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Dental education

South London first

Sir, I read with interest the paper 'Dental education in primary care: 14 years of Peninsula Dental School' by Tredwin *et al.*¹ I heartily congratulate all concerned on their 14th anniversary, and commend the decision to opt for training the dental team in a primary care setting outside of the usual dental school methodology. The facilities illustrated are admirable.

I have to, however, take issue with the authors' statement that 'The School was the first to break free of the medical model where training is mainly based in secondary care...' as they were preceded just a few months short of 20 years (!) by the establishment of the Maurice Wohl General Dental Practice Centre in a street in deepest Camberwell, South London, by King's College School of Medicine and Dentistry – as it was then titled – and opened by HRH Princess Anne with due ceremony in October 1987.

I was appointed as Sen Lecturer/Consultant in 1986, as a dentist with a practice and some postgraduate qualifications, to be responsible for putting together a facility – made possible by much smaller years of student numbers during those times – a unit replicating a multi-surgery general practice where the whole of the final year would be rotated in a week through their own quasi-surgery room space, complete with their own dental nurse. Teaching was 100% by really outstanding working GDPs, all skilled and capable clinicians with successful practices and mostly with higher qualifications. Daily, there would be a 'clinical seminar' demonstration on a patient of the designated current curriculum procedure to the firm of students on rota in the primary care environment at that time. This was in a credible quasi-practice time frame and with no reduction in standards being the absolute order of the day. Rapid rubber dam techniques were developed and one-handed instrument exchanges between

dentist and nurse honed to perfection. Everyone learned to work on the supine patient and to carry out rapid one-handed instrument exchange techniques with their dedicated dental nurse. Students loved it.

In a General Dental Council 'inspection visit' of the dental school, the phrase 'jewel in the crown' was attached to the Maurice Wohl Centre, which was also featured in a BBC2 programme discussing student preparation and their suitability for NHS practice. Today, the flag for the primary care training environment is flying as strongly as ever in larger new premises in South London and one of the original GDP teachers still contributes on the team. So, well done Peninsula, but the ideas and process I guess were possibly first in Camberwell a little while before!

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Prison dentistry

Betel quid and mental illness

Sir, the prison environment is highly challenging and demanding, often predisposing to development of mental disorders. Recently, researchers across the globe have reported on the prevalence of comorbid substance use disorders and serious mental illnesses in prisoners.¹ We would like to add on betel quid use disorder (BUD) that is regarded with lesser gravity, as validated earlier using the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 criteria for substance use disorders.²

Betel quid (BQ) is the fourth most popularly consumed psychoactive agent following caffeine, alcohol and nicotine.³ It is used by more than 600 million people worldwide, mostly among Indo-Asia-Pacific regions and spreading into Asian migrant communities in western countries. BQ consumption is associated with several adverse health outcomes, including oral cancer, oesophageal cancer, liver cirrhosis, metabolic syndrome, type 2 diabetes, hypertension, hyperlipidaemia, chronic kidney disease, cardiovascular diseases etc. Furthermore, BQ use in increased amounts has been reported to cause cocaine-like physiological states like anxiety, dilated

pupils, increased heart rate and blood pressure.³

Long-term BQ users have reported tolerance and withdrawal. Structural, metabolic and functional alterations in the brain have also been observed in the cognitive, reward and impulsivity circuits in BQ chewers, which is greatly related to the duration and severity of BQ dependence.³ Taking into consideration the wide use and easy availability of BQ and its impact to cause altered brain activity and dependence among chewers, it would be beneficial to consider BUD as well in evaluating comorbid substance use disorders and mental illness. Although substance use disorders are considered to be prevalent in prisoners when compared to the general population, data on betel nut consumption, especially in incarcerated populations, is sparse which warrants further research. In many countries, jails and prisons serve as an important opportunity to treat substance use disorders in individuals who are out of reach of conventional health care systems. Such efforts could not only reduce mortality in people released from custody, but also improve both public health and safety.

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The dental profession

Her Majesty's legacy

Sir, of the great many tributes to our late Queen that I heard over the period of mourning, it was the words of Justin Welby that personally seemed to resonate most. He proffered that her late Majesty always sought, at every turn, to lead a life so deeply worthy of her calling.

This is surely the main reason she was so profoundly respected and revered across the world. Perhaps this is something we could all reflect on, whether we be a dancer, designer, DJ or dentist. We steadfastly commit to doing