

18 years or older

- No restrictions on buying an air rifle and ammunition
- Can be used where there is permission to shoot

14–17 years old

- Can borrow an air rifle and ammunition
- Cannot buy, hire or receive an air rifle or ammunition as a gift. The rifle in use must be bought and looked after by someone over 18 years old
- Can use an air rifle, without supervision, on private premises where there is permission to shoot

Under 14 years old

- Can use an air rifle under supervision on private premises with permission from the occupier
- Must be supervised by someone at least 21 years old
- Cannot buy, hire or receive an air rifle or its ammunition as a gift, or shoot, even on private grounds, without adult supervision

Table 1. Current air rifle legislation in the UK.

sinusitis within the maxillary air sinus,⁸ and sometimes this reaction can aid the localization of the foreign body within the tissues.¹⁰ The pellet may be inert and remain asymptomatic as it becomes walled off by a fibrous capsule.¹¹ Again the presence of this fibrous tissue can help localization of the pellet on palpation and make its retrieval easier as it becomes tethered and immobile. Lead from the retained pellet can cause lead poisoning (plumbism), although this tends to be more common with gunshot wounds than air guns.^{12,13} Lead poisoning is characterized by non-specific symptoms such as anorexia, vomiting, constipation, abdominal pain and weight loss but, in severe cases, can lead to acute encephalopathy. Chronic low level exposure can lead to learning difficulties, behavioural changes, short stature and poor weight gain. Increased serum levels of lead post-trauma have been reported following ocular injury¹⁴ and the potential

for lead poisoning needs to be considered in treatment planning.

Conclusion

This case outlines a maxillofacial injury but opens the discussion that air gun injuries can vary in clinical presentation from trivial injury to more serious life-threatening injuries. These 'toys' should therefore be viewed as potentially lethal weapons and it is important to educate the general public, and also clinicians who may be involved in treating these injuries, as to the type of injuries that may ensue.

References

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Abstract

ANOTHER NAIL IN THE COFFIN!

A community study of periodontal attachment loss in smokers. Ng SKS, Leung WK. *Int Dent J* 2008; **58**: 243–246.

Dentists, as health care professionals, must take an active part in giving smoking cessation advice to their patients. The five As (ask, advise, assess, assist, arrange) are drilled into undergraduates from the start of their

career but patients also need proven dental evidence to support our advice.

These workers investigated one thousand adult patients (51.5% female) aged between 25 and 64, carrying out an oral clinical examination and undertaking a questionnaire covering demographic characteristics, personality traits, medical history and tobacco consumption.

As perhaps would have been

anticipated, smokers were found to have significantly higher levels of periodontal attachment loss, with their anterior sextants being more severely affected than their posterior sextants. Expected results perhaps, but nevertheless this paper provides more supporting ammunition in the constant battle we fight daily to get our patients to give up the habit.

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