



THE BRITISH SOCIETY OF PERIODONTOLOGY

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NEWSLETTER

November 2005

PRESIDENT'S LOG: STARDATE 230905...



Ultimate questions and periodontology

I have long been interested in what is true and right, and the title of this meeting, "Stand Fast to Truth and Right", comes from Sir Francis Bacon's poem "Help Lord", written over four centuries ago:

"Help Lord, for godly men have took their flight,
And left the earth to be the wicked's den:
Not one that standeth fast to Truth and Right,
But fears, or seeks to please, the eyes of men...."

It is apparent that periodontology is deeply concerned with truth, and also with matters of ethics. In this short address, I would like to explore the basis for our knowledge and ethics, which is something we do not often think about. The book "Hitchhiker's Guide to the Galaxy" was concerned about such things as the answer to the ultimate question, and when the computer came up with the answer, it had forgotten what the question was. I would like to leave you with a few questions at the end of this talk, and I shall start by considering our place in the known universe.

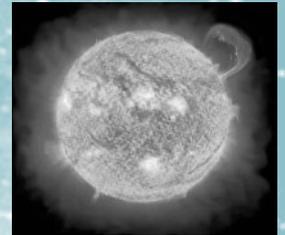
Here is a chart of the fundamental particles from Fermilab, a huge research centre near Chicago. Everything appears to

be made of quarks, leptons and force carrying bosons. Size almost loses meaning when talking about them. For instance, my height appears to be about three thousand trillion times that of an electron, if I haven't missed out a nought or two anywhere. Next, let's look at what is larger than we are, a galaxy similar to our own, the Milky Way. The Andromeda nebula, M31, is the farthest thing you can see with the naked eye, between two and three million light years distant. It is more than twice as large as the Milky Way, about a quarter of a million light years across. In the Milky Way, our sun is in the outer third. But M31 is only one of over 30 galaxies in the Local Group, as it is called. And the Local Group is one of about 160 or more such groups in the Virgo Supercluster which, if this page represented the known universe, would be about the size of the full stop at the end of this sentence.

You have to keep reminding yourself that this is about the real universe we live in. The universe is about a hundred and fifty trillion trillion times taller than I am. Here are a few interesting facts: There are 10 million superclusters in the

visible universe, 25 billion galaxy groups, 350 billion large galaxies, 3500 billion dwarf galaxies, and 30 billion trillion stars.

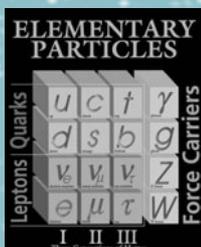
One of those stars is our sun, which is about half-way through its predicted life of ten billion years. And round that sun go at least nine planets, one of which has just the right conditions for us to live on it. That's the earth, there. It's quite amazing that it has just the right conditions on it



to support complex life and indeed human life. We know nowhere else like this in the entire universe. None of the planets which we know orbit the sun or any other star have such amazing properties. Just to make matters interesting, this year another planet was discovered when Mount Palomar astronomers looked at some pictures taken 2 years ago. As yet the planet has no name and is known as 2003UB313. So far, all that the astronomers know is that it is quite a bit larger than Pluto, is 3 times further away, and is very, very cold.

So to recap, the smallest things known are remarkably simple, and follow laws which to some extent have been discovered. The largest thing we know, the universe, also seems to follow the same laws, so far as its constituent parts are understood. In between these extremes fall human beings, including periodontists and their patients. Do they follow the same laws?

Let's take a moment to look further. The earth had a beginning and as far as can be seen, will have an end. We are familiar with the idea of catastrophe. Could an ecological catastrophe destroy the planet? Well, it might destroy human life, in the same way as the dinosaurs were wiped out. Some people think that the earth's magnetic field helps to retain our atmosphere; if this field were lost, all life might die. And when the sun eventually enlarges beyond



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the orbit of the earth, we shall be cooked. But some think we may be able to reach other planets.



Think for a moment: so far human beings have travelled as far as the moon. The moon is 1.25 light seconds away. Proxima Centauri, the nearest star, is 4.25 light years away. This is 107 million times as far. Does it even have a suitable planet? Well, Alpha Centauri might... perhaps... maybe. Where do we get the resources? The difficulties here are that we do not know where a suitable planet exists,

nor do we have the resources to reach one! But suppose we could.

Well, we can't get outside the universe, and unfortunately there are several ways in which the universe could end. The big crunch, gravitational collapse, is currently viewed as less likely than the heat-death, but there is also a further contender. The possible half-life of protons, which are very stable, has been estimated at around 10^{36} years. Without protons, we can't have atoms, molecules or life-forms. So even the matter we are made of may have an end written into it. Now people like to think about the future. Even today, many people believe there will be a continuing life for them after death, and at least some of these think that their behaviour here and now will affect their condition after death. But that conclusion does not arise out of scientific discovery.



If there is no future for the universe, what is the implication for human behaviour? In short, faced with ultimate extinction of everything, what basis is there for ethics? I fear that ethics becomes a shaky concept under these circumstances.

Does science give a basis, as David Attenborough and others suggest? Not if you don't care, and many people don't. If the universe is to end, is there any importance in preserving small parts of it now? How can you fight the inevitable? Evidence suggests that many people think this way: all they want is an easy life for themselves. Might there be a human consensus? Well, try to make George Bush and Osama Bin Laden agree! Do to others as you would have them do to you? Why should I be nice to others, when they might be nasty to me? Perhaps we could have a benevolent dictator? The problem is that he or she would be human and therefore sometimes might be malevolent instead. And there are similar problems with conscience and police states – both depend on human beings.



In the world we see around us, death rules. Throughout the history of the earth, organisms beyond numbering have died physically. The earth, according to what we know of science, is doomed. So is the sun, so are the stars of our galaxy, the Milky Way, and so is the entire universe. Not surprisingly, people today are beginning to take it on board. They say, "What is the point?" They question all supposed truth and morality, and they behave as they want to.

In periodontology, we are interested in truth and ethics. The main problem today is one of trust. There have been many cases of academic fraud, and sadly a lot have occurred in medicine. What makes us feel dentistry is exempt? I know of at least two cases in periodontology, both of which were detected in time to prevent publication of misleading results.



In addition, there are certain huge promotions outside the mainline academic establishment, which sound plausible to patients but which on examination turn out to be, at the least, gross misinterpretations of available evidence, or as I would call them, quackery.

So how do we find out what is true?

Well, we have two tools: use of our reason and use of our experience. If we try to rely on one of these alone, we may go disastrously wrong. Periodontitis is initiated by micro-organisms, but if we use our reasoning to say that periodontitis can be cured by antimicrobials alone, we are doomed to failure, because experiments show us that these drugs cannot penetrate plaque sufficiently. Consequently, we have to combine reason and experience, which is an experiment in continued living, if we want the truth.



When we come to ethics, however, the problem is not one of reasoning or experiment. There is no logical link between "what is" and "what should be". We are stuck with human opinion. I would remind you that the lowest level of evidence for evidence-based dentistry is "expert opinion". It could be the same for ethics, but with the problem that there is also nothing higher than this! Before we go on to the thorny problem of ethics, let us look further at why periodontists may argue about truth.

We may challenge an idea for several reasons. For instance, there is a good evidence base for regarding plaque as the cause of periodontitis, so most of us would challenge the belief that dietary supplements might be used to treat it. Similarly, many of us are unhappy with the idea that having periodontitis puts people at increased risk of cardiovascular diseases. Why? Because both diseases are strongly related to behavioural factors, including but by no means limited to such factors as smoking and diabetic control. There may be no direct causal relationship between the diseases. And if a potent factor like smoking is not fully accounted for, it is easy to prove that periodontitis protects you from Alzheimer's disease, as Philippe Hujuel in Seattle has so eloquently put it!



Underneath all scientific reasoning and experiment, there is a fundamental assumption of the uniformity of natural causes, which is immensely powerful. Without it, science would be impossible. It says in effect that everything physical, chemical and biological is linked together in one causal nexus. Everything complex is built up from simpler things according to the most rigorous and exacting framework of physical law. So let's look a little further at complexity. The smallest things which are experimentally proven to exist are the 16 elementary particles. Of course, space and time also come in chunks, but let's not worry about that for now! Made mainly from 6 of these elementary particles, there are 116 known and a few more hypothesized chemical elements, 91 of which occur naturally on Earth. These elements have a huge spectrum of properties, especially carbon with its millions of chemical compounds. Why do the quarks, leptons and force-carrying bosons have the ability to make all these different chemical elements?

Going a little further, the chemicals made of these same elementary particles are also combined in the most amazing ways to make an enormous variety of living things. I thought I would follow Viv's Galapagos trip last year with a few pics I took in Arizona this year! Here is a ground squirrel looking



over the edge of the Grand Canyon. It is a clever little creature which knows exactly how to exploit tourists, but it needs to keep out of the way of creatures like the Western diamond-back rattle-snake, or the great horned owl. Now how do a few elementary particles have just the right properties to make these complex living creatures?



And so we come to an important fact about periodontology. All that we deal with in our biological experimentation is ultimately built up of much smaller things. Quarks, leptons and force-carrying bosons are at present the smallest entities for which there is definite experimental evidence. They are the basis for chemistry and therefore for biology. Now how and why do such tiny particles carry information for complex biological phenomena? Why is this amazing complexity even possible? When you think about it, it seems virtually impossible. Yet it is implied by the uniformity of natural causes.

So the first ultimate question I would like to ask you, or rather give you for your consideration is "Why does such ordered complexity exist?" But this is antedated more than 300 years by an even more ultimate question, first asked by the great mathematician Leibniz, namely, "Why does anything exist?" Why is there something rather than nothing? Even empty space is something. For instance, we know that the universe is expanding because empty space is expanding! Nothing is absolutely nothing: total non-existence, not even emptiness. So why are natural causes ordered rather than chaotic? And why are there physical constants? What rules causation? And why is there individual identity and personality? Why is there *Me* and *Everything Else*? Do quarks, leptons and force-carrying bosons make me who I am? And why should anyone behave ethically? After all, as we have seen, knowledge is no reason for ethics. "What is" does not lead us to "what ought to be", and human consensus is never reached. The truth is that natural law does not give a good basis for morals. If causation is universal within a closed universe, then inanimate physics and chemistry determine everything. Biology then is about the survival of the fittest. And we have seen where that leads.



Let's consider the extreme right and left of the political spectrum. The great philosopher Aristotle thought that ethics should be the logical base of politics. German politics in the 1930s proclaimed one people, one empire and one leader: Hitler. Mao Tse Tung was devoted all his life to one, and only one goal, namely, self advancement. Though politically (and violently) different, both regimes had one similarity: a lot of people were killed for very little reason. Unfortunately we live in a scientific age in which knowledge has led some people to do horrific things. Hitler and Mao both proclaimed a basic biological fact: survival of the fittest. Little wonder that some people do not trust scientists.

So let's consider what it means for morality to be based on power. Perhaps morality needs some enforcement, as by conscience, whatever *that* is. But it is not good for force to be the *basis* of morality. After all, nobody expects the Spanish Inquisition! So if you think Hitler was wrong, *why* was he wrong? If power rules, Hitler was wrong only

because he lost. Had he won, all the history books would be different. It's the same for any dictatorship. It happened under Mao! And if you think that's wrong, you're saying "No" to the only ethic science has ever produced. So is there any alternative to the ruthless use of power? Well, what about putting number one first? Is hedonism an answer? I am sure you can see some potential conflicts among these possible personal objectives! A few years ago, at breakfast in a BSDR conference, a colleague announced that he had identified what everyone needed to be happy. When I asked "What?" he said, "Health, education and capital." After a little thought I said, "I think you're wrong. Everyone needs to be loved." Now if you want at all costs to have personal peace, and freedom from being bothered or upset, you may not be the sort of person other people want to love!

In the quest for truth and right, I think we must recognize that we all have biases, and we all make mistakes. Bias arises from our experiences and our preferences. We make mistakes because of our experiences and our preferences, but also because our biases are incorporated into our preferences! We all make mistakes, however hard we try to avoid them. This is why forgiveness is such a good thing. And if you make as many mistakes as I do, humility becomes a necessity! I have lost count of the number of times I have been embarrassed by my own silly mistakes!



Let us begin to sum things up. So far as I can see, we have exhausted the universe's possibilities. Science gives no ethic, because the universe is doomed, and the only law is survival of the fittest. The only possible answer must therefore come from outside the universe. Now we are limited and unable to look outside. We can only know the answer if someone outside the universe tells us. Many of you know what I think the answer is, but that lies outside the scope of my present talk, and indeed would take a lot longer to discuss. But we must take on board the fact that if there is no answer, then there are no real curbs on human behaviour, and people behave according to their preferences. Now these preferences may be kind, noble and altruistic, but they may also be cruel, base and selfish, and the problem is that scientific knowledge gives us no basis for value judgements, and no compulsion to follow one preference rather than another.

So let us look at my "ultimate questions". The first, as I admitted, I cribbed from Leibniz. I think the questions are linked, because it is not just any old universe that we live in. It is an amazingly complex universe in which very tiny physical things are built together to give the wonders that are found in periodontology, and a whole lot more besides! We will undoubtedly hear something from our speakers about these wonders today. But the third question is in my opinion crucial. What is the basis for ethics? Without a suitable answer, moral behaviour in our science and practice of periodontology becomes a matter of personal preference. No matter how good they are, our preferences should not be the basis of what we believe, or of what we do. What suffers most in this situation is trust. Unless we know that scientists will not commit fraud for their own personal advancement, we cannot trust their findings. And unless our patients know that we can be trusted, our professional relationships may suffer. If you look, as I sometimes do, at the rapid responses on the British Medical Journal website, you will see how clinicians are mistrusted, berated and scorned by a wide range of people. I think the major challenge for the future is for us to build trust. I have every confidence that members of our society will rise to this challenge.

NEWS ROUND UP 2004/05



Honorary Secretary
Dr Mark Ide

Review of the Year

The Society has had a very successful year under the Presidency of Dr Viv Ward, with an extremely well-attended and enthusiastically received Spring meeting in Savoy Place in May 2005.

Membership

At present, the Society has 800 members comprising 10 Honorary Members, 656 Full Members, 15 Post-graduate Members, 11 Associates and 94 Hygienist Associates. Despite recruiting 74 new members this year, the overall membership has been hovering around this level for some time, and we are currently looking at new ways of increasing our membership. Of the 74 new members, 50 were dentists, there were 6 postgraduates, 14 hygienists, 3 overseas associates and 1 vet! Proof that we are breaking new ground!

EuroPerio 5, 6 and 7

2006 will be an EFP year, with EuroPerio 5 taking place in Madrid from 29th June to 1st July. Details are available at www.europerio5.net. As yet there is no confirmation of speakers. The BSP have replied to a request from the EFP and nominated a number of UK speakers to present at this meeting; we believe that there may be 8 UK speakers. The organisers are hoping for 6000 delegates. The bid for Europerio 6 in 2009 at the ExCeL site in London was unfortunately unsuccessful, despite the sterling efforts of Professor Hughes and support from Visit London. In the end the UK was pipped at the post by Stockholm. We have yet to decide on whether to apply for Europerio 7 in 2012, but other events in London that year may make a bid impractical.

Prizes, Awards and Scholarships 2004/05



Bethan Davies and Clare Newland
with BSP President Viv Ward

The Society made its "Research Prize" award to Dr Geoffrey Sharpe from Newcastle. The next closing date for this award is 31st March 2006 and details are available on the BSP website. The George Cross-Fellowship Award was also awarded to Dr Sharpe to support a trip to Gothenberg. Marsh Midda Travel Fellowships were not awarded this year due to a lack of applications. The Frank Ashley Undergraduate Prize was awarded to Bethan Davies and Clare Newland jointly for the November 2004 entry and to Payal Patel for the June 2005 entry. Council is currently considering arrangements for the provision of research prizes and support for professional development and details will follow over the next year.

Journal of Clinical Periodontology

Members will have noticed that recent editions of JCP are thicker than before, and contain around 50% more papers. This is part of an initiative by a new editorial regime which commenced in September 2004. The aim of this is to reduce the extremely long lag time for publication of submitted papers from 14 months to something more reasonable. Online submission and refereeing is helping and those of you who are referees know that they now expect a quick reply! This has led to a 16% increase in cost of the printed

journal by the publisher, although of course the online version is unaffected. Blackwells therefore agreed to give a reduced rate for other journals to JCP subscribers **provided they are ordered through the "My EFP" website link**. Check the EFP website for more details (www.efp.net).

Council Meetings and BSP Activities

Over the past year, there have been 4 meetings of Council which have dealt with various issues, including the following:

- **Standing Dental Advisory Committee & Review of the Dentally Based Specialties and Specialist lists**
Members will be aware of the recent events regarding the development of Dentists with Special Interests. The BSP has had good representation on the group involved in developing this within the DoH and with the FGDP. We are monitoring developments and would welcome any feedback or news from those dealing with PCTs or DwSIs: there is an area on the Forum of the website to discuss this. If you are worried about professional / commercial issues, then you can still contact Nik Pandya, the Chair of the Practitioners' section, via the website.
- **GDC Specialist Lists Review Group**
Dr John Coventry represents the BSP on this committee. A report on Specialists Lists should go to the Education Committee of the GDC in October 2005.
- **RCS Eng Specialist Practitioner Liaison Group**
The Honorable Secretary attended the inaugural meeting of this group as one of a number of representatives of specialist practitioner groups across dentistry. This was a promising initial meeting that should hopefully allow the BSP to get more support and involvement from RCS. Council is conscious of the need to protect the interests of BSP members.
- **Department of Health Consultation on NHS fees**
The BSP reply has been submitted and this should be posted on the members' section of the BSP website. The essence of this is that periodontal treatment is still a viable option for NHS practitioners and we have suggested that special dispensation might be considered for certain medically compromised patients who may be in greater need of periodontal care.
- **Type II Diabetes**
The BSP has registered as a stakeholder in the current NICE re-evaluation of guidelines for the care of patients with Type 2 Diabetes – this means that we can submit recommendations and suggestions.
- **UK Periodontology in the news**
Drs Watts and Ide replied to letter in BDJ from Professor van Steenberghe, correcting the multitude of factual inaccuracies and intemperate language he used in relationship to periodontology in the UK. This was published, and no further reply has been forthcoming.
- **Other committees**
Members of Council continue to play an active role on many external committees. Dr Floyd has represented the Society at the Dental Senate, while Dr Giedrys-Leeper, Professor Palmer and Dr McLaughlin have represented the Society on the SAC. Drs Paul Baker and Ravi Saravanamuttu continue to represent BSP on the SAC. Dr John Coventry continues to represent the Society on a

Royal College of Surgeons working party on Dental Specialists in Practice, whilst Professor Iain Chapple and Dr Graham Smart have served on a Working Party related to GDPs with Special Interests, chaired by Dr Roger Mosedale. A small group of senior members of the Society have also been involved with the Hon Sec in submitting applications and recommendations for National Clinical Excellence Awards.

• Joint Restorative Meeting 2007

Discussions are currently proceeding regarding a joint meeting with other UK restorative specialist societies in November 2007. Council will keep members informed of progress.

Educational Initiative

The Educational Initiative continues to be a success, with over 49 regional meetings held during the academic year 2004-2005 for general and specialist dental practitioners and dental hygienists: one a week, allowing for Christmas! Specialist level hands-on courses run at ICED in London have involved regenerative techniques and mucogingival surgery, and we currently have a waiting list for future courses. Other venues outside London are currently being developed and we are holding a course in Manchester at the end of this year.

We should thank Dr Veronica Booth and her Regional Advisors for all their continued work in organising these courses. One of the prime aims of BSP is to promote periodontal education and Veronica and her team play a major role in this. Veronica will be standing down as Chair of the Education committee and this is an appropriate time to recognise her contribution to the Society.

Website - www.bsperio.org.uk

The Society's web site has undergone massive changes this year. We have migrated to a new host run by Canterbury Web Services and as a result the web address has changed (as before but with "uk" – see above). You will all have been informed of this in writing. The old website is no longer accessible. The new website is more interactive and various members of Council and the Society managers can access it to keep it updated. The site contains news, patient information, a members search tool (name or location) and online meeting registration and membership application. One major advantage of the new website is that we can send global emails to groups or to the whole membership. The website also includes a forum section. This allows us to post up to date, members-only information, but more importantly it allows any member to start discussions on any topic.

2004 Autumn Scientific Meeting

On Friday the 23rd September 2004 the AGM was held at the traditional venue of the Royal Society in London. The formal Autumn Scientific Meeting entitled "My Way" began after Dr Ward's Presidential address *Survival of the species Homo Periodontus*. The meeting continued in the afternoon, with presentations by Doctors Coventry, Ursell, Zybutz and Giedrys-Leeper, Ms Jean Suvan and Mr Graham Smith addressing approaches to various aspects of the management of periodontitis, risk factors and associated complications. The meeting was attended by 201 delegates.

2005 Spring Meeting

The Spring meeting 2005 was held at the Institute of Electrical Engineers, Savoy Place, London between the 19th and 20th May 2005. The 387 delegates were impressed both by the facilities available and the excellent clinical presentations. The meeting opened on Thursday morning considering factors which may influence periodontal



Viv Ward with Anne and Ghilaine

speakers were Drs Anthony Hoskinson, Michael Escudier and Chris Deery, and Professors Richard Ibbetson, Gianfranco Carnevale, Maurizio Tonetti and Marc Quiryren. This was followed by presentations related to fixed and removable prosthodontics and relationships between orthodontics and restorative dentistry,



Dinner guests admiring the views



Viv Ward in full flow

given by Drs Wickens, Faigenblum and Joffe respectively. Finally, the John Richards memorial lecture, given by Professor Michael Wise, discussed protocols for managing advanced periodontitis cases, with a particular emphasis on the use, or not, of implants as part of a treatment solution.

The social aspect of the meeting was provided by dinner whilst cruising the Thames aboard the Silver Sturgeon. This was a wonderful trip and offered stunning views of many famous London landmarks, including at least one distinguished academic institution (what can that be then? – Ed). We welcomed at the dinner our Guest of Honour, Dermot Strahan, an old friend and colleague, and Past President.



Dermot Strahan

The meeting was generously sponsored by 3i Implant Innovations, Colgate, Nobel Biocare, Oral-B Laboratories, Pfizer, Philips Oral Healthcare and Straumann Ltd. As ever, we owe a debt of gratitude to these sponsors and to Dr Paul Baker, our Commercial Liaison Officer. Such meetings could not happen without the hard work and dedication of Ghilaine Ower, our Conference Manager, and Anne Hallowes, supported in this instance by Richard Tucker.

2005/06 Programme

The first day of the 2005 Autumn meeting on 22nd September 2005 began with the Teacher's Forum meeting on "Outcome audit in periodontics and when is periodontal referral appropriate?" by Dr Trevor Watts.

This was followed by the Sir Wilfred Fish Prize presentations given by Drs Kourkata, Raitapuro-Murray, Nibali, Sulaiman, and Tsakanika. Again the presentations were of a very high standard, making the decision on the winner extremely difficult. The Fish Prize was finally awarded to Dr Luigi Nibali from UCL, Eastman Dental Institute. The certificate of merit was awarded to Vasiliki Tsakanika.



Richard Tucker, Judy Ward and Mark Ide

Dr Trevor Watts was installed as President of the Society at the AGM on 23rd September 2005. His Presidential Address, entitled "Ultimate Questions and Periodontology", stretched delegates minds and demanded much "out of the box" thinking! A varied scientific programme followed, with the theme "Stand Fast to Truth and Right", exploring issues of what constitutes truth in scientific research and how truth can sometimes be distorted by bias, statistical manipulation and the use of rhetoric. The speakers were Professors Helen Worthington and Don Brunette, and Drs Mark Ide, Mike Grace and Kevin Lewis.



Outgoing President Viv Ward with new President Trevor Watts

2005 to 2006 will again be a busy time for the Society under the Presidency of Trevor Watts. This year's Spring meeting will be at Keble College Oxford on Saturday 25th March 2006. The meeting will address microbial and patient associated factors in periodontitis and periimplantitis, and speakers will include William Wade, Mike Martin, Ubele van der Velden and Roy Page. Before the dinner delegates will be treated to a concert by our own Dr Ian Needleman in the College chapel.

For your advanced notification the Autumn meeting in 2006 will be in London on 21 and 22 September, and the Spring Meeting in 2007 will be in Edinburgh on 10 and 11 May 2007.

Council Goodbyes

At the AGM in September 2005 a number of Council members stood down and thanks go to the following:

- *Professor Richard Palmer* served on Council for 15 years in a multitude of roles, including President, and continues to fly our flag within the EFP as a member of the Executive Committee.
- *Professor Gerry Linden* has provided invaluable support during his time on Council and has been involved in many "backstage" activities.
- *Dr Veronica Booth* was Chair of the Teacher's Forum and then Chair of the Education Committee, helping to develop the education initiative (including hands-on specialist level courses) across the UK in collaboration with the Regional Representatives.
- *Dr Richard Tucker* supported Dr Viv Ward during his Presidential year.

Big Thanks Again!

As all BSP members know, the brunt of the Society's work falls on Anne Hallows our Administrative Manager and also on Ghilaine Ower, our Conference Manager. The BSP would not function without their advice and support. The Society is indebted to Anne and Ghilaine for their generosity, patience and hard work.

Report: Mark Ide and Phil Ower



Perio Matters.....

In the last newsletter (my first as editor) I asked for some feedback on the format and content of the BSP newsletter but none was forthcoming.

Perhaps we're all happy with it as it is. I also suggested a letters page but as I have not received any I am exercising my editorial privilege and printing some thoughts of my own.

Two things have occurred to me since last year's newsletter; firstly whether, given the revamped BSP website which is crammed with information, we need a printed newsletter at all and secondly, the question of communication, which is, I suppose, also related to the website. As far as the latter is concerned, I would be delighted to print (if appropriate!) any short articles or opinion pieces on burning periodontal issues if you feel inclined to use the newsletter as a means of communicating with the membership rather than posting a comment on the website. Suggested titles for this column would be welcome – "Periophernalia" has been proposed and is my favourite to date. Just remember that we only go to print once a year in November and I tend to put the content together during October. You can contact me at philip.ower@btopenworld.com or corner me at a meeting and bend an ear (hence the photo).

As to the usefulness of the newsletter, it is probably as relevant today as ever, despite the existence of a

comprehensive new website. One of the topics that comes up repeatedly at Council meetings is the lack of younger, newly qualified members in the BSP (see comments elsewhere in this issue). This is something we are actively addressing, as you will see from the revised subscription rates, and it is key to the Society's future survival and wellbeing. I therefore have a plea: many BSP members are invited to speak to VDP groups since all groups tend to have a "perio" day and, if my own experience is anything to go by, it is common to find that these fledgling practitioners have only vague and unfocussed concepts of the importance of periodontal health, issues of diagnosis and risk factors and periodontal disease management in a practice setting. I also find they are often fairly unenthusiastic about periodontology and have little idea of just how interesting (and crucial) periodontics is in the range of dental sciences. BSP members talking to VDPs therefore have a golden opportunity to enthuse about periodontics, to get young practitioners to appreciate its importance and even (why not?) join the BSP. Next time you talk to a VDP group let myself or Anne know and we'll supply you with piles of membership application forms and newsletters to hand out at these training days. So let's get recruiting! Perio does matter!

Phil Ower

"Groupthink refers to the phenomenon that occurs in highly cohesive groups when group members, striving for unanimity override their need to realistically appraise alternative courses of action." I.L. Janis "Victims of Groupthink", Houghton Mifflin 1972



Earlier this year the new British Society of Periodontology website went live. The new address is www.bsperio.org.uk. Many of the features of the old website have been retained but there are some radical changes with many new and exciting features. Thanks are due to Canterbury Web Services and the input from many Council members.

Online application is now available for membership to the society. This includes a section enabling applicants to subscribe to a regionally-based newsletter which they will receive by email, keeping them informed of regional activity.

Details of the Spring and Autumn meetings are, as always, available on the website well in advance. A new feature of this section is the ability to apply and pay for the meetings online. Although meeting registration can still be done by post (and details of forthcoming meetings will continue to be sent out by post to all members), BSP members are encouraged to register for all BSP meetings online if possible.

There are many useful downloads available and an excellent links page making it easy to access other relevant websites. The news section is kept up to date on relevant activities of the Society as well as other periodontally-related news articles.

The members-only section, which requires your login name and password, has been hugely improved. If you do not

have your login name or password (which has been posted to all members) this information can be sent to you by contacting Anne Hallowes – click on the telephone sign (next to Anne and Ghilaine's names) at the top of the web page. Within the members area members can check their details and amend them on-line. This is worth doing as it makes up some of the information for display on public parts of the site.

All members should make a point of visiting the website to check their details. Around 15% of the email addresses we have are not correct and those members affected will not be getting the full benefits of membership. Please check your email details on the website; a common error is omission of the correct suffix (eg .co.uk) to the end of the address.

A new and exciting feature of the site is the Members' Forum; this members-only area enables members to engage in discussion with other members of the society on any topic, periodontal or not! Members can subscribe to a discussion or make an entry, and then receive an email every time someone replies. Be brave and have a try!

Finally, there is still only one case report on the website. We would welcome any suitable clinical material, such as those used for Membership or Fellowship exams, so please contact us via the website.

Report : Liam Addy



SPRING MEETING 2006

25th March 2006 - Keble College, Oxford

"Blame the bugs or blame the patient?"

What is the relative importance of microbial and patient factors in periodontitis and periimplantitis? Currently, there is a need to target periodontal treatment more effectively, and to ensure that our patients receive what is best for them as individuals. Five top international speakers will address these issues in the delightful and historic surroundings of Keble College, Oxford.

The college is named after John Keble one of the leaders of the Oxford Movement (which criticized the increasing secularization of the Church of England). He died four years before the college was founded in 1870. William Butterfield was the architect, and he produced a masterpiece of Victorian Gothic.

Our Annual Dinner on the Saturday evening will be in the beautiful dining hall which was shortlisted for use as Hogwarts dining hall in the "Harry Potter" films. Our society is also fortunate in having an outstanding organist, Dr Ian Needleman, and he has kindly agreed to give a recital in the College chapel.

Because of the need to limit traffic in Oxford, it is recommended that you consider staying in the college from the Friday night to the Sunday morning and to use public transport if possible.

Trevor Watts
President 2005/2006



Treasurer's Report and Subscription Rates

This report, presented at the 2005 Autumn Meeting AGM, covered the financial year 1st January to 31st December 2004.

The accounts showed a ratio of direct charitable expenditure:management and administration costs of 85%:15%. This was, in part, a consequence of the reclassification of the conference manager's fees and expenses as direct charitable expenditure. This ratio will make encouraging reading for the Charities Commission.

Perhaps the most significant difference between 2004 and 2003 is a consequence of the much larger Spring Scientific meeting at the ICC. Delegates' fees, sponsorship and trade exhibition fees and delegate meeting costs were all approximately three times those recorded in 2003 for the Bath meeting. The increase in delegates' fees and sponsorship was the main factor contributing to the net income in resources of approximately £30,000 for 2004.

The Society's share of the surplus from the Euro Perio meeting in Berlin 2003 (£15,785) had been classified as a debt not yet received in both the accounts of 2003 and 2004. Since the close of the accounting period on the 31st December 2004 this surplus has been received.

Fixed assets remain at £1,452, mainly relating to the current value of the BSP poster stand, but also includes computer hardware purchased during the year 2004.

In February 2005, the Society received notice that there would be a significant increase in the cost of the printed Journal of Clinical Periodontology as a direct consequence of the increase in the size of the volume increasing. It would, therefore, be necessary to pass on this increase directly to those members who subscribe to the printed journal. In

2006, therefore, the cost of the printed journal would increase by £5. The full list of annual subscriptions for 2005 are shown in the table.

Overall, the Society was on sound financial footing with subscriptions covering operating costs during 2004. The Society will continue to direct any surplus made from conferences back into its educational committees for the good of the profession and public and, therefore, £10k was to be transferred to the education account with immediate effect.

A further £30k is to be transferred to the Society's reserves. The reserves account would then contain approximately £140k, very close to the £150k target identified by the previous Treasurer identified in his risk policy drawn up in 2002.

Report: Peter Heasman

ANNUAL SUBSCRIPTIONS FOR 2006

Full Members – Dentists	2005	2006
Dentists – electronic journal only	£85	£85
Dentists – electronic and printed journal	£135	£140
Postgraduates – electronic journal only	£55	£55
Postgraduates – electronic and printed journal	-	£110
Low income countries		
Members receive electronic and printed journal	£85	£90
VDPs / SHOs	£55	£55
New Graduates (4 years post qualification)	£55	£55
Associates		
Retired	£30	£30
Members who receive the JCP through their national society	£30	£30
BDHA and BDTA members – basic	£30	£30
BDHA and BDTA members – opting to receive electronic journal	£55	£55
Honorary Members	Nil	Nil

Sir Wilfred Fish Research Prize Abstracts

A prospective clinical study on the restoration of the periodontally compromised dentition using cross-arch bridges made of porcelain fused to a non-precious alloy. One-year results.

S Kourkouta, UCL Eastman Dental Institute



The aim of this prospective clinical case series study was to evaluate cross arch bridges made of porcelain fused to a non-precious alloy Wirobond C. Twelve patients, requiring prosthetic rehabilitation as a result of extensive tooth loss due to periodontal disease, participated in the study. Clinical data were collected following insertion of the final bridges (baseline) and at one year, and included: probing pocket depth (PPD), clinical attachment level (CAL), full mouth plaque (FMPS) and bleeding scores (FMBS). Bone scores and periodontal support indices were calculated on long cone periapical radiographs using the digital subtraction radiography (DSR) software. Subjective evaluation was assessed by a posted questionnaire, which included a visual analogue scale (VAS) and ten additional questions aiming to assess the patients' responses to the treatment. Periodontal status around abutment teeth remained stable with no significant difference in PPD, CAL, FMPS and FMBS between baseline and one year. There

were no carious lesions or endodontic complications. Minor porcelain fractures that could be polished were observed in 3 patients. Subjective evaluation showed 96.7% (\pm 6%) overall satisfaction with the procedure.

The epidemiology of periodontitis in an ancient Romano-British population

T Raitapuro-Murray, Centre for Adult Oral Health, Barts & The London, Queen Marys School of Medicine & Dentistry.



The aim of this study was to assess the prevalence and severity of periodontitis and other dental disease in a Romano-British population that lived 200-400 AD. 303 dried skulls originally excavated from a burial site in Poundbury, Dorset, were examined at the Natural History Museum, London. Horizontal and vertical bone loss, tooth loss, and other pathologies were recorded for all samples; periodontitis was defined by both the age-related extent of disease and its severity. Samples were grouped into 10 year age cohorts for analysis. 5.5 % of under 25 years presented with periodontitis, 5.3 % of 25-34 year olds, 6.2 % of 35-44 year olds, 4.0 % of 45-54 year olds, 5.9 % of 55-64 year olds

and 10.5% of those above 65 years of age. In total 5.6 % of the population was affected by periodontitis. In addition, surprisingly large number of single localised infra bony defects were seen in otherwise periodontally healthy individuals, eg. infra bony defects of ≥ 3 mm were seen in up to half of the population in the 45-54 year old age group. In summary, periodontitis showed a lower overall prevalence in this population than that reported in most modern populations. Periodontitis was also mainly localised to a few teeth even in affected subjects. In addition, many more subjects had single isolated periodontal defects without any evidence of generalised disease, than is typically seen in modern populations.

NADPH oxidase polymorphism as a risk factor for presence and severity of Periodontitis

L Nibali, UCL Eastman Dental Institute



New evidence for the importance of genetic factors in the onset of periodontitis is constantly produced. Single nucleotide polymorphisms with effect on the host response and especially on neutrophil (PMN) function are considered candidate predisposing factors. Neutrophils have been shown to be particularly hyper active in severe periodontitis patients, especially in regards to superoxide production. Recently, a polymorphism in the CYBA gene, encoding for the p22phox, one of the subunits of the NADPH oxidase of neutrophils, has been linked to modulation of PMN superoxide production. 439 patients with confirmed diagnosis of periodontitis and 224 subjects with healthy periodontium took part in the study. A blood sample was collected from subjects and polymorphism for C242T p22phox NADPH oxidase was analyzed in a blind fashion by a single examiner. Cytochrome C reduction assay was performed in a subset of 28 Caucasian periodontitis patients, in order to study neutrophil superoxide production. The NADPH polymorphism was significantly associated to Periodontitis in a multiple logistic regression model, adjusting for gender, ethnicity and smoking ($p=0.004$, O.R. =1.43, 95% C.I. =1.12-1.83). A consistent result was found in the subgroup of 399 Caucasians ($p=0.007$, O.R. =1.58, 95% C.I. =1.13-2.19). Furthermore, among periodontitis patients, the same polymorphism was associated with disease severity, measured as mean full mouth probing pocket depth (ANOVA $p=0.041$). Preliminary functional assay revealed an increased superoxide production in neutrophils of T homozygous subjects. A C242T mutation in the gene encoding for the p22phox subunit of the NADPH oxidase of neutrophils is therefore a significant risk factor for presence and severity of periodontitis. This is the first study to report this association, whose functional explanation is likely to be due to a modulation of the oxidative burst, accountable for the considerable tissue damage characteristic of severe periodontitis

Cytokine Gene Polymorphism: Potential risk factor for Aggressive Periodontitis in British Caucasians

A Sulaiman, School of Dentistry, University of Manchester

Aggressive Periodontitis (AP) is diagnosed in patients aged under 35 and characterized by advanced bone loss.



Polymorphisms in cytokine genes that may regulate cytokine synthesis and secretion have been associated with different types of periodontitis. The aim of this study was to investigate the association of certain alleles and genotypes of IL-10, IL-13 and IFN γ with AP.

METHODS: 217 subjects in 3 groups: 75 diagnosed with AP (AP group), 75 matched controls with no disease (C group) and 67 controls aged over 45 with little evidence of destructive periodontal disease (OC group) were included in this study. DNA was extracted from epithelial cells collected by buccal swabs using KingFisher mL magnetic particles processor. Alleles and genotypes were detected using (ARMS)-PCR. There was no significant difference in IFN γ allele frequencies between cases and controls. On the other hand, alleles – 819*T and – 592*A of IL-10 were significantly higher in the AP group compared to both control groups ($p < 0.01$). Similarly, the proportion of subjects that exhibited genotypes – 819*T/T and – 592*A/A in the AP group was larger than control groups ($p < 0.05$). Finally, Allele – 2044*A of IL-13 was significantly more frequent in both control groups compared to the AP group ($p < 0.01$). These findings suggest that gene polymorphisms of IL-10 and IL-13 may play a role in Aggressive Periodontitis. Alleles – 819*T and – 592*A of IL-10 gene are strongly associated with susceptibility towards the disease. Whereas, allele – 2044*A of IL-13 gene is associated with more resistance towards AP.

Inhibition of cytokine production by low dose doxycycline in vitro

V Tsakanika, Centre for Adult Oral Health, Barts & The London, Queen Marys School of Medicine & Dentistry.



Tetracyclines are commonly used in the treatment of periodontal disease both for their antimicrobial and more recently for their host-modulatory properties. Tetracyclines directly inhibit matrix metalloproteinases (MMPs) through metal chelation. Recent evidence suggests that IL-1 α release is regulated by Cu $^{2+}$ ions. Therefore the aim of this study was to investigate whether doxycycline could inhibit production of IL-1 α in vitro and if this effect was due to chelation of copper. A monocyte cell line, Mono-mac-6 cells, were stimulated with different bacterial supernatants (derived from cultures of *A. actinomycetemcomitans*). Various concentrations of doxycycline (1-1000 μ g/ml), copper (10-1000 μ M/ml) and a specific copper chelator tetrathiomolybdate (TTM, in concentrations 10-1000 μ g/ml) were tested. The total levels of IL-1 α production was measured by ELISA. Addition of 500 μ M copper increased total IL-1 α production by 87% compared to Aa-stimulated Mono-mac-6 cells. Low doses of doxycycline (10 μ g/ml) inhibited the total production of IL-1 α by 95%. Addition of large concentrations of copper (500 μ M/ml) did not competitively inhibit the action of doxycycline, suggesting that the action of doxycycline may not be the result of chelation of copper by doxycycline. The data suggest that doxycycline may directly inhibit IL-1 α production by a mechanism independent of the ability to chelate metal ions. The results further suggest that low dose doxycycline may have powerful anti-inflammatory properties over and above its well documented action on MMPs.

SPRING AND AUTUMN SCIENTIFIC MEETINGS 2005



Spring Meeting, London

The Spring meeting took place in a new venue for us, the Institute of Electrical Engineers in Savoy Place, just off London's Strand. This was a spectacular venue, with stars not only on the podium but also

on the ceiling of the auditorium! The theme of the meeting was "Perio-Restorative Dilemmas", covering two main areas: the patient who needs both periodontal and restorative therapy, and the patient who needs both types of treatment after tooth loss. The President, Viv Ward, had put together a strong team of lecturers, all leaders in their fields, with whom he has been associated over his career.

What came across most strongly during the course of the 2 days was the need for good communication between clinicians when complex treatments are being planned, especially when specialists from a number of disciplines are involved. Running as a thread through the meeting was a single complex case, illustrated by a set of full mouth periapical radiographs, to which most of the speakers referred during their presentations, reminding us of the theme of the meeting.



Viv Ward with Professors Carnevale and Wise



Tony Hoskinson and Richard Ibbetson

The first session of the first day got off to a running start with Tony Hoskinson speaking on endodontic considerations; his relaxed and humorous style provided an excellent start to the meeting and he was followed by another face

well known to the membership, Richard Ibbetson, who spoke authoritatively on restoring endodontically-treated teeth. He presented a huge amount of fascinating data, as did our next speaker, Gianfranco Carnivale from Rome, who addressed the thorny issue of managing furcations. All three speakers presented a large number of treated cases, very much continuing the "My Way" theme of the previous autumn meeting.



Maurizio Tonetti catching up with two ex-students

to take into account when periodontal support has been lost. Both speakers were excellent, the former presenting essential data on medical issues, in particular covering the controversial area of antibiotic prophylaxis. Maurizio Tonetti reminded us that patients these days don't just want to keep their teeth but to maintain or improve aesthetics and he presented some beautiful cases in his typically confident style.

The second day of the meeting continued the theme and started with Chris Deery from Edinburgh on caries susceptibility. This was a fascinating presentation, not least because the BSP rarely



Viv Ward and Chris Deery

gets to discuss that other dental disease that our members don't think about so much! The next lecturer was Marc Quiryne from Belgium, a name well known to BSP members, giving the first of two implant-based talks of the day. This was superbly delivered, as were the next three presentations which were very practical presentations on managing tooth loss in periodontal patients by fixed (Judith Wickens) or removable (Maurice Faigenblum) prosthodontics, or using orthodontics (Les Joffe) as an adjunct to restorative treatment. Again the very down to earth and practical nature of these presentations harked back to the autumn meeting.



Mark Quiryne and Mike Wise

The meeting closed with the John Richards Memorial Lecture, delivered by Mike Wise, on the teeth versus implant debate. This provided much food for thought as we headed home through the London rain and it was a tribute to Mike's skills as a presenter that he had a virtually full house right up to 5pm on a Friday! The meeting overall was a huge success and we are grateful as ever to our sponsors, on this occasion 3i, Colgate, Nobel Biocare, Oral-B, Pfizer, Philips and Straumann.

Report: Phil Ower

Autumn Meeting, London

Teachers' Forum



Trevor speaking

The Teachers' Forum meeting on the afternoon of Thursday 22nd September emulated the meeting "Stand fast to Truth and Right" with two talks by the President-Elect, Dr Trevor Watts. The first was "Outcome audit in periodontics" and this looked at the basis of clinical audit, reflecting on the fact that there is no nationally recognised set

of outcome standards for periodontal treatment. This is partly due to periodontists' measures of outcome, which are different to those of patients. Studies relating to these differences, between patient-centred and surrogate outcomes, were reviewed, the overall conclusion being that periodontal treatment does indeed result in less tooth loss. Trevor highlighted the treatment of 10 non-surgically-treated cases which illustrated that initial outcome parameters could be used as audit standards for clinical improvement. The suggestion was made that it might be appropriate to use the number of teeth with probing depths less than 4mm and over 5mm, together with other relevant measures such as plaque and bleeding levels, age, gender, smoking status, systemic disease and recall attendance. The means by which a periodontal outcome audit cycle can be set up was described. A lively and enjoyable debate followed, with some degree of disagreement among the audience!

The second presentation, "When is periodontal referral appropriate?" was equally thought-provoking and if anything the ensuing discussion even livelier than the last! Discussion points included the problem of hospital departments being swamped by referrals despite setting strict referral acceptance criteria. It was thought that a principal reason for the increase in periodontal referrals was dentists' fears of litigation. It was agreed that the lack of basic periodontal treatment being carried out within the GDS was due to the fee structure, and if less and less periodontal treatment was being provided, this would result in the "deskilling" of GDPs. It was suggested that we should revisit the question of referral criteria for GDPs. The role of hygienists in the referral process was discussed as was the question of regional variations around the country and the use of outcome measures (as discussed in the first talk) by PCTs in the future. Judging by the response from a relatively small, but rapt, audience this session proved to be highly stimulating and thought-provoking.

Report: Wendy Turner & Phil Ower

Autumn Scientific Meeting

For the meeting on Friday 23rd September 2005 the new President invited a range of speakers to explore the issues of truth and ethics in periodontics. Having had our minds well and truly stretched



Delegates at the trade show

by the President's cosmic talk in the morning, we now found ourselves considering the more terrestrial issues of information gathering, bias and rhetoric in the reporting of scientific findings, how studies get published and medico-legal matters. The first speaker was Professor Helen Worthington from Manchester, who described the basis of evidence-based dentistry, a timely reminder that not all published studies are equally valid. There were some fairly startling examples of how misinterpretation of data can lead to dangerous clinical practice.



Helen Worthington and Mark Ide take questions from delegates

Our own Mark Ide then provided a refreshingly cynical view of the literature relating to the effect of periodontitis on unborn babies, questioning some of the findings from very well publicised American studies and identifying (from his own recent study) that smoking can be identified as a confounding co-factor in these apparent relationships. He was followed, after lunch, by a dryly humorous reflection on the use of rhetoric by dental scientists (and presumably other scientists) from Professor Don Brunette of Vancouver.

He described the use of rhetoric across the ages from Plato and Aristotle to the present day, illustrating his talk with numerous quotes, some of which readers may have spotted in this newsletter. The



Don Brunette and Trevor Watts

last two speakers were well known to delegates – Dr Mike Grace has a particular interest in periodontology and has for many years been editor of the British Dental Journal, while Dr Kevin Lewis is Director of Dental Protection. Mike Grace addressed the issues of publication bias and other problems associated with publishing scientific studies, using his own experience as an editor to illustrate his points and provide some fascinating insights into the editorial process.



The President with Mike Grace and Kevin Lewis

Dr Kevin Lewis provided a light-hearted look at the dento-legal minefield, particularly with reference to periodontics and implants. However, amusing though his presentation was, he delivered his material with some very serious, and practical, messages. These two highly entertaining lectures brought an extremely stimulating meeting to a close.

Report: Phil Ower

.....if your audience likes you they'll forgive just about everything else you do wrong" Spin Doctors in Love (Carville & Matlin)

Changes to the BSP Constitution and BSP Council

At the 2005 AGM, changes to the Society's constitution and subscription rates were proposed and agreed.

Constitution Article 7 Section 8

Members of Council who do not attend 50% of Council meetings over a 2 year period will be contacted in writing and asked whether they wish to resign from Council. A Council member may be removed from Council if so required and their office considered for re-election as a casual vacancy.

BSP Council

At present we have very few newly qualified members of the profession (only 10 out of the current 800 or so qualified in the last 4 years) and to encourage membership in this group we are offering a reduced membership rate equivalent to that for postgraduates in the first four years post

qualification, namely £55.00. This can be easily managed using the website and database, but it does require a change to our fees to include this group within the reduced rate fee scale.

In addition, we are offering Vocational Dental Practitioners and Senior House Officers (who should also be in their first four years) a greatly reduced rate for attendance at national meetings. We would need documentary proof of VDP /SHO status, ideally from Regional Postgraduate Deans. The actual rate would vary from meeting to meeting depending on the venue and would be at the discretion of the President and Assistant Honorary Secretary for that year. This should form part of a larger package of measures currently under development designed to attract more members to BSP and more trainees in periodontology.

MEMBERS OF COUNCIL 2005/06

President	Dr T Watts
Senior Vice-President	Dr J B Kieser
Vice-Presidents	Prof. V Clerehugh
President-Elect	Dr V Ward
Immediate Past President	Dr M Ide
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Honorary Treasurer	Dr P Ower
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President Elect (2006-07)	Prof. V Clerehugh
Educational Initiative	Dr E Giedrys-Leeper
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SECTIONS

Teachers	Chairman:	Dr W Turner
	Secretary:	Dr P M Preshaw
Dental Practitioners	Chairman:	Dr N Pandya
	Secretary:	Dr P L Barnes

FUTURE MEETINGS

2006

26 March – Spring Meeting

Keble College, Oxford

Theme: Blame the bugs or blame the patient?

29 June to 1 July, Madrid – EuroPerio 5

21 and 22 September 2006 – Autumn Scientific Meeting

Savoy Place, London

Theme: Periodontology through the ages

2007

10 and 11 May – Spring Meeting

EICC, Edinburgh

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