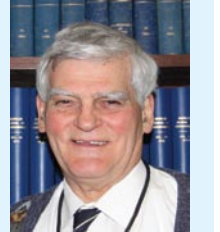


# Harmonious togetherness

SADJ April 2017, Vol 72 no 3 p102 - p103

WG Evans



My wife comes through whimpering with a cut finger, she has been cutting glass for a stained glass window. I bind it and comfort her.

In fact she does not whimper, not at all, a certain amount of fortitude is required when preparing a stained glass window. The cuts in the glass are curvaceous, the pieces often small, the need for accuracy intense. Directing the glass-cutting diamond or steel wheel requires a strength of character as well as a marked physical commitment. As for effecting the break... well, deliberately breaking glass is in many ways just contrary to our instincts!! In fact, I admire her intrepid tenacity!!

It is intriguing that the art of stained glass windows has never attracted a name, one who dresses stone is a mason, the art of trimming hedges is topiary, a seamstress sews, a carpenter works wonders with wood. Stained glass has been known to man since around 2700BC when it is thought that the Egyptians, who had discovered the substance whilst firing their vessels, produced coloured glass beads. The Romans used stained glass in their windows, and it was certainly used in religious buildings, pieces of stained glass estimated to date from 686 AD having been found in an English monastery. The earliest record of stained glass being used as an art form is a 10th century window depicting the head of Christ, found at Lorsch Abbey, Germany. The art form has been with us for a long time and is enjoying a revival of popularity after a loss of prestige after the Renaissance. During the Medieval period a popular topic for stained glass windows in churches was St Apollonia, the Patron Saint of Dentistry. Examples are to be found in numerous churches and abbeys. Almost always she is depicted as a young and attractive woman, holding a fearsome pair of tongs. The truth is that at the time of her martyrdom she must have been well advanced in age.



She refused an order by the Roman Emperor (perhaps Decius, perhaps Philip, no one is sure) to publicly worship the Roman gods. She was a staunch Christian and declined, was dragged off by a mob who threatened to burn her alive. She was steadfast in her principles and the mob then either removed her teeth one by one, or smashed all her teeth with a club (again no one is sure except for the fact that she did lose all her teeth). In extreme courage she acted as though she was repenting, the vigilance of her attackers was relaxed for a moment, and St Apollonia dived herself into the flames, there to perish, gaining the reluctant admiration of the mob for her dedication. The beatification into Sainthood was enacted in 300AD. The Catholic Church celebrates St Apollonia on 9th February each year.<sup>1</sup>

And it is true that the Church and Dentistry have had close ties. Before the profession came into being, people had two resources to call upon in their time of need to relieve dental pain, firstly an appeal to St Apollonia, and then a visit to someone willing to pull the tooth, the barber, the surgeon, the blacksmith, OR the monks at a monastery would oblige! Indeed the church of Santa Marie in Aracelli was wellknown; the Franciscan Monks had their forceps ready for the poor unfortunate suffering the pangs of toothache. St Apollonia must have received so many appeals in those days:

*Illustrious virgin martyr, Apollonia,  
Pray to the Lord for us  
Lest for our offenses and sins we be punished  
By diseases of the teeth.<sup>1</sup>*

No wonder then at the number of images of St Apollonia in Stained Glass. The pieces of glass are held in place by an ingenious system requiring each item to be carefully edged with a ribbon of lead, called a came, which is formed as an H in cross section, enabling the edges of adjacent pieces of the glass to be inserted and held. The lead was soldered at the joints and the window assumed a reasonably solid structure.<sup>2</sup>

Another system was developed in response to a need generated by Louis Comfort Tiffany, who designed the most intricate of panels with pieces of glass so small that the lead came was far too wide and heavy. Tiffany lamps exemplify the new technique which involved the use of a narrow copper strip to envelope the edges of each individual piece before the strips on adjacent components are soldered together.

It is time to invoke one of my favourite words, concinnity; defined by the Oxford English Dictionary as: “*the skilful and harmonious adaption or fitting together of parts.*” How very apt a description of stained glass work, as a glance at the illustration of a Tiffany lamp will prove. Of course, Dentists practice concinnity every day, the exacting tolerances demanded of oral restorations, of periodontal surgery, of orthodontic tooth positioning, all require just that skilful and harmonious fitting together.

Failure to satisfy concinnity leads inexorably to collapse of our endeavours. That Dentistry can record high rates of success is a remarkable achievement and bears testament to both the enhancement of clinical skills but also, and possibly more relevantly, to the advances in the technology of Dentistry. The availability of precision optics, accurate apex locators, new medications, new materials, computerised radiographic methods and more have all been effective in raising success rates. A recent paper shows how the introduction of these techniques into an endodontic practice brought the success rate up from 90% to 94.1%.<sup>2</sup> In general, clinical success rates do reach at least the mid 90% range, bridges may last 10 years, removable dentures 3 to 5 years, metal format ceramic restorations some 97% over seven years, implants have a 95% to 98% success record over 40 to 50 years! Achievable only with concinnity!

Of course there are failures, as Nora Roberts, bestselling American author, observed: “*Nothing worthwhile is ever without complications.*”<sup>3</sup> The entire Dental Community, whether clinical, organised, research, manufacturing, selling, consuming, are intimately involved in the quest to reduce further the spectre of failures. The Communique from Head Office in this issue emphasises the need for concinnity, the greater the number of our members who participate in close agreement with the need to provide data for the determination of relevant RVU's, the more significant will be our success. It is the acting in harmonious accord that will produce the format that will provide the basis for advancement of the practice of our profession. Concinnity is the word!

By the way, how about *Concinnitous Chromatic Glaziers* for those who produce Stained Glass Windows?

#### References

1. Wikipaedia. Saint Apollonia-the Patron Saint of Dentistry. <http://catholicsaints.info/saint-apollonia-the-patron-saint-of-dentistry>. Accessed 28/04/2017
2. Wikipaedia. The history of stained glass windows. American vision windows. Accessed 28/04/2017
3. Deutsch, AS. The importance of increasing success rates: a look at procedures, factors and clinical practices. Dentistry Today. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3271854>. Accessed 30/04/17
4. Anusavice, KJ. Standardising failure, success and survival decisions in clinical studies of ceramic and metal –ceramic fixed dental prostheses. Dental Materials.2012; 28(1):102-11.

