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DEVALUING THE KUDOS

Sir, on opening my copy of the *BDJ* for 24 March I immediately turned to the *EBD* section. I am actually being serious, as I genuinely believe our credibility as a profession depends on our ability to show that what we do to, and for our patients is based on some sort of evidence. Anyway, I waded through 14 papers which had, presumably, been selected as examples of the sort of evidence on which we should base our practice. Seven of them had little evidence to back them up, and five showed that we don't actually have enough evidence to say which treatment is better. Ah well, at least we are trying. And then I turned to page 265 and read the review of *Yin ain't yang*, which, as far as I can see, openly accepted the 'new evidence' which 'proves that teeth are joined to vital organs by energy channels ... which can refine the body's chakras'. So there we are then – proof.

The *EBD* section, the result of the academic toiling of committed, questioning dental researchers, has obviously missed the point and got it all wrong. Let us embrace the techniques of Dr Sawicki and utilise 'the meditative exercises using teeth, body and mind' to '...increase bone density, balance hormones, circulate lymph, detoxify organs...' The evidence is obviously there (he says so) and we can avoid the complications of poisoning our patients with bisphosphonates, manage burning mouth syndrome related to hormonal changes, reduce post extraction swelling and cure alcoholic liver disease by the use of simple chewing exercises (okay – I'm simplifying things).

Come on *BDJ*, decide which side of the fence you are sitting on – genuine evidence-based practice or the sort of new age marketing of nonsense books designed to suck in gullible people to invest in the management of their dental,

and medical, problems, with treatments designed to line the pockets of charlatans and modern day snake oil purveyors.

EBD is based on the critical appraisal of research, opened up for professional scrutiny. There is no such thing as a perfect research project, and the very presence of doubt or questioning of conclusions is the grit in the pearl which drives forwards advances in understanding, stimulates progress and improves clinical practice, albeit incrementally. The uncritical publicising of books such as *Yin ain't yang* devalues the kudos, and more importantly the credibility, of the *BDJ*. If the journal wishes to maintain its reputation as a world leading scientific journal it would do well to avoid non-critical reviews of books or papers purporting to have 'the answer' to whatever area of dentistry they are addressing.

P. Ramsay-Baggs, Northern Ireland

Editor-in-Chief's note: While I take Dr Ramsay-Baggs' point, the 'News' section is quite obviously different to EBD in terms of layout, gravitas and evidence-base, and is thus distinguished from other sections and aspects of the journal. We would like to think that readers will add their own judgement to the 'weight' given to the various items of content in our publications and that sometimes 'news' can be an awareness-raising exercise in just what else is out there in terms of public perception.

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EVERY LITTLE BIT HELPS

Sir, I spoke to delegates about the work of the BDA Benevolent Fund at the British Dental Conference and Exhibition in Manchester last year. We provide financial support to needy dentists and their dependants. This help is not just for BDA members; any dentist who is or has been on the UK dental register can apply to the Fund. In many cases the support we offer can mean the difference between remaining in one's home with food on the table and being turned out onto the street.

The causes of dentists' problems are many and varied, sometimes just down to sheer bad luck, but recently the GDC and PCTs have been contributing significantly. This affects GDPs in particular and around 95% of applicants

are or were in general practice, with the majority of these being under 50. The effect of sudden cessation of income can be catastrophic for someone with a family to support and financial commitments to meet.

I'm asking for your help in two ways – firstly, please tell your colleagues about the Fund and if you know of anyone who might need help, please encourage them to contact us (in confidence). Secondly, in order to carry on our work, the Fund needs your financial support – the continuing parlous general economic situation means that more dentists than ever are requiring help.

In 2011 the Fund had more applications than in any other year of its 130-year history and this year, so far, has received more than one application per week.

Some LDCs are very generous indeed and the Trustees of the Fund are extremely grateful for this continued confidence in our work with our colleagues. However, many others feel unable or disinclined to help and this is disappointing. If GDPs won't help each other, then who else will?

'Every little bit helps!'

W. Nichols, BDA Benevolent Fund Treasurer

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FIRST TIME EVENTS

Sir, may I draw your readers' attention to the following case. A resident of a nearby nursing home was visited by a local domiciliary dentist. The patient, aged just over 100, requested that his LL7, which was causing him pain, was rectified. To do this root canal treatment was needed, and the patient was re-referred to our practice in Norwich.

I visited him at his nursing home to confirm that he and the tooth were suitable candidates. They were, and the treatment was carried out over two appointments without complication. Rubber dam in conjunction with Reciproc drill and system 'B' were used.

After 37 years in practice I am still surprised by the number of (first time) events that occur in practice on a daily basis. This was one of those events. I am sure that this will be a routine procedure in general practice, if not already.

T. Jones, Norwich

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