Letters to the Editor

Send your letters to the Editor,
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Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

LETTERS

QUEST FOR TRUTH

Sir, I write in response to Prof Moskowitz's letter *Orthodontic stimulus* (BDJ 2010; 208: 439). The aetiology of malocclusion must be the most fundamental of all the unexplained areas in orthodontics, and without it we lack a scientific foundation upon which to build our philosophy. Orthodontists and many of the dental profession have made the assumption that malocclusion is predominantly genetic in origin. There is much evidence to suggest that this should be challenged and I feel that a debate would provide a level playing field to do this.

Is no one within the profession concerned that we are treating malocclusion without knowing the cause or showing an interest in finding out? More than a year has passed since my guest editorial *A black swan?* was published (BDJ 2009; 206: 393) without any action, and repeated approaches to the GDC and BOS have been spurned.

May I request that the orthodontic speciality converses with me in these pages, which also provide a level playing field. It need not be circus-like or divisive; we have an editorial board and we should act professionally. Ultimately we will be judged by our words. Lack of engagement in an open conversation is lack of engagement in science, and this should be a quest for the truth: the mission of this journal and of all scientists.

I would appeal to the whole profession, regardless of your opinion, on the cause of malocclusion: if you feel that this subject should be investigated could you please send me your views (mikemew@gmail.com).

M. Mew
By email

Chairman of the British Orthodontic Society (BOS), Nigel Harradine, responds: I write in response to the letter from Michael Mew who is keen to see more discussion about the aetiology of malocclusion. Two points are worth making. Firstly, the consensus view from the literature is that malocclusion has a significant component which cannot be explained by genetics, but research has found very little good evidence to identify the environmental factors. Current treatment is based on that state of knowledge and not on the view that genetics explains almost all malocclusion. This is a challenging field for investigation, but further good quality research would be very welcome.

Secondly, Mr Mew writes that repeated approaches to the BOS have been spurned. As chairman of the British Orthodontic Society I need to make it very clear that I have been in frequent, open-minded and fairly lengthy correspondence with Mike Mew and his father, having written to them on ten occasions on this subject in this calendar year. This does not constitute 'spurning' of an approach. What Mr Mew probably means is that BOS has not organised a public debate on the aetiology of malocclusion which he has demanded. It is of course open to Mr Mew to organise a debate if he feels that is a helpful way to advance knowledge on this subject. BOS strongly encourages and actively supports research, publication and presentations at meetings and conferences. I have recommended these avenues to Mike Mew as being available to all. His father has given numerous presentations and authored a number of publications over many years. I have suggested that Mike Mew consider putting forward a design of study which could test the veracity of a hypothesis

about environmental factors. BOS has been constructive and communicative. Mr Mew and his opinions are not well served by describing the Society as having repeatedly spurned his approaches.

Editor-in-Chief's note: The GDC were also asked if they wished to respond to this letter but declined.

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RETAINING INDIVIDUALITY

Sir, as President of the Dental Technologists Association (DTA), I read with interest recent correspondence about professional associations working together.^{1,2} The idea of coming under the umbrella of the BDA is not one we would entertain as the DTA feels strongly that it should cater for the individual needs of its members, which are invariably different to those of other DCPs.

However, the DTA has historically formed what might be termed 'marriages' with other bodies, within and without the dental profession, for mutual benefit. Most recently, we have become keen members and supporters of the Dental Alliance and the DTA takes an active role in the All Party Parliamentary Group for Dentistry.

The DTA regards itself as a key member of the dental family of professional associations while retaining its individuality and recognising and appreciating that quality in other DCP associations. We look forward to continuing to work closely with all of our partners.

J. Stacey
DTA President

1. Swain P A, Harris M, Allen C, Adams S, Daniels R. No to BDA. *Br Dent J* 2010; 208: 379.
2. Ward P. Surprising fervour. *Br Dent J* 2010; 208: 439.

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