

Letters to the Editor

Thank you *Dental Update*

Can it really be 50 years since Ted Renson walked into the staff room at The London Hospital carrying the first *Dental Update*? What a revelation to our black and white publishing world: colour-illustrated, relevant, readable, fully referenced reviews for dentists. Ted had commissioned a short piece from me about a new dental product I was finding invaluable. He stressed he wanted informal, readable material. Ted wrote very well, he taught English before studying dentistry! Remarkably, the journal has had only two editors in 50 years: Ted Renson originally, and Trevor Burke since 1996. It seems important that both were successful practitioners before becoming academics.

Over those 50 years, I have shamelessly used *Dental Update* to my own ends. I am so grateful and here is why:

- The journal has always been my continuing professional development.
- As an academic, my job was to teach and research. What a privilege to be able to write review papers for dentists for such a well-produced journal. Surveys showed it went into most practices.
- The journal is perfect for students, particularly to cover topics not yet well addressed in text books. Many students subscribed all those years ago. It was read to destruction in the library, and subsequently, *Update* was given to all final year students.
- I hate lecture hand-outs, *Dental Update* articles were my solution.
- On a sabbatical month in New Zealand, I found dentists knew me, they read *Dental Update*.
- *Dental Update* articles were responsible for two of my most exciting lecture invitations ever: the *3M International Symposium on Posterior Composites* held in St Maarten in the Caribbean (1985) and the NIDR-sponsored *Symposium on Criteria for Placement and Replacement of Restorations* held in Disneyland, Florida (1986). My friends said the latter was just right for my Micky Mouse presentation!
- *Dental Update* is refereed, and comments from these anonymous benefactors always improved my work. This was particularly important when the reviewer appeared not to understand what I was saying because

this meant it was badly expressed and must be redrafted. *Update* even pays honoraria to contributors and referees.

- Finally, I was invited by a colleague to write with him. He said my style was too flowery and his too turgid, but the combination would be perfect. It was not perfect, particularly when he wished to deflower me on my own dining room table. It subsequently emerged he wanted us to write a book together; saved by *Dental Update*!

For all these reasons, thank you *Dental Update*!

Edwina Kidd

Editorial Board Member, *Dental Update*

40 years and still not out!

I am fortunate to work with many practitioners. In this case, the patient was referred for endodontic therapy on her UL6), but I couldn't help but notice the restoration on the UL5.

In a world of minimal intervention, the ultimate goal is to provide long-lasting restorations. This composite restoration (Figure 1) was placed over 40 years ago!

The restoration was placed by Dr Dave King, who says that the material used was 'Concise (3M)'. If he remembers correctly, the

material was a two-paste system, and the restoration was placed with no light curing, no rubber dam, no bonding, although there may have been some liquid etchant (obviously really extensive notes in those days!) As the years have gone by, the loss of particle fillers has left micro-pitting, yet the surface is still readily cleanable and has maintained its contact form. He says he has no idea why this restoration should have lasted so long – 'sometimes we are just 'lucky'.

He says that too often restorations are described as 'failing' and need to be replaced when they are simply discoloured or pitted. Obviously such fillings can be replaced for cosmetic reasons, but we will all know patients who have had functioning amalgam restorations present for decades.

We are made aware of a lack strong of evidence when it comes to systematic reviews and, as healthcare providers, it can be challenging to deliver evidence-based dentistry. Sometimes it's good to acknowledge a practitioner who was an early adopter of a new material, put this to the ultimate test in the oral environment, and won.

Ian Charlesworth



Figure 1.