be pleased to hear from colleagues who can email their comments and experiences to me at michele.howarth@surreypct.nhs.uk.

In Surrey, general dental practitioners were invited to take part in this initial project but were reluctant to do so unless a similar enhanced payment could be assured. Assessments will therefore be carried out by appropriately trained dentists from both of the counties' SPCDS. Any patients who are currently under the care of a GDP or who express a wish to be seen within the GDS will be referred on with an oral health assessment and oral health action plan.

I have no doubt that much can be achieved in the future by all branches of dentistry working together as part of an appropriately funded and managed network that will ensure equal access to appropriate dental care for all including those with a learning disability.

M. Golding, Surrey

1. Department of Health. *Valuing people now*. 2009. <http://valuingpeople.gov.uk>

DOI: 10.1038/sj.bdj.586

FORMALIN BURN

Sir, promoted by the paper by Gilvetti *et al.*,¹ we would like to report a further case. A 50-year-old male was referred to our oral medicine clinic complaining of a painful ulcer on his upper lip. The patient reported a previous history of long-standing recurrent aphthous stomatitis (RAS) that had been treated elsewhere without relief of the symptoms, which had recurred nine days previously. In an attempt to alleviate the local pain he placed cotton wool soaked in formalin (37%) on his upper lip mucosa. Oral examination revealed a white pseudomembrane covering an extensive ulcer (2.5 x 2.5 cm diameter) with irregular borders. The lesion was associated with intense pain during mouth opening and lip palpation (Fig. 1) and was diagnosed as traumatic chemically induced oral ulceration. The patient was informed about the risks of self-treatment without professional advice and received instructions to maintain excellent oral hygiene. The mucosa injury completely resolved spontaneously after 21 days of clinical follow-up (Fig. 2).

Fig. 1 Clinical features of the ulcer in the upper lip mucosa following the use of formalin

Fig. 2 Complete resolution of the ulcer after 21 days of follow-up

To the best of our knowledge this is the first case reporting an oral chemical burn associated with formalin, an irritating and toxic corrosive liquid that can be absorbed from all surfaces of the human body.²

A. C. P. Ribeiro, L. E. Simonato,
A. R. Santos-Silva, N. Perri de Moraes,
A. M. P. Soubhia, Brazil

1. Gilvetti C, Porter S R, Fedele S. Traumatic chemical oral ulceration: a case report and review of the literature. *Br Dent J* 2010; **208**: 297-300.
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DOI: 10.1038/sj.bdj.587

HAND HYGIENE

Sir, it is difficult to find fault with the opinions contained within the letter written by J. M. Ewart and A. A. Jack entitled *Crass advice* (*BDJ* 2010; **208**: 243-244), highlighting their concerns, as educated patients and microbiologists, about the guidance from HTM 01-05 to prevent cross infection in dentistry. We entirely agree that it is easy to contaminate the sterile instruments before they reach the patient's mouth.¹

It is much easier to find fault with the advice from the Department of Health contained within HTM 01-05 on social hand hygiene: that we should only wash our hands after visiting the toilet if they become visibly soiled!²

We await with interest the results of the BDA's Health and Science Committee in scrutinising the evidence base for HTM 01-05, received from our CDO.

We do not suppose that it will include the meta-analysis of hand hygiene trials which shows that washing hands in the community setting can prevent gastrointestinal illness by 31% and respiratory illness by 21%.³

This is a pity as handwashing is such an important infection control practice.

G. Palmer, C. Plumb
By email

1. Ewart J M, Jack A A. Crass advice. *Br Dent J* 2010; **208**: 243-244.
2. Department of Health. Health Technical Memorandum 01-05: Decontamination in primary care dental practices. p 85. 2009.
3. Aiello A E, Coulborn R M, Perez V, Larson E L. Effect of hand hygiene on infectious disease risk in the community setting: a meta-analysis. *Am J Public Health* 2008; **98**: 1372-1381.

DOI: 10.1038/sj.bdj.588

BRASH APPROACH

Sir, I wish to support the comments by A. Carmichael (*BDJ* 2010; **208**: 441) on the refusal of the GDC to offer a reduced fee registration for retired practitioners.

In addition to the loss of know-how gained from 46 years at the chairside, in the present climate of difficulty in finding an NHS dentist willing to take them on, I am more and more being consulted by ex-patients or others who are in pain or in need of urgent treatment.

Yet as I discovered to my horror, non-registration bars me from writing even a private prescription for antibiotic or simple pain killer. Indeed I must not indulge in any form of succour for troubled citizens without risking the wrath of the law for illegally practising dentistry.

My retired medical colleagues do not get treated as criminals but may offer remedial help if approached by the public for guidance.

Apart from the insult which the GDC imposes on its retired members by this off hand and brash approach, there are many, many ways in which we could contribute to the profession, in all sorts of advisory capacities.

It really is time that GDC took a second look at its attitude to retirement.

G. Webster
Ayr

DOI: 10.1038/sj.bdj.589