

LETTERS TO THE EDITOR

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Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

DENTAL RADIOGRAPHY

Use of beading wax

Sir, I was delighted to read the letter *Beard protection* published in *BDJ* Volume 217 No. 11, that demonstrated how patient care can be improved with a simple stroke of genius. This inspired me to share a 'trick' that I devised years ago to facilitate radiographic film placement for the purposes of taking bitewings or periapicals.

Bitewings radiographs are invaluable at initial examination to aid detection of proximal caries in children.¹ Lateral obliques are alternatives in children who are less tolerable of intra-oral radiographs, though arguably less diagnostic. In addition, not all clinics may be equipped with the extra-oral radiographs for lateral obliques.

However, one reason, among others, that some patients could not tolerate intra-oral radiographs might be that they do not enjoy the sharp edges of the protective sleeves of radiographic films pressing against the floor of the mouth or palate.

Soft beading wax is commonly used for extending the periphery of impression trays. It can be used to line the periphery of radiographs (Figs 1-2) to blunt and 'cushion' the sharp edges and improve comfort for patients. Therefore, this technique might



Figs 1-2 Beading (Utility) wax used to line radiographic film

TEMPERED PLEASURE

Sir, I noted with mixed feelings and some surprise that my email dated 26 November 2014 appeared in the letters column in *BDJ* Volume 218 No. 4 on 26 February. The pleasure that I had managed to get something published in your reputable journal was somewhat tempered by the delay 'twixt sending the email and its publication: some three months.

This delay, between me suffering the attack of Sudden Onset GDC-Induced Apoplexy (SOGIA – soon to be recognised by the WHO as a new clinical dental condition) which motivated me to email the Journal, and that email's appearance on the letters page, seems rather worryingly excessive. Presumably, my email lay on an electronic spike somewhere, slowly losing its cutting edge relevance, as it was overtaken by Ebola, Barry Cockcroft and other more important stuff.

be useful in children, especially those with coagulopathies where careful use of radiographic films is encouraged to reduce risk of iatrogenic accidental trauma to sublingual tissues.² It might also be useful in children/adults with mandibular tori and lower palatal arch.

This technique may not guarantee that the patient will cooperate with an intra-oral radiograph. In addition, perhaps not all brands of radiographic sleeves have sharp edges. Nevertheless, with its simplicity and low cost involved, it is definitely worth a try in order to improve patient comfort and increase diagnostic yield.

R. Yee, by email

1. FGDP(UK). Selection criteria for dental radiography, 3rd ed. London: Faculty of General Dental Practice (UK), 2013.
2. Brewer A, Correa M E. Guidelines for dental treatment of patients with inherited bleeding disorders. 2006.

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ARF HIKE

Call for resignation

Sir, the General Dental Council has been found to have acted unlawfully in its

Now, writing to the *BDJ* is not something I would normally do while enjoying good mental health. But this time, I would like to use your letters column to inform any of the very few people in the dental world who have ever heard of me, that I long ago (about three months, in fact) stopped worrying about the clowns at the GDC. A thrilling New Year is well under way – I can recommend gluten free, organic Ashtanga yoga to all your readers.

I can also recommend, with apologies to Groucho Marx, that, as a UK dentist, in my opinion it is best only to be a member of those organisations who legally insist you join them, which is why I am still GDC-registered but may well have let my BDA membership lapse at some point.

J. J. Sellers, by email

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consultation on the increase to dentists' registration fees. In addition the Professional Standards Authority has found the GDC to be unfit for purpose, a position that was found to have improved little in a recent review.

I recently received email notifications from both the Chair of Council and Chief Executive of the GDC attempting to explain and justify their actions in the light of the damning court judgement. Nowhere in these messages was there an apology or attempt to show remorse for the unlawful actions.

If the GDC were to find a dentist to have acted unlawfully and their practice unfit for purpose that dentist would have been immediately suspended and in all probability struck off the register by the GDC.

Those responsible at the GDC for this unlawful action must be held to account and suffer consequences. If they are not prepared to take the decent course of action then the profession should act as a whole and call for their resignations. The profession can best do this through its professional association, the BDA, and I