alleviate the symptoms caused by the ulcers, as and when they occurred.

Cyclic neutropenia is a rare variant of neutropenia, and is a condition characterised by a marked decrease in circulating neutrophils in the peripheral blood, occurring in a cyclic fashion every three to six weeks. Some of the oral symptoms that have been reported in this condition include ulcers,¹ gingivitis, periodontitis² and even tooth loss.³ The best way to diagnose the condition is to have a series of routine blood tests which would show the decrease in neutrophils.

Although cyclic neutropenia is rare, it is fairly simple to diagnose and this case highlights the importance of how a history can help point the general dental practitioner in the right direction and the importance of the weekly blood tests in order to confirm the diagnosis. It is vital the GDP helps the patient understand the importance of good oral hygiene in this condition and although the condition requires the GMP to treat this condition, it signifies the importance of working with other health professionals in order to provide a high standard of care for the patients.

K. Keshwara, Y. Zanganah
By email

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NEW LEVELS OF SILLINESS

Sir, I read with interest the continuing correspondence with regard to providing molar root canal treatment under the current NHS arrangements. D. Burton (*It is reprehensible*; *BDJ* 2010; **209**: 592) draws our attention to 'a system which simply dictates a fee', which presumably is his take on the way the NHS dental contract functions. Whilst I must emphasise that I am not a willing advocate of the present system, which does little to encourage dentists to ignore the many perverse incentives put in front of them, I feel it is important that we are not misled about the problems. The major

difference between the old and new GDS was the abolishment of a fee structure for individual items of treatment, to be replaced by the much more flawed system of 'activity' targets (units of dental activity – UDAs). It took the 'swings and roundabouts' argument of the old way to new levels of silliness and was, to the dentist still wedded to the concept of fee-per-item, frankly unfair. In theory, it should have worked – but as expected, the theory turned out to be very naïve and ill-considered.

The theory – and therefore the basis of the contract – was that if we continue to work at the same rate and doing the same sort of things throughout the year, we would earn much the same under the new contract. How naïve is that! The point, of course, is that the fee for doing a molar root filling is therefore not the equivalent of 3 UDAs, just as the fee for doing a buccal 'stick-on' composite is not the equivalent of 3 UDAs. As soon as you try and put a figure on the value of individual item of treatment, the whole thing becomes absolutely untenable and therefore absurd. 'Why should one practice be getting 3 x £18 for an extraction, whilst another gets 3 x £32 for the same extraction?' All this is old hat now – but we still read about dentists trying to justify why they cannot do such-and-such treatment under the NHS and the point is still well and truly being missed. So Dr Burton, please get your 'facts' right.

By all means complain about the 'new' contract, but now more importantly, don't let the Government make the same mistake again with its new 'new' contract. I am not hopeful – fee per item seems to be hard-wired into our psyche – and dentists will always be dentists.

J. Scott
Eastbourne

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PRETTY POWERFUL

Sir, I find it disappointing that homeopathy is being slated again in the media.¹ Some people seem to have a real problem with accepting something that, at present, science is unable to explain. I have no doubt that there is some placebo effect with homeopathic treatment in adult patients but that does not explain

how it works in animals^{2,3} and babies.

I have to declare an interest here because my wife is a homeopath. As an A-level science teacher, she became involved in homeopathy when she saw the effect that homeopathic treatment had on our young son who was covered in eczema. With one series of homeopathic remedies, the eczema, that had failed to respond to any conventional medicine, almost completely disappeared. This is only one case and does not prove anything but when you see it with your own eyes, I can tell you it is pretty powerful.

As an experienced researcher, I know that randomised controlled trials are the best available evidence. When you know a little about homeopathy, as I do, you realise how difficult this is to organise. Four patients with the same 'disease' may each require a different homeopathic remedy and therefore testing the effect of one remedy on one condition, as is normal in conventional medicine, does not fit a homeopathic model.

I have an open mind when it comes to treating my patients. If they feel that something will help them and I am content that it will not do them any harm, I am happy to recommend it. The scientific explanation will come in time – I hope I will see it.

T. Mellor
By email

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SINGULARLY INEFFECTIVE

Sir, I am sure that I am not alone in taking little comfort from Alison Lockyer's Opinion piece (*BDJ* 2010; **209**: 551-552) and fully endorse Stephen Hancocks' comments regarding divergence away from any form of cooperative engagement with the profession.

Most GDPs will be aware of 'someone at risk of breaching our standards' amongst their ranks but it seems that