



Word of Mouth - 7 - The spy who came in with the gold

Bill Smith

[Previously in this series we have commented on a short extract from the chosen book, but since in this case the plot itself turns on dentistry we asked Bill Smith to review the whole book, which is based partly on an idea by Dorothy L. Sayers. A number of interesting issues are raised, and we would welcome other comments for the next newsletter.]

A Presumption of death by Jill Paton Walsh and Dorothy L. Sayers, published by Hodder and Stoughton.

Jill Paton Walsh has created an enthralling tale involving Lord Peter and his family and using the same lyrical and humorous style as their creator. I had not read any of the Lord Peter Wimsey stories, being better acquainted with that other literary sleuth - he of "the little grey cells" and magnificent moustache. I now realise what I have been missing.

The characters include a retired dentist, a somewhat eccentric lady who appears to be obsessed by the suspicion that the village in which she lives is infested by spies and fifth columnists. The time is the beginning of the Second World War. The dentist Mrs. Spright, claims that a junior RAF officer, convalescing after breaking his ankle, can easily be seen to be a spy every time he opens his mouth. Despite suffering from what would seem to be an acute dental infection the airman refuses to seek treatment.

As the tale unfolds it is revealed that the officer, who is murdered in bizarre circumstances, is indeed a German agent. After a postmortem, the police superintendent informs Lord Peter that "the path report says that he has German teeth."

"What the hell are German teeth?" enquires Wimsey. "Very elaborate bridge work, with lots of gold," I understand," replies the superintendent. "Much superior to anything you could get done in England, the pathologist says."

This is an interesting concept, that dental restorations can identify the country in which they were performed. I can imagine that other great fictional character saying in his didactic fashion: "I draw to your attention, Watson, my little monograph entitled 'National identity revealed by patients' dental work'." How true, I wonder, is this?

Despite what some may think, I was not in dental practice in those pre-NHS years, but I am pretty certain that excellent gold-based restorative work was being provided by many UK dentists, particularly in the larger cities. I would agree though that such work would not be commonplace for economic reasons and I suspect that, unless he had private means, it would be beyond the price range of a junior officer.

Across the Atlantic beautiful and functional restorations were (and are) being produced. On a visit to one distinguished US dental school I saw restorative work that was akin to fine jewellery. I also remember that after gold tutorials at my own dental school the cons hall was filled with patients - the girlfriends, boyfriends or relatives of the operators having their old amalgams replaced with shining gold inlays. Such patients could be relied on to keep appointments when exams were involved because of their vested interest in the success of the students.

My colleague Iain Neilson reminds me that many people of East European origin tend to have base metal shell crown restorations on their posterior teeth and I recall two Polish patients of mine who have just such crowns. In my house officer days, a seaman from the Far East turned up at casualty with acute bilateral swelling of his mandible. His posterior arches were restored with what looked like gold fixed bridges. Unfortunately further examination, including x-rays, showed the bridge abutments to be carious roots with extensive apical infection. The metal work was cut off using the recently installed air-turbine, and proved to be not gold but a sort of heavy foil which was coloured gold on the outside and silver on the reverse - a bit like the foil that wraps those expensive chocolates that are handed round at the Ambassador's party in the TV ads. I am informed that similar restorations were regularly provided in open-air surgeries in Hong Kong and other Far Eastern cities. Perhaps, in very general terms, one could hazard a guess at a patient's origins by means of a dental examination, and I'm sure that more knowledgeable colleagues can enlighten me further. In the meantime I have enjoyed a beautifully written and highly entertaining book.
