

Letters to the editor

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CORONAVIRUS

80 years on

Sir, as a newly qualified nurse, it would be naïve of me to forget how far dentistry has come over the past 80 years. Talking recently to a nonagenarian patient brought things into focus and made me think about the future of NHS dentistry. Back in 1940, the country was in the midst of a global crisis and the *Lancet* was reporting the spectacular success of animal testing of penicillin, a new wonder drug capable of curing previously life-threatening infections such as gas gangrene. It would be another eight years until the NHS was formed.

Our patient attended an urgent appointment, during which we talked about how much visiting the dentist has changed. She reflected about the similarities to 80 years ago when (aged 14) she started working as a dental nurse. With no training or mentoring, she worked chairside full time from day one. In those pre-NHS days, dental work was avoided by patients until absolutely necessary, treatment was generally limited to extractions and anaesthesia was generally inhalation sedation. Many patients were left with missing teeth and when the NHS (free at the point of use) was formed in 1948,¹ she recalled a massive influx of patients seeking dentures to replace their missing teeth. The demand was so high, that she recalled of the dental team (and the lab technician who worked in a shed at the bottom of the garden), 'We just couldn't keep up!' Shaking her head and with a distant look in her eyes, she repeated it a number of times – it was clear it had a significant impact on her. And it made me wonder whether this is how we'll feel over the next few months as we play 'catch up' with

patients once things start getting back to normal? And as for the NHS dental services more generally? Back in 1952, dental charges were introduced because the provision of dentures nearly bankrupted the newly formed NHS.² What are the parallels for the future of NHS dentistry?

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AGPs and orthodontics

Sir, with discussion regarding the use of aerosol generating procedures (AGPs) during the pandemic we must consider the use of non-aerosol generating bonding options for treating orthodontic patients. At present there are products readily available but the only cause of concern is their strength. Traditional bonding requires enamel polishing using pumice and requires use of a three-way syringe. Two options that may be considered at this time are:

1. Self-etch primers – these may be used without the need for acid etching but the use of pumice is still required. If these are used without polishing then the enamel smear layer present may compromise the bond strength. So, these may be considered for temporary use during this period¹
2. Light cured resin-modified glass ionomer cement – the benefit of using these for

orthodontic bonding has been limited but for minimising AGPs these may be a good option as there is no requirement for acid etching or polishing.²

Also, additional suggestions may include the use of cotton rolls for drying the enamel surface as well as for maintaining isolation during orthodontic or restorative procedures. As far as the removal of excess composite/flash is concerned, under normal conditions it is considered an AGP but the use of a scalpel to trim the excess can be a helpful, although time-consuming procedure.

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2. Aljoubouri Y D, Millett D T, Gilmour W H. Six- and 12-months' evaluation of a self-etching primer versus two-stage etch and prime for orthodontic bonding: a randomized clinical trial. *Eur J Orthod* 2004; **26**: 565–571.

<https://doi.org/10.1038/s41415-020-2068-7>

College leadership required

Sir, Dr Mannan (*A centralised approach*; *BDJ* 2020; **229**: 6) makes a valid point.

The work of all the agencies and organisations which produced COVID-related guidance under the most difficult of circumstances is to be applauded. In hindsight, however, the leadership shown by the Faculty of General Dental Practice (UK) and College of General Dentistry in forming a Task Force to produce 'back to practice' guidance (<https://cgdent.uk/2020/06/01/safe-return-to-dental-practice-during-covid-19/>), with a membership drawn from across dentistry, will be seen as the way