



Letters to the Editor

Transatlantic transplants

I was very impressed by Dr. Noble's article on transplantation in the October issue of the newsletter. He did a yeoman's job in bringing together all that information about an intriguing subject. When I taught my students I always stressed the fact that the very first organ to be transplanted was a tooth, and that the very first "scientific" writing about the rejection phenomenon was done by the English dentist Joseph Fox in 1806.

I wrote a paper many years ago about William Henry Seward, President Lincoln's Secretary of State and the man responsible for the purchase of Alaska from Russia. Early in his career he was working for a company selling plots of land in Western New York State, and was away from his home near Syracuse for about a year. In a letter written by his wife to her sister, she recounts how her husband was troubled with a toothache. He went into Buffalo where a dentist extracted the aching tooth and implanted one from another person. However, it ached and troubled him so severely, that he went back to the dentist the next day and had the transplant removed. And this was in 1837! It's interesting that the procedure was being done as late as that.

Malvin E. Ring
Rochester, NY

Dentists' firepower

In the October issue of the Newsletter Dr Malvin E. Ring expresses a kind interest in my letter entitled "Arms and the dentist – and other unlikely inventors." He points out that the first machine gun was not, as I claimed, the invention of Dr Gatling but was in fact the weapon invented by Dr Josephus Requa in 1862. I did know about the Billingham and Requa gun, often referred to as "Bridge Guns" as their sudden concentrated volley was useful in defending narrow bridges. What I was unaware of was that Dr Requa was a dentist and am grateful to Malvin for pointing this out.

The American Civil War (1861-65) produced several firearm inventions, including Wilson Ager's "Coffee Mill", a hand-cranked weapon. Strictly speaking, the Requa gun, with its 25 barrels fired by a single percussion cap, was a battery gun and not a machine gun, of which there are two broad types, namely the automatic gun in which the energy to load and fire is provided by the ammunition, and the mechanical machine guns which are cranked by hand or outside machinery. It is interesting to note that Dr Gatling, in 1890, mounted an electric motor on a gatling and achieved a firing rate of 3000 rpm paving the way for the Vulcan gun with its prodigious appetite and double that rate of fire. I do submit that the Gatling gun was probably the first *successful* mechanical machine gun.

It is pleasing to know that the Newsletter is being enjoyed by our transatlantic colleagues. I am mindful of the fact that it was one such man who first introduced me to firearms and indeed to restorative dentistry, in the mid-1930s in Iraq where my father was employed by the Iraq Petroleum Company. Oil, from the great fields near Kirkuk, was pumped via a series of stations called K1, K2 and K3 where the pipeline divided, one branch, the H-line,

going to Haifa which is now in Israel, and the other, the T-line, to Tripoli. The dental needs of the company employees and their families were met by an American dentist in a mobile surgery towed by a powerful V8 Buick. I am uncertain of the spelling of the doctor's name but I think that it was Klauson. The good doctor was an enthusiastic shot and took the opportunity on his inter-camp visits to avail himself of the abundant game to be found in the desert. On one of his visits to K1 I was shown his magnificent collection of sporting guns and permitted to handle them. On that occasion my parents were presented with a brace of sand grouse, while I was the somewhat less enthusiastic recipient of a class 1 amalgam restoration! All that took place a long time ago but I am sad that, as I write this, Iraq is once more under the shadow of the gun.

May I extend a warm greeting to all my American colleagues and friends – especially those in the splendid University of Alabama, in Birmingham. I still have my fine crest-adorned tankard which I use with pride and happy memories of "auld lang syne".

Bill Smith

* * * * *

Endpiece

Occupational hazards

Dentistry sometimes crops up in unlikely contexts. Smallpox outbreaks in Glasgow were the subject of a recent contribution by Dr W.O. Thomson to the RCPSG's series of "conversations." Dr Rufus Ross recalled how in the early 1950s when he was in practice in Partick his cousin, who was the doctor for the Clan Line, would refer Lascar seamen to him for dental treatment when their ships docked in Glasgow. "I used to treat them regularly as their ships arrived from India and other Eastern countries," he recalled. "I would find them sitting cross-legged in the close outside my surgery door waiting for me to open and in the dark, they were often not easily seen. This gave rise to some critical comments from the neighbours. I was aware that there was talk of an epidemic of smallpox but strangely enough did not connect it with the arriving ships. However it soon became clear that the infection had arrived via ships from the Indian sub-continent and one day I got a frantic phone call from my cousin's partner telling me that one of the ships' crew was a suspect carrier and that I along with my wife (who at that time was acting dental nurse) should get along to Montrose Street clinic as soon as possible and get vaccinated as a priority case. Needless to say we did not need a second warning and we duly had the vaccinations. After that we treated the Lascars with some caution and if I remember correctly would don a mask when they were treated."

Readers are invited to tell us about other unexpected occupational hazards for publication in the next newsletter.

* * * * *