

Letters to the editor

Submit your Letters to the Editor via the online submission system: <https://mts-bdj.nature.com/cgi-bin/main.plex>. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

In memory of

Ken Ray

Sir, further to the detailed obituary of Ken Ray's achievements in supporting the profession,¹ as clinicians who worked with him for many years at the Royal Berkshire Hospital (RBH), we would like to add our own comments.

One of us (KI) whilst working as a Senior Registrar in Orthodontics at the Royal Dental Hospital, saw him in action in the staff coffee room, where he espoused his strongly held views with great vigour.

When Ken was appointed a consultant oral surgeon at the RBH, he joined an older oral surgeon who was a dour Scotsman, well set in his ways who, even when retired, visited the department for several years until he died, by popping in for coffee on a regular basis. This must have been very difficult for Ken.

Like other people born to lead, Ken was very direct in his approach, steadfast in his aims and nothing stood in his way. Whilst it was important to understand his point of view, Ken was always very supportive to both of us.

One of us (CT) joined the staff at the RBH in 1976 when at that time the department consisted of three small surgeries off a narrow corridor which also served as a waiting room. Ken used his undoubted abilities to negotiate a brand new department, complete with an appropriate waiting room, three good-sized surgeries, a recovery room, a large well-equipped dental laboratory and offices for staff.

We had regular combined clinics with Ken, principally for the orthognathic cases for which we were joined by a consultant psychiatrist who assessed whether the selected patients could cope with undergoing orthognathic procedures.

As a clinician, Ken was an outstanding operator and he was always ready to offer

very sound and practical advice to the patients who we saw together. Even when he was on his way to EEC meetings in Brussels, he would invariably find time to come and see a patient for an opinion before leaving to catch a train.

Despite the clinical needs of the department, Ken acquiesced to the significant time we spent running courses for general dental practitioners and hosting leading overseas speakers to lecture to orthodontic specialists. As a result, Reading became known for its orthodontic courses.

Within the hospital, Ken's administrative abilities were soon recognised, gaining him the respect of other consultants in all specialties. He was elected Chairman of the Consultants Committee which at that time had a significant input to the Hospital Management Team and to the District Health Authority.

We were fortunate to have had Ken as a remarkable and widely respected colleague.

K. Isaacson, C. Tomlins, Newbury, UK

References

1. Obituary. Kenneth Richard Ray. *Br Dent J* 2023; **235**: 777.
<https://doi.org/10.1038/s41415-024-7403-y>

Smoking cessation

Oral nicotine pouches: a flavourful debate

Sir, I read with great interest the article by Cameron *et al.* discussing the effects of e-cigarettes on oral cancer risk.¹ Among other Alternative Nicotine Delivery Systems, I would like to draw your attention towards the oral nicotine pouches (ONPs) which have recently been garnering attention on social media platforms due to their rising popularity among adolescents.

Tobacco harm reduction tools are strategies or products designed to minimise the health risks associated with tobacco use, particularly smoking. These tools aim to provide smokers with safer alternatives to traditional combustible tobacco products like cigarettes. This entails guiding adult smokers to switch to alternative nicotine-containing products that are expected to pose significantly lower risks compared to tobacco smoking.² Among the latest developments are ONPs, containing pharmaceutical-grade nicotine extracted from tobacco leaves. Functioning similar to Swedish snus, they are placed between the user's lips and gums, delivering nicotine through the oral mucosa, where it is absorbed via mucous membranes and enters the bloodstream.³

Recently, Zyn nicotine pouches have gained traction on social media platforms like TikTok and Instagram. Their growing popularity among teenagers, aka 'Zynfluencers', who might otherwise have abstained from nicotine, has sparked debate among healthcare professionals and policymakers. A range of appealing flavours like citrus, coffee and mint coupled with powerful marketing tactics make it appear cool and attractive to young people. The emergence of this trend has raised concerns that Zyn may become the latest nicotine product to entice underage teens, similar to the vaping surge triggered by an e-cigarette brand Juul over several years.⁴ Ongoing research continues to investigate the safety of these ONPs. Research indicates a correlation between nicotine use and the development of periodontal diseases. As these pouches are held in close proximity to the gingival tissues for prolonged periods, nicotine has been demonstrated to interact with host cells, potentially harming the periodontal innate immune system.⁵ An additional

concern regarding ONPs is the potential ‘gateway effect’ which could lead non-users to initiate cigarette smoking owing to its combination of addictive properties and appealing flavours.³ However, the proponents of nicotine pouches argue that despite the potential side effects, the advantages offered by ONPs outweigh the drawbacks. To mitigate the misuse of ONPs among underage individuals and to ensure their effectiveness as a smoking cessation aid for intended users, the implementation of a strong regulatory policy framework could prove beneficial.

S. Wadhwa, Ludhiana, India

References

1. Cameron A, Meng Yip H, Garg M. Current thinking about the effects of e-cigarettes on oral cancer risk. *Br Dent J* 2024; **236**: 397–400.
2. Patwardhan S, Fagerström K. The new nicotine pouch category: a tobacco harm reduction tool? *Nicotine Tob Res* 2022; **24**: 623–625.
3. Jackson J M, Weke A, Holliday R. Nicotine pouches: a review for the dental team. *Br Dent J* 2023; **235**: 643–646.
4. Bromley J. Opinion – Forget disposable vapes, Gen Z loves nicotine pouches now. *Evening Standard* (London) 2024 March 22. Available at: <https://uk.news.yahoo.com/opinion-rishi-sunak-banned-disposable-180019132.html> (accessed March 2024).
5. Ye D, Rahman I. Emerging oral nicotine products and periodontal diseases. *Int J Dent* 2023; doi: 10.1155/2023/9437475.

<https://doi.org/10.1038/s41415-024-7399-3>

From the archive

George Arthur Peake

Sir, Professor Chris Stephens in ‘From the archive’ published in the 22 March issue, highlighted the work of Lt Colonel George Arthur Peake in raising men for four companies of railway engineers during the First World War.¹ I thought it might be of interest to share some more information about him. This Bristolian alumnus was dually qualified (MRCS Eng, LRCP Lond 1892; LDS RCS Eng 1894) and as such, unusually, a member of both the BDA and BMA, serving as President of the Gloucestershire Branch of the BMA in 1911–12.

He was 45 at the outbreak of war and by then author of a handy student revision guide, *Notes on dental anatomy*.² Despite accusations of plagiarism and the use of quotes from unacknowledged sources for the book³ (the author does use and paraphrase a number of passages from Charles Tomes’ textbook⁴), this small work is extremely well thought out, concise and clear, showing some understanding of how little an undergraduate

might know at the beginning of their studies. Peake even leaves space in the margins specifically for readers to add their own notes and diagrams. Indeed, one of the copies in the BDA Library is embellished with a number of pencil sketches!

The book was popular enough for a third edition to be published which contained the following alarming preface dated April 1915:

‘The final “proofs” of this Third Edition have had to be corrected close to the “trenches” of Ypres in circumstances not conducive to quiet thought or writing. If mistakes have crept in the Author offers his apologies...’⁵

Dr Peake passed away towards the end of a second world conflict requesting that he be carried to his grave by ‘some of the 1,663 men who served in the units I personally raised in Gloucester for the RE’⁶

H. Nield, President of the Lindsay Society for the History of Dentistry and Head of BDA Library & Knowledge Services, London, UK

References

1. From the archive: University of Bristol dental student society. *Br Dent J* 2024; **236**: 436.
2. Peake G A. *Notes on Dental Anatomy*. Claudius Ash, Sons & Co Ltd, 1908.
3. Anon. Reviews: Dental Anatomy and Surgery. *Br Med J* 1909; **2**: 394.
4. Tomes C S. *A Manual of Dental Anatomy Human and Comparative*. (6th edition). J & A Churchill, 1904.
5. Peake G A. *Notes on Dental Anatomy* (3rd edition). Claudius Ash, Sons & Co Ltd, 1915.
6. Cheltenham Will Request. *Gloucester Citizen*. 1945.

<https://doi.org/10.1038/s41415-024-7410-z>

Artificial intelligence Dementia and AI

Sir, a groundbreaking study conducted by a renowned American Dental School introduced a mobile application (app) called Dental.Aging.Tips, which demonstrated the immense benefits of using AI to support caregivers in managing oral hygiene for individuals with dementia. The findings revealed that caregivers who utilised this innovative app witnessed a significant increase in their knowledge, skills, and positive attitudes towards oral care. This newfound expertise not only empowers caregivers but also enhances their confidence in effectively fulfilling their roles. Both family and paid caregivers may experience improvements in their perceptions and skills, highlighting the immense potential of this technological solution for dementia care.¹

The use of smartphone AI to improve oral care for individuals with dementia holds immense promise. The app represents a commitment to advancing healthcare through accessible and innovative technological solutions. Continued investment in research and innovation will pave the way for greater advances in dementia care, ultimately improving health outcomes and fostering a brighter future for those affected.² In addition to conventional therapeutic treatments, AI should make precision medicine more effective by functioning as a fundamental ally for the management of dementia cases.³

E. Veseli, Pristina, Kosovo; A. Veseli, Zagreb, Croatia; M. R. Tovani-Palone, Chennai, India

References

1. Ashida S, Beachy T R, Killian E et al. An app to support oral hygiene care: Increasing attitudes, knowledge, and confidence in identifying oral health problems among caregivers of persons living with dementia. *Spec Care Dentist* 2024; doi: 10.1111/scd.12961.
2. van der Flier W M, de Vugt M E, Smets E M, Blom M, Teunissen C E. Towards a future where Alzheimer’s disease pathology is stopped before the onset of dementia. *Nat Aging* 2023; **3**: 494–505.
3. Fillit H M, Nisenbaum L K, Burstein A H. Commentary: Future of Alzheimer’s Disease treatment: Combination therapy and precision medicine. *J Prev Alzheimers Dis* 2023; **10**: 743–745. <https://doi.org/10.1038/s41415-024-7411-y>

George Kantorowicz A remarkable life

Sir, I was delighted to learn more of the life of the remarkable Georg(e) Kantorowicz from Prof Gelbier’s recent account.¹ My memories of George’s energy and character mirror those of Professor Kidd where the badinage in the Staff Common Room at the Royal Dental Hospital (euphemistically referred to in the presence of patients as the Ground Floor Clinic) were the highlight of many a day.

At the time, I was an orthodontic registrar working in David Walther’s Department where, although a full-time Professor of the University of London, he had been able to negotiate a unique arrangement whereby he was permitted to take his annual leave at the beginning and end of each week throughout the year. Thus, he would arrive at the hospital at midday on Monday and leave at lunchtime on Friday in order to return home to his farm in Shropshire. Such ‘long weekends’ were the envy of other full-time academic staff at the time, such as Bill Sims and Bob Nairn. On one occasion, George