protective measures for dengue are those that avoid mosquito bites.[4] The case illustrates the importance to dental professionals of taking a full travel and lifestyle history, and using the literature; and, to the public, due consideration of both the opportunities and potential challenges of global travel.

C. Scully CBE, by email

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DOI: 10.1038/sj.bdj.2013.227

A TOPICAL TOPICAL

Sir, I read with interest your recent News item proposing use of Nisin food preservative for preventive management of head and neck carcincoma.[1] Another potentially very valuable, somewhat overlooked, yet accepted and safe, natural health aid is green tea extract (GTE) from the leaves of *Camellia sinensis*. GTE is available over-the-counter and possesses potent antioxidants called catechins of which the chief active ingredient is epigallocatechin gallate (EGCG). Its stability in hot water is good with minimal activity loss and it is naturally water soluble. At and above physiological pH the catechins are unstable. So EGCG may present with somewhat compromised systemic bioavailability – but this does not at all rule out its topical benefits. EGCG is anticancer and also has other benefits such as cardioprotection.[2] In fact, green tea has antibacterial and antiinflammatory[3] and antiviral[4] in addition to cancer chemopreventive capabilities.[5,6] A controlled clinical trial of GTE showed a trend towards a dose-response effect for green tea exposure in patients with premalignancy of the mouth.[6] The authors summarise that these results support the longer-term clinical testing of green tea extract for oral cancer prevention. Green tea is thus a *topical* 'topical'!

J. Loudon
Sydney

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DOI: 10.1038/sj.bdj.2013.228

DEMISE OF THE SINGLE HANDED PRACTITIONER

Sir, on the cusp of retirement I would like to reflect on two of the changes in dentistry over the last 40 years, using the issue of the *BDJ* (Volume 214 No. 1, 12 January 2013) as an *aide memoire*.

My entering general dental practice in 1973 and starting as a single handed practitioner consisted of automatically obtaining a Family Practitioner Committee number and setting up practice in a Grade II listed town house with a brass plate outside. This contrasts today with Dr J. R. Mackay's lament in Letters to the Editor of his 'non-job' (*BDJ* 2013; **214:** 6) trying to comply with the plethora of bodies regulating the practice of dentistry. Forty years ago my job description was dental surgeon; today my job title is performer and provider of primary dental care for the local PCT, lead in child protection, lead for cross-infection control, radiological protection supervisor, health and safety supervisor, fire warden, lead for information governance, lead for staff training, and environmental cleaning operative. I have probably left a few out. As a single handed practitioner I would not be able to carry these duties out unless I saw patients part-time, therefore reducing my income. Furthermore, I would now not be able to afford the installation, maintenance and certification of complex and sometimes unreliable items of equipment seemingly necessary such as vacuum autoclaves, washer-disinfectors and computerised records.

The second major change is highlighted in your current journal under Product News: *End of an era for historic practices* (*BDJ* 2013; **214:** 37). The majority of dental practices 40 years ago were set up in former private residences in town centres which now, because of the incompatibility of the Disability Discrimination Act and HTM 01-05 with listed building consent, conservation area consent and planning permission are deemed no longer fit for purpose and will soon be unviable.

Both these changes may be seen as progress, but put together with the retirement of dentists who were of the baby boomer generation, this can only contribute to the demise of the single handed practitioner who once formed the majority provider of primary dental care in the UK. Farewell!

M. Austin, Hove

DOI: 10.1038/sj.bdj.2013.229

NEW PROTOCOL NEED

Sir, D. Howarth makes a fair point about the maintenance of implants in dementia patients but the same problems occur in crown and bridge patients or indeed any patient with standing teeth.

Dementia, serious strokes or any serious brain injury render the patient unable to look after their mouths and it is almost impossible for carers to assist them. Many have multiple other problems requiring attention and time. The speed with which decay destroys teeth renders anything but extractions pointless. Add to this the number of patients taking bisphosphonate drugs with their attendant risk of osteonecrosis post extraction and the need for a new protocol for treating the elderly and infirm becomes evident.

Maybe the denture wearers of the past who drifted into full dentures over the years didn't have such a bad deal after all.

I. A. Inglis, Plymouth

DOI: 10.1038/sj.bdj.2013.230