he risk of glass contamination. To avoid such an accident, I would recommend the use of a filter needle such as Beckton & Dickinson's 5-micron filter needle to draw up the lidocaine, prior to adding it to a patient's favourite drink.

Martin Ian McCloskey
Manchester

DENTINE CARIES: TAKE IT OR LEAVE IT?

Sir, In their useful review on removal of caries (Dent Update 2000; 27: 272-276), the authors, when discussing the pathways by which nutrients may supply bacteria under restorations and sealants, note 'the oral environment/plaque (via marginal leakage of restorations)'. Much of the nutrient supply for recurrent or hidden decay which I find cannot be so attributed, but can be explained by developmental lamellae. I commend Walker et al. (Aust Dent J 1998; 43(2): 110-116) to the authors and referees, and invite comment, but would suggest that the vigour with which decay is pursued should be related to the risk of recurrence - in which case beware the dark-stained amelae.

Charles Dickens
Dental Surgeon
Hokiitika, New Zealand

TRANSCULTURAL ORAL HEALTH CARE AND THE CHINESE

Sir, I was very interested in the article by S.Y.L. Kwan and R. Bedi (Dental Update 2000; 27: 296-299) on the oral health care belief of the Chinese. Being a Malaysian of Chinese descendant, I am surprised to note that most Chinese, myself included are still very much bound by tradition and belief, even though our ancestors may have left China 2 to 3 generations ago.

The scare of having extraction or surgery performed in late evenings, for example is something that I have also noticed among the elder Chinese generations. In fact, during the post world war period and ill independence of Malaysia in 1957, quite a number of dentists in Malaysia originated from China, Shanghai mostly and, surprisingly, they as dentists also discouraged extractions or surgeries in late evenings.

One belief that was noted among the Chinese in Malaysia but not noted among the British of Chinese descendants is the belief that the upper canines are directly linked to the brain. Some of them believe that extracting a canine, especially one that is located high at the labial sulcus, will cause brain damage!! Besides, the Chinese in Malaysia would try to avoid any dental or oral surgical procedures under general anaesthesia because of the same worry of brain damage too.

Thank you.

Dr Wen Lin Chai
Faculty of Dentistry
University of Malaya

Sir, The article by Stella Y.L. Kwan and Raman Bedi (Dental Update 2000; 27: 296-299) confirms many oral health care beliefs of the Chinese that are also noted in this part of the world. Malaysia is a multicultural country with the Chinese making up about 25% of the population of 23 million people.

As with the Chinese populations in the United Kingdom, the Chinese in Malaysia think that having a complete set of teeth will eat away the fortune of the family. They also like to go 'dentist shopping' and some are bad with appointments.

From my personal experience, most will try to avoid local anaesthesia for restorative work and if possible delay surgical removal of wisdom teeth for as long as possible. They fear surgery and believe pericoronitis is due to 'bad humour', therefore would prefer to treat the symptom, even though experiencing recurrent pericoronitis.

Most Chinese in Malaysia prefer to have dental treatment during non-working hours or days. Thus in certain areas in Malaysia, the busiest time for dental work is after 5 p.m. and on Sundays. In addition to some superstitions beliefs reported by Stella Y.L. Kwan and Raman Bedi, it is noted that some of the Chinese in Malaysia would like to close their diastema as they believe that fortune leaks through the gap between the teeth. They also do not like highly erupted canines and wish to have the teeth extracted because of the comparison of the location of the sharp canine to that of ferocious animals like tigers and lions. Asking for shortening of sharp canines is another request noted among the Chinese in Malaysia.

I hope this additional information from another part of the world will interest the readers of Dental Update.

Thank you.

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LETTERS

Dental Update would like to devote more space to airing the views and experiences of its readers. If you have a comment or opinion on an article Dental Update has published or an interesting case to share with other readers, please send your letter (double-spaced, signed and with an indication that it is for publication, together with any photographs) to:

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