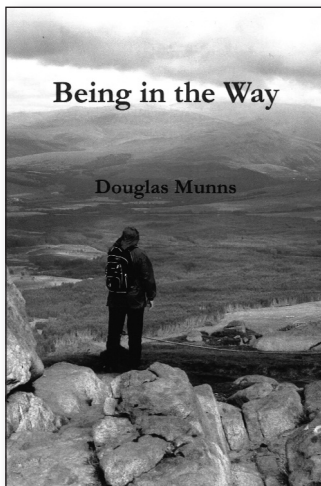
Address:

Email:

Tel:

Book Review - Being in the Way

By Douglas Munns, published by Bound Biographies, 240pages, ISBN 978-1-905178-24-7



To those of us who remember the early days of CDF, Douglas Munns was regarded as “Mr CDF” as he gave so much of himself in the vision and development of the Fellowship. He took upon himself the many duties of the committee: general secretary; conference organiser; newsletter editor and arranger of emergency dental courses. He was deservedly made CDF President Emeritus at our golden jubilee. He was born in 1919

and his autobiography starts with a detailed account of his parents and grandparents. He entered the City of London School in 1929 and writes, “I had already decided that I wanted to be a dental surgeon.” However he doesn’t tell us how he came to that decision! A friend took him to East Sheen Crusader boys Bible Class and later he attended David Tryon’s Pioneer Camps. He was very active in the school Christian Union.

During his teens he endured some tough times. His father was made redundant from work and Douglas suffered with migraine attacks and hay fever every summer. He entered the Royal Dental Hospital of London in 1938 with the help of a scholarship and a bursary. Some of us can relate to his account of experiences in a wartime dental hospital with bombings, blackouts, fire-watching and Officers Training Corps as well as the threat of immediate call up if exams were failed more than once!

In June 1942, he qualified and joined the Royal Navy and had many interesting experiences as a dental officer. He was stationed in Portsmouth prior to the build up for D Day. He kept links with the Officers Christian Union and helped the naval chaplains. In 1945, he was bound for Australia and joined the hospital ship, HMHS Gerusalemne in Melbourne. After VJ day, the British Pacific and East Indies Fleet were involved in the repatriation of Commonwealth prisoners of war. After demob in 1946, he went to work in the Eastbourne practice of Norman Gray (the first president of CDF) and was involved in Crusaders and Pioneer camps again.

The next chapter is entitled “The Dental Scene”. He says, “Colleagues who trained after the Second World War fail to appreciate the difficulties we had to put behind us; the “Blood and Vulcanite era”. The beginnings of CDF are described with the challenge for today: “Is the outreach to the profession being neglected?” In his dental career, he was made senior dental

registrar at St Georges Hospital, Hyde Park. He lived in North London and became a crusader leader, chief steward at Crusader sports days and at the 50th anniversary celebration at the Albert Hall. He acted as projectionist showing Fact and Faith films at church evangelistic events and was a counsellor at Billy Graham rallies at Haringey.

He met Beryl at Christchurch Cockfosters young peoples fellowship and they were married in 1955, cutting the cake with his naval sword! In his professional career, he specialised in orthodontics in Birmingham, Guilford and elsewhere. He and Beryl took further studies with the Open University, getting degrees in 1975.

This book is somewhat wordy with many details - he must have kept a meticulous diary of daily events! But it makes interesting reading. The title is taken from the King James account in Genesis of Abraham’s servant seeking a wife for his master’s son. Douglas had similar leading from the Lord in his experiences, being used in His service - a great record of the Lord’s faithfulness over the years.

Alan Vogt

Being in the Way is obtainable from Douglas Munns, 4 Middleway House, Kinglake Drive, Taunton, Somerset TA1 3RR priced: £22.50 plus £1.50 p&p

Volunteer Dentists Needed

North Uganda

Following the article giving tribute to Dell Cook and her work in Uganda, we have been approached by Pastor Ssebbula Mesach in Uganda, enquiring as to the possibility of anyone feeling called to pick up the mantle laid down by Dell in bringing dental relief to the north Ugandan refugee camps. It is not a role to be picked up lightly and certainly needing a clear call from the Lord, however, if there is anyone who could volunteer for a week or so, Pastor Mesach would love to hear from you at balikyewunya_foundation@yahoo.com.

South Uganda

There is a great need for dental professionals to volunteer themselves to visit and support the modern dental facility at Kagando Christian Mission Hospital in South West Uganda, Kasese, in the foothills of the Mountains of the Moon.

Contact: Margaret Barrault, Pinewood House,
10 Muster Green Nouth, Haywards Heath, RH16 4AG.

Tel: 01444 412103 / 01444 452996

or email: mustergreendental@btinternet.com.

Christian Dental Fellowship is a registered charity. Charity No. 261350
CDF, 44 Pool Road, Hartley Wintney, Hook, Hampshire RG27 8RD
Tel: 01252 845991 Fax: 01252 607800 Email: cdfadmin@btinternet.com
Website: www.cdf-uk.org