advised that, when antibiotics are unavoidable, then penicillin V should be recommended as first line in acute dento-alveolar infections.

There is also no evidence to suggest that addition of a second antibiotic, such as metronidazole, improves clinical outcome.⁴

C. A. Yeung, Bothwell, UK

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Community healthcare

Training with pharmacists

Sir, having recently met a community pharmacy colleague who had asked advice regarding dental trauma a customer had experienced, it made me consider: how much of a relationship exists between community pharmacists and dentists?

Pharmacy staff are well trained, with a wide variety of professional development; however, speaking to this colleague, it seems their knowledge of dealing with dental trauma is very limited. With the easy (and affordable) access to pharmacies, especially considering current restrictions, it would surely be beneficial to us all to engage in some sort of training together. It would allow pharmacy staff to confidently provide accurate advice, which would only serve to help dentists in their treatment and follow-up of these cases.

This particular colleague is a very experienced pharmacist, but revealed much of her dental knowledge is based on her own experience as a parent dealing with dental issues.

Both pharmacies and dentists play a key role in community healthcare; is it time we learn to sing from the same hymn sheet?

C. Murphy, Cork, Ireland

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Paediatric dentistry

Lip-tie

Sir, I write further to the letter 'Tongue-tied' published on 27 November 2020¹ and point out that tongue-tie corrections are performed not only in neonates but across all age groups.²

There does, however, seem to be some debate on the term 'lip-tie' (which refers to the maxillary frenum) and how this may affect breastfeeding among other problems.³ Classification systems of maxillary frenum attachment rely more on anatomy rather than function, whereas rendering treatment seems to revolve more around the symptoms such as improper 'latch' of the newborn on to the breast, dental caries, diastema, interference with maintenance of oral hygiene, failure of trauma to the area to heal and situations wherein the lip may get caught between the upper central incisors.²

It is acknowledged that performing an upper lip-tie 'correction' without addressing the tongue-tie would be treating the symptom rather than the cause in certain cases.³ With there being no NICE guidelines on upper lip-ties or the association of tongue-tie, practitioners acknowledge the role of dentists as being the go-to professionals as far as opinions on upper lip-ties are concerned.³ It would hence be relevant for dental practitioners to realise the importance of their role in diagnosing, advising and managing such conditions and even taking the lead in advising the public on such matters.

V. Sahni, New Delhi, India

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Boarding school 'guardians'

Sir, I write to increase awareness within the dental community of the guardianship service for international students at UK boarding schools, and the challenges this can present to clinicians in gaining consent for emergency and elective dental treatment.

Prior to the pandemic, I had an interesting and novel situation present during my foundation training year in a Somerset general dental practice. Two international students at a local boarding school presented to the surgery

accompanied by their 'guardian.' One of the students required extensive dental treatment to the primary dentition and I was unsure regarding the legal status of the guardianship service, and therefore endeavoured to learn more about their role.

Guardians are registered individuals or families who provide 24-hour emergency assistance for students, arrange safe travel within the UK and host students during shorter term breaks and exeat.¹ The Association for the Education and Guardianship of International Students (AEGIS) provided me with a commonly included clause in an example contract between parents and guardians relating to emergency medical and dental care which states that, where parents cannot be contacted, they consent to emergency treatment under local or general anaesthetic for their child if deemed necessary by a qualified doctor for the child's safety and wellbeing under the National Health Service or privately if necessary.²

I contacted my indemnity organisation regarding the case and was still advised to seek parental consent for treatment in alternative formats which I was able to obtain over the phone and via email correspondence (albeit difficult due to differing time zones).

G. Hallett, Bath, UK

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<https://doi.org/10.1038/s41415-021-2682-z>

Newton's lore

Sir, I am writing to share a valuable trick I learned from Professor Tim Newton (with permission) on the management of administering anaesthetic to paediatric patients. He shared his technique of 'showing the child the needle.' This thought surely

Fig. 1 Elephant and chicken glove animals