Letters to the Editor

Send your letters to the Editor,
British Dental Journal,
64 Wimpole Street,
London
W1G 8YS
Email bdj@bda.org

Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

LETTERS

HARD TO SWALLOW

Sir, the majority of your readers will be aware of the ability of a certain proportion of the population to roll or fold their tongue. This is often a source of amusement and a useful party trick!

Your readers may also wish to be made aware of a third sub-group with the ability to 'swallow' their tongue. Figure 1 shows a patient who was referred for a routine appointment to the Department of Oral Medicine at Liverpool University Dental Hospital. As part of the intra-oral examination, the patient was instructed to roll her tongue and touch the roof of her mouth in order for the ventral surface and floor of mouth to be examined effectively. To our astonishment and amazement, we were presented with a 'tongue-less' oral cavity that was momentarily disorientating. This is an oral physiological phenomenon that is rarely seen.

Fig. 1 The 'tongue-less' oral physiological phenomenon

We are not aware of either the proportion within the population with this ability nor of any clinical or genetic implication of this. Nevertheless, we felt this case was hard to swallow!

J. C. Steele, B. P. Rajlawat, E. A. Field
Liverpool

DOI: 10.1038/sj.bdj.2010.678

ANONYMITY RIGHTS

Sir, I am writing to share with your readers the experience suffered by my husband Adrian, a Lincolnshire dentist. In August 2008, he was falsely accused by a patient of fondling her breasts while the nurse was developing the X-ray. We were shocked when it went to charge, but later learned that this was predictable, despite the unfeasibility of the allegations, as he was 'the man in the white coat'.

He was not protected by the right to anonymity, and his accuser took full advantage of it. Her first act was to make a public announcement of her allegations in a bingo hall, in what proved to be the start of a long and determined campaign of defamation and recruitment. She was successful over the next few months in recruiting two accomplices to make similar allegations.

When it came to trial in September 2009, the combination of sex and politics (Adrian was a former parliamentary candidate) ensured lurid coverage at local and national level of the 'groping dentist' variety. Predictably enough, a further complainant, later described by the judge as 'a fantasist' came forward and halted the trial, adding six months of suffering to Adrian's ordeal.

In March 2010, Adrian was acquitted of all charges, but the damage to his reputation, career, and health has been considerable. Had Adrian been protected by the same right to anonymity his accusers enjoyed, the progress of this case would have been quite different, and his suffering and the damage it caused much reduced.

Now an opportunity has arisen to change things. The new government is bringing a bill before parliament to grant men accused of rape the right to

anonymity. We say why not men accused of any sexual offence? The bill already makes provision to protect teachers, recognising that for them, false allegations are an occupational hazard. We say, why not healthcare professionals as well?

I'm asking all dentists to write to their MP, and to Kenneth Clarke, the Secretary of State for Justice, asking for the bill to be extended to cover men accused of any sexual offence, until and unless they are convicted. This is a growing problem in the field of healthcare, and it is about time that hardworking healthcare professionals were given better protection against bogus complainants.

Please don't think this could never happen to you. If it could happen to Adrian, it could happen to anyone.

H. Heath

By email

DOI: 10.1038/sj.bdj.2010.679

A UNIQUE RESOURCE

Sir, we wish to draw readers' attention to the availability of a unique and useful resource which will be particularly useful to dentists working in multi-ethnic areas or areas of high transient populations (eg tourist resorts).

The University of the Pacific Arthur A. Dugoni School of Dentistry, in conjunction with MetLife Dental, have composed a medical history questionnaire consisting of 67 questions on a single side of A4. This has then been released in 40 languages (Albanian, Arabic, Armenian, Bengali, Bosnian Serbian Croatian, Burmese, Cambodian, Chinese, Creole, English, Farsi, Finnish, French, German, Greek, Gujarati, Hebrew, Hindi, Hmong, Hungarian, Italian, Japanese, Korean, Laotian, Norwegian, Polish, Portuguese, Punjabi, Romanian,