COMMENT

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.

Prosthetic dentistry

Seal gut and walrus ivory

Sir, further to your correspondents Shirsat *et al.* in *BDJ* 227 issue 6 p. 436 (*Self-repaired dentistry*), I spent much of the 1980s working as a peripatetic dentist in several areas of the Canadian arctic and sub-arctic.

In a part of what then was the North West Territories (and since 1999 is called Nunavut – the Eastern Arctic), I recall two particular patients with prosthetic problems. Many of the Inuit patients could speak little or no English so I always engaged a local resident to act as interpreter during my visits.

One elderly gentleman presented with a slightly loose full upper acrylic denture, the looseness brought on by the denture's age and his resorbing palatal bone ridge.

What made it interesting was that the denture had obviously sustained a previous midline fracture and had been repaired.

The repair had been undertaken by drilling about two dozen tiny holes along each side of the fracture and both halves were then held together with what the interpreter told me was seal gut. The very fine thread 'stitching' was both across opposite holes and diagonally to adjacent ones, right along the length of the fracture. It transpired that the repair had been done some 20 years previously.

The denture itself was solid but on inspecting his palate, there was a concomitant set of thread impression indentations which to a degree appeared to have assisted the denture's lateral stability. They showed no sign of local inflammation and both denture fit surface and palatal tissues were clean and healthy. I was told that he cleaned both when possible with snow…

I effected a chairside reline for him over the reduced ridge but avoided covering the manageable midline repair, at his request.

The second patient was an elderly lady who presented with a full upper acrylic denture. The fit was fine but her complaint when interpreted was that one of the upper front teeth was discoloured. It had been getting steadily darker in shade.

On inspection, indeed it was: the tooth was perfect in anatomy: shape and surface polish, but darker than all the other teeth. I was at a loss to explain how or why until the interpreter told me that 15 years previously, this front tooth had been lost and that this lady had then repaired it herself. It transpired that the dark tooth was made of walrus ivory and I was assured that initially, it was a perfect colour match.

Given the distance from her summer and winter hunting grounds to any dental care, this was a truly ingenious accomplishment.

To my eternal chagrin, I didn't at that time (pre-digital) take any clinical photographs. Bulky film was then for people, wildlife and the truly stunning landscapes for which and in which I was privileged to work.

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https://doi.org/10.1038/s41415-019-0940-0

Dental education

A few corrections

Sir, I would like to respond to the letter in the *BDJ* in August[1] as the recently appointed Chair of the Advisory Board for Foundation Training in Dentistry (ABFTD).

Firstly I would like to thank Dr Ismail for his comments; I am in agreement that evaluation tools have an important role in education and specifically in relation to DFT. I must, however, make one or two corrections to his statements which are probably due to him being unaware of the full process.

As well as completion of the DFT National Survey there is also a separate survey of the trainers which is carried out by the General Dental Council (GDC). The former report is available to area Deaneries and the Joint Committee for Postgraduate Training in Dentistry (JCPTD) and provides the necessary checks and balances for the trainers in each area programme.

I apologise for the delay in the publishing of the reports since 2016 – these are collated on behalf of the ABFTD and we understood these had been updated – I have been informed that the surveys for both 2017 and 2018 are now available on the website. It should be noted, however, that the results of the surveys and the national summary report were forwarded to the Deaneries and available to inform the management of the schemes prior to this. The 2019 report will be published after it has gone through the appropriate committees.

I welcome the comments on how the process could be improved and this will form part of the discussion at the next meeting which will be my first as Chair of ABFTD. I can assure all taking part in DFT that the Committee constantly look to improve on previous years and the feedback received is viewed with high importance as a means of evaluation and user experience. We recognise that trainers and trainees may need personal development and the survey is just one tool available to help this process.

M. A. Horton, London, UK

Reference

1. Ismail H-A. Lack of evaluation tools. *Br Dent J* 2019; **227:** 246.

https://doi.org/10.1038/s41415-019-0955-6

Dental history

A remarkable story

Sir, I have read with great interest the two excellent papers by Paul Hellyer on the rise of general dental practice in Bexhill-on-Sea.[1,2] It is not possible to imagine how many (hopefully happy) hours of research have gone into investigating all the aspects of the lives of the practitioners concerned, not just in dentistry.

It is interesting to see how the Editor has taken this remarkable story as a context to

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