dentistry. However, this also means that this cohort of patients will be diminishing in number and with it the window of opportunity they offer.

P. V. Mc Crory, Cheadle, Stockport

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GORILLAS

Studies on pathology and health

Sir, colleagues with involvement in comparative medicine and 'One Health' may be interested to know about a publication, currently in preparation, on the pathology and health of gorillas. The purpose of this letter is to solicit information from members of the dental profession, not necessarily pathologists, who may have been consulted about oral lesions in live or dead gorillas and who either are willing to share data about such cases or have information as to where stored material from *Gorilla spp*. is located – in hospital laboratories or dental museums, for example.

This publication, entitled *Gorilla pathology and health: with a catalogue of preserved materials,* will be published under Elsevier's Academic Press imprint. The first part, a monograph on the diseases and pathology of gorillas, will be largely authored by John E. Cooper, a specialist veterinary pathologist, and the second part, a *Catalogue* listing information about the whereabouts of skeletons, teeth, skins, fluid-preserved specimens and laboratory resources such as histological sections, by Gordon Hull.

My colleague and I are grateful to dental surgeons who have already written to us and provided information for the book or commented on sections of the draft text. Any other colleagues reading this letter who may be able to assist are encouraged to contact me. All contributions will be fully acknowledged.

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EU REFERENDUM

Victim of fallacy

Sir, Dr Batchelor is to be commended for his Leader in *BDJ* 219 No. 11 (p 513) regarding the EU referendum.

He seems at one level to raise an important issue and yet at the same time to be victim of a political fallacy. He seems concerned that much of the NHS dental workforce comes from EU qualified professionals.

By concluding 'When considering how to vote in the EU referendum...' he seems to be suggesting that thinking about this should influence the decision of how to vote.

The advantages of membership to the inward mobility of the workforce is a positive factor we all recognise. The fallacy of Dr Batchelor's argument is that if the UK were outside the EU, such a workforce would not still be able to come here.

The whole point of the UK-outside-the-EU argument is that the UK will make its own rules. The UK can choose to accept to European qualifications or choose, for educational reasons, not to do so, diverting previously accepted qualifications into the ORE process.

That sounds like a better methodology for determining the skill levels needed in any inward migration of dental professionals. Put like that, voting to exit the EU might suggest a positive step for standards in UK dentistry rather than an acceptance of whatever the EU throws at us.

However, Dr Batchelor is right to suggest that a fleetness of legislative foot by the Government of the day will be required to ensure that if the UK were to exit the EU, there is not a sudden, and yet anticipated, crisis in dental workforce numbers.

That might be his next project – to draft the legislative text needed to maintain the workforce in the event of an exit.

C. Lister, Romsey

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ORAL SURGERY

Self-milking the sialolith

Sir, as primary care practitioners charged by the NHS to deliver care at ever decreasing costs, we present this as a novel alternative to surgical interventions for the treatment of salivary gland stones.

A 47-year-old male presented to our clinic having been referred by his local GP who had prescribed 500 mg amoxicillin and 125 mg calvulonic acid for a painful floor of mouth swelling.

The patient presented with pain on the lower left submandibular region, notably worse after eating. The problem had been recurring in the last few months but had become acutely painful and swollen in the last 48 hours.

Examination revealed a 3 cm diffuse swelling in the left submandibular region behind a solid mass palpable in the left submandibular duct.

A provisional diagnosis of acute abscess caused by a submandibular sialolith was made and the gentleman advised to return for review in a week while massaging.

The patient had had a similar occurrence a few years back which resulted in the removal of his RHS submandibular gland.

On presentation after one week the patient had extracted and milked the duct himself to remove the stone. He used copious amounts of lemon juice and actively massaged the duct to remove the stone. It measured 21 × 6 mm (Fig. 1).

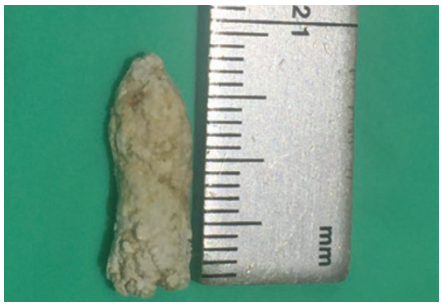

Fig. 1 The extracted sialolith

This is an interesting alternative to surgery for the removal of large stones; one we have not been taught to do!

S. Bhansali, N. Sarrami, by email

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ANTIMICROBIAL RESISTANCE

Dangerous abuse

Sir, almost 20 years ago (1998) the World Health Assembly agreed a resolution on antimicrobial resistance, and subsequently there has been increasing awareness of the need to use antimicrobials more appropriately, with the World Health Organisation (WHO) publishing a global action plan on antimicrobial resistance in 2015.[1] The WHO plan sets out:

- To improve awareness and understanding of antimicrobial resistance
- To strengthen knowledge through surveillance and research
- To reduce the incidence of infection
- To optimise the use of antimicrobial agents
- To develop the economic case for sustainable investment that takes account of the needs of all countries,

and increase investment in new medicines, diagnostic tools, vaccines and other interventions.

Recent weeks have seen reports of microbial resistance to all known antimicrobial agents.[2]

In the UK itself, antimicrobial stewardship (a systemwide approach to promoting and monitoring the judicious use of antimicrobials with the aim of preserving their future effectiveness) is rightly currently under scrutiny by NICE (National Institute for Health and Clinical Excellence).

Given the above, you will understand our serious concern at the implications of the letter carried in the *BDJ* on 11 December 2015 (*Improved gum health* – p 514).[3]

Gingival bleeding clearly responds to mechanical or chemical means to minimise bacterial plaque accumulation. It is absolutely crucial that antimicrobials are only used appropriately and for serious infections: failure to follow such advice will inevitably put the public in serious danger, as emphasised by the Chief Medical Officer.[4]

Furthermore, dealing with the antimicrobial mentioned, clarithromycin is a macrolide metabolised by cytochrome CYP3A4 and which can at least precipitate or aggravate ventricular arrhythmias and the cardiac long QT syndrome as well as interacting with other QT-prolonging medications and with several other drugs (eg anti-retrovirals, calcium channel blockers, carbamazepine, cisapride, colchicine, ergotamine or dihydroergotamine, lovastatin or simvastatin, or pimozide) and it should not be used in people with renal or hepatic disease.[5,6]

C. Scully, London,
A. N. Robinson, Singapore,
D. Wiesenfeld, Melbourne

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Authors' note: Bacteria resistant to colistin, the antibiotic of last resort, have been discovered in China, followed by findings of similar resistance in parts of Africa and Europe, and now in the UK. Public Health England (PHE) found resistant bacteria in samples of human infections and on three farms. The strains carry a gene mcr-1, which can spread rapidly between species, potentially leading to a super-resistant epidemic. Professor Alan Johnson, from PHE said: 'Our assessment is that the public health risk posed by this gene is currently considered very low, but is subject to ongoing review as more information becomes available (http://www.independent.co.uk/news/science/bacteria-resistant-to-last-resort-antibiotic-discovered-in-uk-a6782331.html)'.

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PATIENT SAFETY

Scottish Patient Safety Programme

Sir, I read with interest the article by Bailey on patient safety in dentistry.[1] A recent systematic review calls for a collaborative approach to develop concepts for improving patient safety using common methods and an agreed taxonomy.[2] In Scotland, improving patient safety is a key objective of the Healthcare Quality Strategy.[3] A key aspect of this is the development of a strong and positive safety culture in primary care practice.

NHS Education for Scotland (NES) has researched and developed a validated safety climate questionnaire specially designed for use by primary care teams. This questionnaire is now established within the primary medical care setting, has been adapted for use in community pharmacy and recently too (and piloted for use) in the primary care dental setting. Following evaluation, it will be rolled out to all primary care dental practices in Scotland.[4]

In 2016, Healthcare Improvement Scotland will run a one-year pilot improvement collaborative programme across dentistry in primary care settings and three NHS boards have been recruited to take part.[5] Each board will receive funding of up to £26,000 to cover the payments to five participating dental practices, the costs of a dental clinical lead and a facilitator to support the collaborative, such as data aggregation. During the collaboration process, participating teams will develop and implement a care bundle in at least one high-risk area and conduct a safety climate survey in their dental practice team.

C. A. Yeung, Lanarkshire

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ORAL HEALTH

Toffee toothpaste

Sir, we are concerned to note that several toothpastes aimed at children have the attractive fragrance and flavour of sweets. Whilst palatable flavours are certainly desirable to improve compliance of child antibiotic and analgesic syrups, it is pertinent to highlight that toothpastes are not meant to be ingested. Children may lack the maturity to distinguish between sweets and colourfully packaged toothpaste that smells and tastes like sweets. Manufacturers diligently test products for safety but the necessity to flavour a toothpaste as toffee or bubble gum is questionable in principle. With phthalates already under the scanner for suspected endocrinal interactions, it is the duty of dental professionals to discourage any practice that may raise the chances of our paediatric patients ingesting toothpaste. Can dental associations coordinate with manufacturers on this one?

N. Uppal, S. R. Uchil, Manipal University, India

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DENTAL EDUCATION

The evolving manikin head

Sir, it was heartening to see an important area of the spectrum of training offered to novice dentists getting some exposure as part of the excellent cover photographic series in the Journal (*BDJ* 2015; **219**[10], November 27).

Although a distance from the 1894 setup of the pioneering Oswald Fergus in this respect, we have in most schools and facilities still some way to go to really simulate away from the live patient, the situation that leads to practised and effective close support dentistry delivered by and involving a dentist and nurse/assistant. Most skills rooms feature manikin heads for single operator use.

Leading up to the opening in mid-2015 of the splendid new Education Centre at Morriston Hospital Swansea and as part of the available facilities the decision was made to build a clinical skills simulation