COMMENT

Letters to the editor

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Dental history

Teeth as reliquaries

Sir, as the most durable remnants postmortem of historic figures, teeth serve to connect us directly with personalities of the past. The recent recovery of the skeleton of King Richard III was identified by his dentition revealing his descendants.[1] The reliquary of the sacred left canine tooth (cetiya) of Buddha recovered from his funeral pyre (543 BCE) and preserved in the Temple of the Tooth in Kandy, Sri Lanka is celebrated at an annual Buddhist ten day Festival, the Esala Perahera.

The recent opening of the Galileo Museum in Florence, Italy features the recovered skeletal thumb and index finger of Galileo's right hand and his second upper left premolar. The pre-mortem loss of the bone attachment of this tooth suggests that he suffered from periodontitis. According to Cesare Paoleschi, a dentist who examined the tooth, 'the extensive worn surfaces reveal a tendency to bruxism: Galileo ground his teeth while sleeping'. Herein are revealed some intimate details of the health and habits of past personages based exclusively upon their dentitions. Teeth tell tales long after death.

G. H. Sperber, Edmonton, Canada

1. King T E, Fortes G G, Balaresque P *et al.* Identification of the remains of King Richard III. *Nat Commun* 2014; **5:** 5631.

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Dentistry – as was

Sir, the recent content on dentistry in the 1950s and 1960s prompted me to look back through my old day books [I am now retired]. I opened a new dental practice in Aylesbury in 1957 and the average mouth in those days would be a shock to any young dentist today. Those were the days of bad diet, not much proper mouth hygiene and no fluoride in toothpaste or added to drinking water.

So we come to Thursday 9 July 1959 when from 9.00 am to 5.30 pm I completed: five check-ups, five sets of dental impressions, one set of orthodontic impressions, 22 amalgam fillings, two white silicate fillings, one emergency extraction and fitted a pair of refined dentures. In all I had seen 25 patients. At 5.30 my anaesthetist Mr McGregor, another dental surgeon from Buckingham, arrived whose knowledge was the same as mine (as learnt as undergraduates). That evening we went on to give general anaesthesia and perform surgery on 19 patients, finishing about 8.30. We then retired to a nearby pub for a few pints and cigarettes (it was 1959). Then home after an hour exhausted and hungry.

So on this one day I had seen 44 patients including a long anaesthetic clinic at the end of the day. I don't believe I was ever slapdash but we certainly worked quickly back then. Modern dentistry has changed enormously, and for the better.

D. Smart, by email

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Patient safety

Paraffin-based products

Sir, I have been made aware of a safety alert[1] that arose from the death of a bedbound patient who smoked following application of E45 cream. E45 is a paraffin-based product, the residue of which can act as an accelerant when ignited. This residue is easily absorbed by fabrics such as clothing or wound dressings.[2] In the community setting, such emollients are often used for lip lubrication. Dental and health professionals should be aware of the potential risks associated with patients who smoke or are on oxygen therapy. Although the risk of flammability applies to situations where large quantities of paraffin-based emollients are used (100 g or over)[3] only water-based gels should be used on the hands, face, or inside the nose. Examples of water-based gels include Oralieve, BioXtra and Biotene.

E45 cream is classified as a low paraffin product, containing 27.1% paraffin.[4] An alternative terminology for white soft paraffin is petroleum jelly. It is, therefore, also prudent to mention that Vaseline is a 100% petroleum-based product and a much greater risk to patients. Concerns have been raised regarding respiratory complications in addition to flammability. If small quantities of water-based gels are accidentally aspirated, the lung tissue can absorb them. This is not true for Vaseline, which remains in the lungs permanently predisposing the patient to lipoid pneumonia.[5] Vaseline should not be used for lubrication orally or intra-nasally on patients with an impaired protective reflex.

Since this safety alert, our use of soft paraffin with patients during operating sessions has decreased, in preference for water-based lubricants. I would, however, emphasise that the warnings are related to the use of large quantities of products. Nevertheless the safety alert does apply to many aspects of dentistry, ranging from domiciliary visits to general practice, eg where GIC restorations may be temporarily sealed with Vaseline.

E. A. Brewer, Merthyr Tydfil

1. Medication Safety Alert. 2016. Risk of Fire with all Emollients. *Cwm Taf University Health Board* MSA008.
2. Medicines and Healthcare Products Regulatory Agency. Paraffin-based skin emollients on dressings or clothing: fire risk. 2016. Available at: https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk (accessed October 2017).
3. National Patient Safety Agency. Rapid Response Report: Fire Hazard with Paraffin Based Skin Products on Dressings and Clothing. NHS, 2007. Available at: http://www.nrls.npsa.nhs.uk/resources/?entryid45=59876 (accessed October 2017).
4. British National Formulary. Emollients. BNF 13.2.1. 2017.
5. Osman G A, Ricci A, Falasca C *et al.* Exogenous lipoid pneumonia induced by nasal decongestant. *Clin Respir J* 2016; doi: 10.1111/crj.12557 [Epub ahead of print].

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