

to a smear (under three years) or pea-size amount (3-6-years-old) – a message endorsed on tubes of fluoride containing toothpaste sold in the UK and recognised in national^{2,3} and international⁴ clinical guidelines.

Whilst recognising the freedom that abstract art enjoys and the professional nature of the intended audience on this occasion, your cover provides an opportune reminder to those involved in producing health education material, of the importance of reinforcing in pictures and graphics, the message about appropriate dispensing of toothpaste for young children.

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1. Pang D T, Vann W F. The use of fluoride-containing toothpastes in young children: The scientific evidence for recommending a small quantity. *Pediatr Dent* 1992; **14**: 384-387.
2. Scottish Intercollegiate Guidelines Network. No 83. Prevention and management of dental decay in the pre-school child. A national Clinical Guideline. Edinburgh: Scottish Intercollegiate Guidelines Network, 2005.
3. Department of Health. *Delivering better oral health – an evidence-based – toolkit for prevention*. 26 September 2007.
4. American Academy of Pediatric Dentistry. *Guideline on fluoride therapy*. Reference Manual: Clinical Guidelines. 2008 www.aapd.org/media/policies_guidelines/g_fluoridetherapy.pdf

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KEEP PUBLISHING!

Sir, I read with interest the letter describing an oral and maxillofacial surgery team's child protection referral for a three-month-old baby who presented with an isolated intraoral injury and was subsequently found to have multiple skeletal injuries indicative of severe physical abuse (*Non-accidental injury*; *BDJ* 2010; **209**: 424). It sounds as if the timely actions of this team saved the little boy's life. The importance of making a timely referral when observing any oral injury in a non-mobile baby is sadly highlighted by three cases reported¹ where this did not occur, and all three infants re-presented with severe abusive head trauma.

I write to draw attention to the value of publishing such reports, particularly if your correspondents were to consider taking this further and writing the case up in detail for publication in a peer-reviewed journal. At the present time there is a paucity of large

well designed comparative studies of abusive and non-abusive intraoral injuries^{2,3} so this is a field in which a carefully-written individual case report can still make an important contribution to our knowledge.

Recent systematic reviews, particularly the work of the Welsh Child Protection Review Group,⁴ have clarified the evidence base for diagnosis and decision making in cases of child maltreatment. However, a systematic review of the literature related to intraoral injuries² found that potentially relevant studies had to be excluded because of insufficient detail on the certainty of diagnosis that abuse had taken place: whether it was merely 'suspected' (ranked as level 5) or confirmed at case conference, civil or criminal court proceedings or admitted by the perpetrator (level 1).

If authors, assisted by journal referees, were to ensure that this information is included alongside a detailed description of the injuries present, occult and overt, and the mechanism of injury, where known, such case reports will be of greatest value for future reviews.

J. Harris
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1. Thackeray J D. Frena tears and abusive head injury: a cautionary tale. *Pediatr Emerg Care* 2007; **23**: 735-737.
2. Maguire S A, Hunter B, Hunter L *et al*. Diagnosing abuse: a systematic review of torn frenum and other intra-oral injuries. *Arch Dis Child* 2007; **92**: 1113-1117.
3. National Collaborating Centre for Women's and Children's Health. National Institute for Health and Clinical Excellence clinical guideline 89: When to suspect child maltreatment: full guideline. 2009. <http://guidance.nice.org.uk/CG89>
4. Welsh Child Protection Systematic Review Group. Core info. <http://www.core-info.cardiff.ac.uk>

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DENTAL DOCTOR

Sir, I wonder if I could add a comment to the letter *Incorrect and misleading* (*BDJ* 2010; **209**: 424).

The letter got me thinking back to my school days, and German lessons. Entering 'zahnartz' into Google translate gives 'dentist'. Splitting the word into its component parts, *zahn* gives dental and *artz* gives doctor. Hence the German for dentist is dental doctor.

K. Wilson
By email

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