

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.

Medical emergencies

Speaker function

Sir, I read with interest the correspondence 'Resuscitation updates' (*BDJ* 2021; 230: 789). I wish to add that in terms of the changes in the 'Paediatric basic life support guidelines', in addition to what the authors have mentioned, the guidelines have laid emphasis on utilising the speaker function of mobile phones in order to facilitate bystander involvement in the delivery of dispatcher-guided or telephone cardiopulmonary resuscitation and in summoning emergency services without having to leave the infant or child.¹

V. Sahni, New Delhi, India

Reference

1. Resuscitation Council UK. RCUK Guidelines 2021. 5 May 2021. Available at: <https://www.resus.org.uk/about-us/news-and-events/rcuk-guidelines-2021-published> (accessed June 2021).
<https://doi.org/10.1038/s41415-021-3274-7>

Communication

Every word matters

Sir, our choice of words about a treatment has the power to create a perception, be it positive or negative, that will impact the patient's expectation of that treatment. For example, when medical GPs used the words 'heart failure', patients experienced more anxiety and negative expectations of their outcomes than those who heard the positive euphemism 'fluid on the lung as heart is not pumping'.¹

A negative euphemism can have the opposite effect. 'You might need your jaw broken' is both a negative euphemism and largely imprecise. Orthognathic surgery operations have now evolved into sophisticated, largely predictable procedures with fast recovery. The term 'breaking' can be perceived as uncontrolled, random, painful acts and can trigger the fear of surgery in the mouth that already exists in the public psyche. These emotions might lead

to the rejection of the option before a referral occurs and the patient will potentially miss out.

The term 'jaw repositioning surgery' is a better choice. It has the double benefit of describing the treatment more precisely and of not being a euphemism, therefore not losing 'openness' (a frequent trade-off). For patients with subtle dentofacial disproportion but significant dental compensations, jaw repositioning surgery is one of several tools about which to be informed. For patients with more visible dentofacial disproportion, surgery is the only tool to fix the jaw position. We should be careful not to discourage the opportunity to explore this.

Therefore, the language used matters. Replacing 'jaw breaking' with 'jaw repositioning' helps to guide the patient to explore all their options without a fear-based rejection before a referral. This also cultivates a deeper trust with the clinician who took the time to reassure and guide. In the words of Noam Chomsky: 'Language etches the grooves through which your thoughts must flow'.

N. Adali, London, UK

Reference

1. Taylor M, Ogden J. Doctors' use of euphemisms and their impact on patients' beliefs about health: an experimental study of heart failure. *Patient Educ Couns* 2005; 57: 321–326.
<https://doi.org/10.1038/s41415-021-3279-2>

Cosmetic dentistry

Return of the ohaguro

Sir, we would like to highlight an ancient practice of teeth blackening that has resurfaced in the rural areas of Cambodia, Thailand and Vietnam. This trend was born from an antiquated way of preventing tooth decay. In ancient Japan, women painted a solution called kanemizu onto their teeth to protect the enamel and give the appearance of blackened teeth. The solution was made out of ferric acetate from iron filings mixed with vinegar

and tannin from vegetables or tea. This custom was called ohaguro.¹ These blackened teeth were deemed alluring and beautiful, and the practice continued through the centuries to demonstrate sexual maturity in women over the age of 18. It is said to have strengthened the teeth and protected a person from dental problems such as cavities and gum disease.

Ohaguro was banned by the Meiji government in 1870 and the art of dyeing one's teeth was almost forgotten.¹ However, today, ohaguro is practised by many across Southeast Asian and Oceanic cultures, particularly among Austronesian, Austroasiatic and Kra-Dai-speaking peoples. Although the process is harmless to the teeth, it has an unpleasant appearance to it.² Being used to white teeth as the standard, many visitors are shocked to see women with black teeth walking around. They assume that such people have poor oral hygiene, mistaking the dye for caries, while others, having realised that the blackening was done on purpose, wonder why people would 'disfigure' themselves in this way.

A. Venugopal, Chennai, India; A. Marya, Phnom Penh, Cambodia

References

1. Live Japan. Ohaguro: The Beauty of Blackened Teeth in Old Japan. 14 February 2017. Available at: <https://livejapan.com/en/article-a0001026/> (accessed May 2021).
2. Zumbroich T. 'We Blacken Our Teeth with Oko to Make Them Firm': Teeth blackening in Oceania. *Anthropologica* 2015; 57: 539–555.
<https://doi.org/10.1038/s41415-021-3280-9>

Orthodontics

A position of balance

Sir, in 1949, I was taught that the teeth were in a position of balance between the tongue, the cheeks, the lips and the occluding teeth. I believe every dental student since then has been taught the same. Therefore, I was surprised to see little reference to this in your articles about orthodontic relapse in the recent