

dentistry. However, this also means that this cohort of patients will be diminishing in number and with it the window of opportunity they offer.

P. V. Mc Crory, Cheadle, Stockport

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GORILLAS

Studies on pathology and health

Sir, colleagues with involvement in comparative medicine and 'One Health' may be interested to know about a publication, currently in preparation, on the pathology and health of gorillas. The purpose of this letter is to solicit information from members of the dental profession, not necessarily pathologists, who may have been consulted about oral lesions in live or dead gorillas and who either are willing to share data about such cases or have information as to where stored material from *Gorilla spp.* is located – in hospital laboratories or dental museums, for example.

This publication, entitled *Gorilla pathology and health: with a catalogue of preserved materials*, will be published under Elsevier's Academic Press imprint. The first part, a monograph on the diseases and pathology of gorillas, will be largely authored by John E. Cooper, a specialist veterinary pathologist, and the second part, a *Catalogue* listing information about the whereabouts of skeletons, teeth, skins, fluid-preserved specimens and laboratory resources such as histological sections, by Gordon Hull.

My colleague and I are grateful to dental surgeons who have already written to us and provided information for the book or commented on sections of the draft text. Any other colleagues reading this letter who may be able to assist are encouraged to contact me. All contributions will be fully acknowledged.

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EU REFERENDUM

Victim of fallacy

Sir, Dr Batchelor is to be commended for his Leader in *BDJ* 219 No. 11 (p 513) regarding the EU referendum.

He seems at one level to raise an important issue and yet at the same time to be victim of a political fallacy. He seems concerned that much of the NHS dental workforce comes from EU qualified professionals.

By concluding 'When considering how to vote in the EU referendum...' he seems to be suggesting that thinking about this should influence the decision of how to vote.

The advantages of membership to the inward mobility of the workforce is a positive factor we all recognise. The fallacy of Dr Batchelor's argument is that if the UK were outside the EU, such a workforce would not still be able to come here.

The whole point of the UK-outside-the-EU argument is that the UK will make its own rules. The UK can choose to accept to European qualifications or choose, for educational reasons, not to do so, diverting previously accepted qualifications into the ORE process.

That sounds like a better methodology for determining the skill levels needed in any inward migration of dental professionals. Put like that, voting to exit the EU might suggest a positive step for standards in UK dentistry rather than an acceptance of whatever the EU throws at us.

However, Dr Batchelor is right to suggest that a fleetness of legislative foot by the Government of the day will be required to ensure that if the UK were to exit the EU, there is not a sudden, and yet anticipated, crisis in dental workforce numbers.

That might be his next project – to draft the legislative text needed to maintain the workforce in the event of an exit.

C. Lister, Romsey

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ORAL SURGERY

Self-milking the sialolith

Sir, as primary care practitioners charged by the NHS to deliver care at ever decreasing costs, we present this as a novel alternative to surgical interventions for the treatment of salivary gland stones.

A 47-year-old male presented to our clinic having been referred by his local GP who had prescribed 500 mg amoxicillin and 125 mg calvulonic acid for a painful floor of mouth swelling.

The patient presented with pain on the lower left submandibular region, notably

worse after eating. The problem had been recurring in the last few months but had become acutely painful and swollen in the last 48 hours.

Examination revealed a 3 cm diffuse swelling in the left submandibular region behind a solid mass palpable in the left submandibular duct.

A provisional diagnosis of acute abscess caused by a submandibular sialolith was made and the gentleman advised to return for review in a week while massaging.

The patient had had a similar occurrence a few years back which resulted in the removal of his RHS submandibular gland.

On presentation after one week the patient had extracted and milked the duct himself to remove the stone. He used copious amounts of lemon juice and actively massaged the duct to remove the stone. It measured 21 × 6 mm (Fig. 1).



Fig. 1 The extracted sialolith

This is an interesting alternative to surgery for the removal of large stones; one we have not been taught to do!

S. Bhansali, N. Sarrami, by email

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ANTIMICROBIAL RESISTANCE

Dangerous abuse

Sir, almost 20 years ago (1998) the World Health Assembly agreed a resolution on antimicrobial resistance, and subsequently there has been increasing awareness of the need to use antimicrobials more appropriately, with the World Health Organisation (WHO) publishing a global action plan on antimicrobial resistance in 2015.¹ The WHO plan sets out:

- To improve awareness and understanding of antimicrobial resistance
- To strengthen knowledge through surveillance and research
- To reduce the incidence of infection
- To optimise the use of antimicrobial agents
- To develop the economic case for sustainable investment that takes account of the needs of all countries,