Letters to the Editor

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A WARNING FROM THE PAST

Sir, in 1965 I supported Jack Alexander, Hans Eirew and Bill Frankland in forming the British Association of Orthodontists which was open to all orthodontists and dentists with an interest in the subject, and mainly through their efforts it quickly became the largest UK orthodontic body. Over the years many specialist orthodontists joined the association and in 1971 full membership became restricted to those with a specialist diploma or degree, the remaining dental members being excluded from voting. In 1994 the Association combined with four smaller organisations to become the British Orthodontic Society. At that time the largest group within the membership were general dentists but they were denied voting powers. In 1998 the General Dental Council created specialist registration and initially no general dentists were allowed to claim any expertise in orthodontics even if they had been practising it exclusively for many years.

The increasing use of systems such as Invisalign and the current popularity of 'six month smiles' has inspired a new generation of dentists who wish to know about alternative techniques. I mention this because they have founded a new organisation, the European Society of Aesthetic Orthodontics, quite independently of any of the current orthodontic groups. What has amazed me is that now, as in 1965, there has been a huge demand for membership of this new group. Their inaugural meeting, on 14 December, was oversubscribed to such an extent that it had to find larger premises on three occasions and that was two months before it took place. This could signal the demand for wider debate and I am sure that many readers of the *BDJ* would like to be involved. Past history has much to warn us about the future.

J. Mew, by email

DOI: 10.1038/sj.bdj.2013.1195

SYMPTOM PRESCRIPTION

Sir, sucking of the thumb, digits or dummies is common childhood behaviour, which has an adaptive value for children up to the fourth year of life. A chronic prolonged habit may cause deleterious effects on dentofacial structures. A wide range of methods have been used for helping children quit their habit. They are generally categorised as operant procedures and sensory attention procedures. The operant procedures include contingency reinforcement and reframing. The sensory attenuation methods tend to interrupt the sensory feedback experience with the sucking habits either by appliance therapy or response prevention.

We would like to share our experience of using a concept of psychotherapy called reverse psychology, or symptom prescription, in treating children with a thumb sucking habit.

Symptom prescription is a technique whereby you address the symptoms that someone brings to therapy by encouraging them in some way to engage in those symptoms.[1] It helps in solving the problem by prescribing the very behaviour which has been viewed as the problematic one.[2] It is generally believed that appliance therapy might not be really effective unless the child really wants to quit the habit, as they can always create newer ways to continue the habit. Dunlop beta hypothesis, a technique used in treatment of thumb sucking, is probably based on this concept. Each child is made to sit in front of a mirror and asked to suck his thumb, observing himself as he indulges in the habit. If he can be forced to concentrate on the performance of the act at the time he practises it, he can learn to stop performing the act. Children were asked to repeat the same in their home for an hour every day for one week and to report for re-assessment. Forced purposeful repetition of a habit eventually associates it with unpleasant reactions and the habit is abandoned. We believe that children aged five and above, with adequate cognition, could be helped to quit their bad habits and reinforce good oral habits, if this technique can be used the right way.

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1. Wiki Answers. What is symptom prescription in family therapy? Available at: http://wiki.answers.com/Q/What_is_symptom_prescription_in_family_therapy (accessed 19 November 2013).
2. O'Connell D S. Symptom prescription in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training* 1983; **20:** 12–20.

DOI: 10.1038/sj.bdj.2013.1196

TREATMENT CONSENT

Sir, I am writing in reply to the case reported by Stagnell and Burrows[1] regarding a 69-year-old lady who had an unusual cementoma removed in their department. In their letter, the authors state, *'Given her lack of capacity to consent, she was consented for by her daughters and the senior members of the team'*. The current law in England and Wales is that no-one may consent to treatment on the behalf of a non-competent adult; instead it is their best interests that govern whether treatment is carried out.[2] Whilst I am sure that the authors acted in the best interests of the patient, it is a mistake to state that