

requests, that in this past year I have had to pay two lots of interest charges to HMRC of £220 and £580 on outstanding tax owed. This is not my fault but that of NHS Pensions!

Do I have recourse? Apparently not.

Will HMRC understand and let me off on the interest? You must be joking!

Do I feel angry? You bet!

M. Hussain, London, UK, by email

DOI:10.1038/s41415-019-0035-y

Historical context

The gigantic tooth of St. Christopher

Sir, the cult of the sacred relics, general physical remains or personal effects of a saint is a very important part of Christian religious and cultural tradition. According to Petaros *et al.*, 'teeth represent a common type of Saints' relics because of their durability and the ease with which they can be acquired'.¹

The numerous teeth of St. Apollonia have been described and analysed in previous studies.^{1,2} The authenticity of these sacred objects has been debated since the Renaissance and this is the case with St. Christopher's 'gigantic tooth' – one of the most remarkable examples of a non-authentic relic.

According to the legend, St. Christopher was a giant, five cubits (7.5 feet or 2.3 m) tall, who once carried a child through a deep river and finally discovered that the child was Christ.

Indeed, his name derived from the Late Greek name Χριστοφορος (Christophoros) meaning 'bearing Christ', derived from Χριστος (Christos) combined with φερω (phero), 'to bear, to carry'. The relic of the gigantic tooth was therefore a proof of the enormous size of the Saint.³

In the Late Middle Ages, the Humiliati friars purchased the relic and deposited it in a shrine of silver and gold in the church of St. Christopher in the town of Vercelli (Piedmont, Northern Italy). It attracted pilgrims from all parts of Europe, worshipping and praying to it.

Juan Luis Vives (1492–1540), a Spanish Renaissance humanist, stated that it was 'a molar tooth bigger than a fist' ('dens molaris pugno major').^{4,5}

After the suppression of the Humiliati in 1571, the members of the religious order of Barnabites continued to venerate it until the end of the eighteenth century,³ when a naturalist analysed the relic. He surprisingly declared it to be a hippopotamus's tooth.⁶

As a consequence, Barnabites decided to keep it away from the altar and forbade its public veneration.

A few decades after, the Italian preacher Alessandro Gavazzi (1809–1889) reported this episode in a lecture against the Catholic cult of relics, stating that the Barnabites still kept the non-authentic relic as a curiosity in their monastery in Vercelli.⁶

In conclusion, the gigantic tooth of St. Christopher demonstrated that the authenticity of some tooth relics was also questioned and critically analysed in ancient times.

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DOI: 10.1038/s41415-019-0034-z

Mouthwash

Mouthwash: more harm than good?

Sir, we read with great interest the article titled 'Mouthwash use and risk of diabetes'¹ in the November 2018 issue of the *BDJ*. The contents of mouthwash coupled with common habits surrounding the use of mouthwash could potentially have consequences on the oral as well as general health of our patients.

We have come across many patients who use mouthwash straight after brushing their teeth. This is a problem because a lot of mouthwashes have a fluoride content of 450 ppm whereas toothpaste contains 1450 ppm.

Using mouthwash straight after brushing reduces the fluoride concentration around the teeth, subsequently reducing the overall benefit of using toothpaste. Some patients, especially children, may be more likely to substitute toothpaste with mouthwash as this is less time consuming and requires less effort.

Additionally, *in vitro* and *in situ* research has found that some mouthwashes have a low pH which can lead to erosion.^{2,3}

This is especially worse if patients use mouthwash straight before bed when their

saliva flow is reduced. More importantly, it has been found that chlorhexidine containing mouthwashes can also trigger a severe anaphylaxis in allergic patients.⁴

Using mouthwash incorrectly alongside the supporting evidence that mouthwash is linked to diabetes/high blood pressure,⁵ raises the question on whether the potential harm of over the counter mouthwash can outweigh its benefits.

Although mouthwash still has its role, whether it is for post-surgery use or for xerostomia, its usefulness may be questionable and limited when it comes to daily use by the general population.

In our opinion, as more research is gathered surrounding the benefits and risks of regular mouthwash use, there may be various outcomes.

It might be worth considering the idea of restricting mouthwash advertisements or perhaps limiting mouthwash to prescription only.

We believe the dental team has a vital role in encouraging correct use of mouthwash or discouraging its use if they are being used incorrectly. It will be interesting to see the turn of events as new research is brought to light.

A. Dagher and N. Hannan, London, UK, by email

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DOI: 10.1038/s41415-019-0036-x

Veganism

Gelatin: a chewy debate

Sir, with veganism becoming more popular and a rise in awareness of the ingredients of foods, should this be something as dentists that we need to be more aware of?

There are materials that we use which contain products such as gelatin and patients, if given the choice, may opt out of using on moral or religious grounds. If we are aware of this should we inform our patients prior to its use?