

Letters to the Editor

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Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

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MOLAR MILLINERY

Sir, the paper by Malcolm Bishop on Henry Chettle is most interesting.¹ In particular, Chettle's reference to the tooth-drawer Kind-Hart's 'thrumde hat', that 'had hanging at it the ensignes of my occupation', which reminded me of the example in the Cuming Museum, Southwark, London. The medical historian, Ruth Richardson and I took photographs of the hat, decorated with extracted teeth, some ten years ago and she subsequently used one of these in her publication in *The Lancet*² (Figs 1-2).



Figs 1-2 A hat featured in the Cuming Museum, decorated with extracted teeth

The OED defines Thrum (vt) as: 'Provide or decorate with thrums or ends of threads; cover with thrums or small tufts, raise a nap on (cloth); fringe.' Also, Thrum cap: 'a cap made of thrums'. It seems likely that

'thrumde' is a misprint for 'thrumed' (or 'thrummed') or was the accepted spelling of the time.

D. Hillam, Tetbury

1. Bishop M. The ethics of dental practice in London in the sixteenth century. 1. Henry Chettle's *Kind-Harts dream* of 1592. An important lay view. *Br Dent J* 2012; **213**: 27-30.
2. Richardson R. From the medical museum. A dentrificator's relic. *Lancet* 2002; **359**: 1869.

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LACK OF TRAINEES

Sir, the article on *NICE guideline and current practice of antibiotic prophylaxis for high risk cardiac patients...* (*BDJ* 2012; **213**: E5), the editor's summary and commentary (*BDJ* 2012; **213**: 180-181) raise some important issues both for dental foundation and specialty trainees as well as experienced general dental practitioners.

Those best able to provide advice on antibiotic prophylaxis, cross infection control, decontamination and other microbiological matters might be consultants/specialists in oral microbiology. Unfortunately, this specialty is in decline. There are seven on the specialist list, two of whom are in Scotland, one in Wales and one in Northern Ireland. There are currently two consultants in England who are *bona fide* oral microbiologists. The Department of Health provided funding six years ago for two trainees; of the current trainees, both based in London, one has recently completed training and the other should complete shortly.

This means that there are few experts in oral microbiology in England to provide advice locally, regionally or nationally. In order to take trainees into specialty training, it is important to know that there are likely to be jobs for them on completion of training.

Sadly, owing to the lack of trainees, there is a consequent lack of succession planning in the specialty. The Specialty Dental Education Board (SDEB) of the GDC has yet to approve the curriculum and this is in part due to the fact that the Royal College of Pathologists and GMC are reviewing the Infectious Diseases and Medical Microbiology curricula. As the oral microbiology training programme is based on the medical model and requires input from specialists in the latter, it is critical that some consideration is given as to how oral microbiology can, or should, be developed in the future both from a diagnostic point of view and to provide advice. To that end, Professor J. Cowpe, Lead Postgraduate Dean for the Additional Dental Specialties, has established a small working group to review these issues. It would be helpful if there was a wider debate as to whether there is a need for this specialty. Certainly, microbiology is the basis of many important diseases related to the oromaxillofacial complex, not the least of which is dental caries.

C. Franklin, Chair COPDEND

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PENSION ERRORS HAPPEN

Sir, I read with interest the letter by J. Balachandran (*BDJ* 2012; **213**: 147) asking all associates to check their annual reconciliation report to ensure they will receive the correct pension when they retire. I wholeheartedly agree. I worked for 28 years as a GDP but in my early years I spent several years working in NHS hospitals in oral and maxillofacial surgery. In total I worked for six different NHS trusts followed by the Dental Practice Board (DPB as it was) in NHS dentistry.