In regard to the case referred to, composite rehabilitation had failed rapidly due to not addressing occlusal risk factors previously discussed and outdated traditional composite techniques.[2] The restorations also failed to meet the aesthetic expectations of the patient so the next logical stage would be addressing the occlusal risk factors and 360 Bioclear composites or minimally invasive ceramics, which in my experience far outperform traditional composites.

It appears some hospital-based dentists have little appreciation of the aesthetic aspirations of many private patients (where the majority of tooth wear is treated) and their treatment follow-up is often short-term with little experience of treatment longevity, particularly regarding traditional composite techniques in more compromised cases.

Veneers with palatal coverage which break through contacts have been described in the form of the overlap preparation nearly a decade ago, in an often cited and excellent *BDJ* book.[3] The 360 veneer concept is a development on this design in compromised cases which incorporates the synergy of modern monolithic high-strength ceramics, minimal biologically controlled preparation and contemporary bonding protocols. The restoration provides superb aesthetics, restoration longevity, and the risk of failure lies with the restoration and not the tooth. It is a far cry from early, heavy-preparation traditional ceramic crowns. It is not a new concept, having been previously published four years ago.[4]

Interestingly, I recently gave an online lecture to dental practitioners: 'The definitive guide to anterior ceramic and composite restorations', where a number of cases were discussed and preparation designs presented such as in Figure 1 (these restorations were provided as traditional composite restorations had failed prematurely). The overwhelming response to the 360 veneer concept was supportive. This lecture is available at dhti.co.uk as part of my evidence-based toolkit so readers can make their own informed decision on the concept and the limitations of traditional composite techniques.

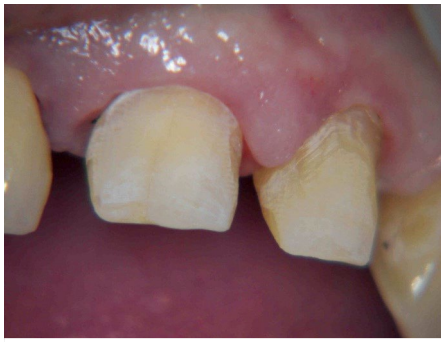

Fig. 1 360 veneer preparations, conditioned for bonding showing the enamel nature of the preparations

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Hall technique

Sir, Hall crowns are a relatively straightforward and non-invasive technique used for patients who may not be cooperative for conventional restorations. The placement of separators for Hall crowns can be difficult, particularly when there are tight contacts, abnormal anatomy or reduced cooperation from the patient. Rubber dam clamp forceps can be used effectively to place separators for Hall crowns using the following technique.

Place the separator in the grooves on the rubber dam clamp forceps and extend them to full width, ensuring the separator has not moved from within the groove or been torn. The separators should be straight and not twisted. The rubber dam clamp forceps are then inverted for separator placement interdentally using a rocking motion and applying downward pressure simultaneously. Close the rubber dam clamp forceps and remove from the mouth.

The technique has advantages and disadvantages.

Advantages:

- The separator is held straight and is not twisted and therefore easier to place, with greater downward pressure possible compared to floss
- The separator can be stretched more and with less effort compared to using floss
- It may be more effective in patients with smaller mouths as only the rubber dam clamp forceps need to be placed inside the mouth
- The rubber dam clamp forceps can also be used to remove the separator if required
- May be more suitable for patients with a gag reflex.

Disadvantages:

- Some children/special care patients may find the rubber dam clamp forceps threatening compared to floss
- The rubber dam clamp forceps would need to be sterilised prior to each patient
- Because the separator is stretched more than with floss, there can be more of the separator above the crown and therefore this may become an annoyance to the patient. This can be overcome by not extending the rubber dam clamp forceps to full width, which may not always be required
- There is a risk of damage to adjacent teeth/tissue with sudden movements from the patient.

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Social media

Real dentistry amidst the reels

Sir, social media platforms were engineered to make people engage in a common digital platform for sufficient time so that everyone eventually becomes a consumer by inadvertently paying attention to the advertisements. What began as a simple model of sharing photographs over the internet has been so meticulously curated over time by its creators with the introduction of short videos as Instagram Reels, Facebook Stories, WhatsApp Status and YouTube video link options. The idea behind new sharing options has been to create visually appealing posts, thereby making users spend more time and eventually get more views on advertisements.

Dentistry has been swift in adapting to the new way of life.[1] Numerous dentistry-specific pages and social media influencers leave no stones unturned to make their presence felt and stand tall amongst peers. Dentistry-related content ranges from sharing the visually captivating clinical outcome of a patient's treatment, tips and tricks on patient management, scholarly work and open discussion groups amongst peers for discussing different case scenarios. However, such posts should be treated with caution as they often lack any peer review when

introducing a new technique or showcasing the merit of a product, and present only immediate results of treatment with ambiguity over its long-term performance.[2,3]

A survey amongst trainees and practitioners by the authors found 73% of responders using social media platforms as a source for obtaining new knowledge and applying this in their clinical practice; however, 64% of responders did not verify the same information from a standard academic textbook or scientific journal. While social media platforms are great tools to disseminate knowledge, dental education content has become a luring point to make dentists consumers of products that might seem to improve clinical skills and courses that can enhance skills, apart from obvious action of promotion of practice. Real dentistry will stand the test of social media 'reels, posts and stories'.

N. Kurian, J. M. Cherian, V. S. Varghese, P. Sharma, M. G. Varghese, Ludhiana, India; I. A. Varghese, Houston, USA

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Academic publishing

Open access

Sir, I have read with great pleasure your Editorial announcing that the *BDJ* has become a transformative journal.[1] I celebrate this and congratulate you on the decision. I am an associate professor from a dental school at a public university in Lima, Peru, where we have limited access to many high-impact journals in the dental area due to the required subscription to read their articles. So, initiatives like the ones the *BDJ* is opting for are going to benefit readers from all over the world, especially those from Latin America.

The COVID-19 pandemic has shown the importance of scientific publications being open access in order to have all the available evidence without any payment restrictions. We hope that this trend of open access continues to advance with more force so that scientific information is available to humanity and thus can support the solution to different problems.

The advance of the open access movement on scientific publications in the health area around the world means we can have all the published evidence available. This will help us to select trusted evidence, make informed decisions and thus have better health, as stated by the Cochrane Collaboration motto.[2]

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Editor-in-Chief's note: I thank Dr Mattos-Vela for these positive comments and emphasise that all COVID-19 content from the BDJ *is freely available in our 'Collections'.*

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Dentistry in literature

Shuggie Bain

Sir, throughout Douglas Stewart's Booker Prize-winning novel, *Shuggie Bain*,[1] numerous dental presentations are referenced against a backdrop documenting the destruction of communities, following the obliteration of mining and manufacturing industries in Scotland in the 1980s and 1990s.

With an eponymous protagonist coming to terms with being gay, Shuggie's otherness strikes hard against an upbringing and prejudices inherent in the traditional working-class masculinity of those times. His mother Agnes's calamitous alcoholism across two decades is sandwiched into Strathclyde's sectarianism and is presented in details that are candid and clinical. In reading about the violence and tenderness, the sadness and humour, the value of this work for those in clinical practice today isn't that it seeks our sympathy, but that it justly demands our empathy for the characters.

By doing so, in turn, we might gain a deeper understanding and empathy not only for our patients who endured the societal prejudices and depravation detailed in this novel, but for anyone regardless of their background who endured certain NHS dental practices during the 1980s and 1990s. The dental presentations unambiguously detail those injuries from beatings, eg the 'Glasgow smile', while the particulars of the questionable destructive clinical practices of those times, of exodontia with attempts at prosthetic rehabilitation by NHS dentists in Scotland, leave little for any reader – let alone those who are clinically experienced – to imagine.

Discussing such clinical presentations with the author, one dental question remained unanswered:[2] were porcelain teeth (ever) provided on the NHS in Scotland? Further inquiries revealed the provision of porcelain teeth on the NHS to be highly unlikely, principally due to cost.[3] Contact with Wrights-Cottrell in Dundee, a firm providing materials for use in NHS dentures, supported this view.

It is a privilege to be able to contribute to the accuracy of any inspiring work and humbling to be able to do so with a Booker Prize-winning novel. With further editions of *Shuggie Bain* in press, should any reader have information confirming these points of dental care in the NHS, then Douglas Stewart's editor, Anna Stein would welcome such information.[4] She can be contacted at: anna.stein@icmpartners.com.

In seeking and providing these answers, the advocacy we now practise for our dental patients might be extended to advocacy for the central characters in a novel that has become a work of literary significance and historical reference for tomorrow's dental professionals. *Shuggie Bain* clearly documents that NHS dentistry practised in the last century and those clinical experiences still lie within the living memories of those we care for in 2021, dental patients whose care we must continue appropriately for many years to come.

J. Laszlo, London, UK

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