

cardiovascular exercise, can significantly reduce the risk of MSDs.³ Thus, the rationale ‘survival of the fittest’ truly becomes apparent within the dental profession. Equally, stress management is vital. Literature affirms that our stress levels can affect pain perception; consequently, adopting strategies early on in our careers to combat potential MSDs is critical.

MSDs have an inherent role within dental experience. Whilst the rationale for adopting good posture and practising with magnification remains, I feel that a greater emphasis should be placed on our physical strength and health, particularly during our undergraduate training, in order to confront the issue that MSDs can have on our working lives.

M. Butt, London, UK

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Dental history

Dental ties

Sir, thank you for publishing *Unidentified dental tie at BDA Museum (BDJ 2020; 228: 8)*. The tie featured in the piece has been identified – Senior Crown and Bridge Staff Group at the Eastman Dental Hospital and Institute, and the response to the item has resulted in many more ties being pledged and donated to the BDA Museum Dental Tie Archive, some coming from as far away as Australia and Canada.

The purpose of this letter is to explain to readers that the focus on ties is because ‘club’ ties, now going out of fashion, are 100 years old this year – the first ‘club’ ties being regimental ties worn as a badge of honour following World War I. Time and opportunity permitting, attention in the future may turn to ladies’ dental scarves, unisex lapel pins or dental themed cufflinks. I am certainly not, in any way, being misogynist in presently limiting my efforts on behalf of the BDA Museum to hopefully

creating the world’s largest collection of dental ties.

In the meantime, many important gaps remain in the Dental Tie Archive, albeit that the Archive now comprises close to 100 different ties which, in all probability, is the ‘tip of the iceberg’. Also, I am anxious to identify and, if possible, acquire an example of the first dental tie, the oldest tie in the Archive at present being a Manchester Dental Hospital tie dating back to the 1930s.

With special thanks to the 26 donors to the Dental Tie Archive to date.

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Dental architecture

Ratio decidendi

Sir, successful outcomes in dentistry, law and architecture are frequently achieved by balancing the proportions and the influences of competing parts and contributing parties. The golden ratio in dentistry and the scales of justice in law serve to guide and emphasise this.

In 1964, the architect Sir Denys Lasdun did not ask physicians what they wanted, rather, what they did.¹ Their partnership created one of London’s most important post war buildings for the Royal College of Physicians in Regent’s Park, today a Grade 1 Listed masterpiece.² A contemporary influence of Lasdun was the architectural polymath Sir Hugh Casson. In partnership with Neville Conder and David Hindley-Smith (the first GDC Registrar), three years after the 1956 Act enabled dentistry to be its own master, their building was ready. The influences of Sir Basil Spence and Le Corbusier could be seen throughout, their fittings and furniture modernist and iconic.

With his own hands, Casson purposefully carved a pattern into the foundry sands, pouring the iron to cast the doors to 37 Wimpole Street.³ Playfully inspired by the structure of hydroxyapatite, a hexagonal Hearing Chamber for dentists arose in Marylebone’s medical heart, solemn judicial function following successful concrete form. For over 50 years, judgements were delivered beyond any reasonable doubt, the sincerity of proceedings reflected in Casson’s murals and the portraits of GDC presidents, the democratically elected dental leaders.

The sentiment and symbolism both of and within this award winning building was not lost on those appointed to take control and implement the 2008 Health and Social Care Act, which then lowered to a civil standard the level proving misconduct and with that, a striking rise in disciplinary cases followed. By 2014, Casson’s work was destined for destruction in the hands of an executive who demanded, then got what they wanted, with little justification for what they did.

Their designers tore the building’s heart out, but when its presidents’ portraits were taken down, its soul was lost. Covered in paint, cement-dust, their frames twisted and broken, they were rescued, gathered up and placed in the BDA museum.⁴ Coming to learn of their value, the GDC executive enforced copyright restrictions and their loan in perpetuity.⁵

The destruction of a building destined to achieve a listing like Lasdun’s didn’t halt the industrial level of hearings taking place in external processing facilities. In temporary surroundings bereft of that gravitas conferred by Casson, the task of balancing probabilities would be problematic. In 2020, hearings returned to Wimpole Street and committees could more confidently measure rational decisions balancing them against persuasive opinion. While the authority of the original building is gone, we should remember that while it stood, huge changes were made to the regulation of dentistry. Historically those times proved to be professionally significant. We believe the confluence of dentistry, law and architecture to be an important one. In 1959 Casson successfully united two professions. Given today’s relationship between dentistry and its regulator, further consideration of that period is surely needed.

J. Laszlo, London, A. Riley, Sevenoaks, UK

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