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.

Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

SMILE INFLUENCE

Sir, the authors of *The influence of maxillary central incisor height-to-width ratio on perceived smile aesthetics*¹ are to be complimented on the ingenuity of this study and the beautiful pictures illustrating the variations of the length of the central incisor in relation to the width. This subject has been studied in great depth over the years, to find the optimum aesthetic ratio for length of central incisors.

With regard to the study, the authors clearly illustrate that the optimum ratio of a single incisor is an 80% to 82% ratio but what they didn't say was that this is the width of the two incisors together as in Figure 1.

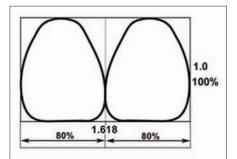


Fig. 1 The Golden Proportion rectangle

As a pair they fit perfectly in the Golden Proportion rectangle (Fig. 1).

1 is to 1.618 As 100 is to 160 $160 = 2 \times 80$

This relationship was described simultaneously by both Stephen Marquardt of the USA and Win Senior of Manchester and was included in my article in *Aesthetic Dentistry* May 2011 (volume 5, number 3, page 25, diagram 14). Also to be found on my website, www.goldenmeangauge.co.uk/dental.htm.

The two central incisors together have the strongest influence on the aesthetics of the smile. It is most unusual to look at the length-to-width ratio of a single incisor, because they are naturally seen and evaluated as a pair. Similarly, one never looks at one eye, but always gets an impression of the two eyes, together, unless of course one deliberately wants to look at one eye or one central incisor.

The Golden Proportion is so often seen in the beauty of nature; why should we not expect to see it in the beauty of natural teeth? In this respect, I find myself in total agreement with Mr P. Erridge's response.²

E. Levin By email

- Cooper G E, Tredwin C J, Cooper N T, Petrie A, Gill D S. The influence of maxillary central incisor heightto-width ratio on perceived smile aesthetics. Br Dent J 2012; 212: 589–599.
- 2. Erridge P. The golden ratio. Br Dent J 2012; 213: 489.

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DRAINING THE PUS

Sir, with reference to the letter from P. Williams on fat faces and swellings (BDJ 2013; 214: 48), I am pleased to learn that early interventional treatment for dental abscesses is being employed in emergency dental services. The so-called 'traditional teaching' of routinely prescribing antibiotics for dental abscesses and arranging extractions at a subsequent visit is certainly not contemporary teaching in our oral surgery department. Early reduction of bacterial load in dental abscess by removing the cause of infection and draining pus is essential in preventing further spread of infection. Cases of failure of local anaesthesia for extraction are extremely rare in our unit,

even with severe dental abscesses, as careful consideration is given to appropriate type and volume of anaesthetic agent and the importance of local anatomy. Although emergency dental clinics can be busy and dentists are often under time pressure, and I write from personal experience in these services, one would hope the basic principles of decreasing the bacterial load early through drainage or extraction for dental abscesses, rather than relying on antibiotics alone, is one that is firmly fixed in clinicians' minds.

C. Fleming, Bristol DOI: 10.1038/sj.bdj.2013.278

DENTAL APPEARANCE

Sir, I read your editorial in the 8
December issue with similar interest that I read them all, but found your discussion on the appearance of 'British teeth', the potential psychological benefit of good dental appearance and whether cosmetic dentistry should be allowed on the NHS particularly interesting. To help answer the latter question, may I suggest that there might be a clue in examining the questions asked in recent Adult Dental Health Surveys?

In 1988, the question was asked 'Are you happy with the appearance of your teeth?' Readers may be interested in the findings, namely, that the response was 'yes' for 79% of respondents with four or more anterior crowns, 'yes' for 63% of those with one crown (perhaps indicating our difficulty in getting one anterior restoration to blend with the remaining dentition), 76% for those with six sound anterior teeth and 84% for those with six or more teeth on a denture. Reasons for dissatisfaction with appearance were, for