bisphosphonates even with no additional risk factors,[2] it is reasonable or even advisable to go to every length to maintain an intact dentition. Clearly there will be clinical cases where an extraction will be inevitable.

The root treatment of teeth with apical pathology is an effective procedure with very high success rates. Specialist endodontic colleagues report success rates in excess of 90% in selected cases.[3] Such high quality endodontic treatment may avoid or significantly delay the requirement for extraction.

The current NHS contract fails to recognise the complexity and importance of endodontic therapy and puts general dental practitioners in an impossible position. Without improvements in funding to both enable them to easily provide quality endodontic care and, where necessary, ensure timely involvement of specialist endodontists, the number of cases of this debilitating and essentially untreatable condition will continue to rise.

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NOT A PROPHET

Sir, apropos 'how long will it last?' in your editorial *The ethics of cosmetics* (*BDJ* 2011; **211:** 501), I was a first born child, to my parents, in Darwen, Lancashire on 1 December 1922, and soon caught double pneumonia, being picked up once for dead.

My mother asked the doctor 'will he get well?' who replied 'I am not a prophet, nor the son of a prophet'.

I am still here, paying my subs.

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KITCHEN STANDARDS

Sir, in the evening, I enjoy relaxing in front of the television watching *Masterchef* (other cookery programmes are available).

Is it just me or is it unusual to see that it is quite acceptable for chefs to put food they are cooking into pans with their bare hands, wipe their furrowed brows and dripping noses with the same hands, and then turn the food over, again bare fingered. Hair is then pushed out of tearful eyes with those artistic hands, tastefully adorned with a bit of blue Elastoplast (other sticky plasters ... etc) followed by a tasting of the exotic dish with a spoon then used to stir the dish. Those hands and spoons seem to be kept clean by a tea-towel tucked into their belt, so no hygiene issues there, and then we are happy to eat this food, maybe delighted or ecstatic.

Now, my question is, why didn't we use the people who decide on these commercial kitchen standards to negotiate HTM 01-05, or when drawing up CQC regulations? Then we wouldn't have needed 3-in-1 syringes; a quick blow into the patient's mouth would do, and we could have kept our long white coats on which to wipe our hands between patients.

By the way, I once had a meal in an Indian restaurant, where my companion found pieces of the chef's watch in the dish, and it was a Chicken Tikka. Honest!

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