

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.

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LETTERS

THE GOLDEN RATIO

Sir, in the article on perceived aesthetics of maxillary incisors¹ no mention was made of the Golden Ratio. This is a ratio 1.61:1 and is also referred to as the Divine Number. It has been known for over 2,500 years. It occurs in nature and science and has been used in architecture; reputedly the Parthenon was built to these proportions. There are claims of its use by artists such as Dali. Many psychologists have carried out tests presenting a range of rectangular shapes to subjects. There is a consistent finding that the most pleasing shape conforms to the Golden Ratio.

P. Erridge
East Grinstead

1 Cooper G E, Tredwin C J, Cooper N T, Petrie A, Gill D S. The influence of maxillary central incisor height-to-width ratio on perceived smile aesthetics. *Br Dent J* 2012; **212**: 589–599.

G. E. Cooper, C. J. Tredwin, N. T. Cooper, A. Petrie and D. S. Gill respond: We would like to thank P. Erridge for his interest in our article. We tested the aesthetic impact of a number of width-height alterations of the maxillary central incisor. During the design stage of the research we reviewed past published findings to help decide which ratios should be included in our study. The research of Wolfart et al.¹ clearly demonstrated that the 62% width-length ratio (the Golden Proportion) of the maxillary central incisors was judged as one of the least aesthetically pleasing ratios for both laypeople and dentists. In fact this study found that the 80% ratio was one of the most pleasing ratios for both assessor groups. Bearing this in mind we selected the 80% ratio as our midpoint and produced our photo range spanning approximately 15% either way of this

ratio which did not include the Golden Proportion. The results of our study also clearly demonstrated that the assessors did not like the photos where the width-length ratio approached the Golden Proportion as shown by the ranking of the 69% and 66% ratios. Therefore, the assumption that the Golden Proportion need not be included was reinforced.

1. Wolfart S, Thormann H, Freitag S, Kern M. Assessment of dental appearance following changes in incisor proportions. *Eur J Oral Sci* 2005; **113**: 159–165.

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LEFT IN THE DARK

Sir, the paper by Yip and Smales¹ on the subject of diagnosis and treatment planning for caries in practice gives a reader from 'practice' cause for concern. Use is made of data that are not referenced (eg '...was shown in the UK patients who have regular dental care ... are just as likely to require emergency dental treatment as those who visit a dentist regularly' – really? By whom and when and where can I verify the data and read more? – because this is of interest!)

Authoritative statements are presented, with no evidence to support them of first paragraph on page 218 making statements about restoration replacement. I am familiar with the issues raised and know where to go for further reading and information (Annusavice, Elderton and Christensen – because I have already read around the subject. However, readers who have not are left in the dark).

This is a shame because the paper deals with many aspects of contemporary practice which are of interest to dentists in general practice, but we want to know what the evidence base is and what is 'expert opinion'. This paper

does not make that distinction. There is an urgent need for evidence-based papers like this, as we increasingly face patients armed with extensive 'reading off the Internet' – some of which is simply wrong, but a lot is opinion – which we have difficulty finding research for or against, because we are so busy simply doing the work! A lot of the statements made in this paper simply either reinforce or contradict current professional dogma, without providing us with the tools for making our own minds up on the validity (or otherwise) of what is presented.

Y. Maidment
By email

1. Yip K, Smales R. Oral diagnosis and treatment planning: part 5. Preventive and treatment planning for dental caries. *Br Dent J* 2012; **213**: 211–220.

Professor Roger Smales and Dr Kevin Yip respond: We acknowledge that there are ever-increasing numbers of dental journals and published articles on many topics relevant to dental practice that busy practitioners have difficulties in finding time to read. However, the reading lists in the present series are not intended to reference every statement made in the eight chapters selected from the 19 chapters in the textbook *A clinical guide to oral diagnosis and treatment planning*, but to provide some pertinent material as a starting point for those readers who may wish to explore the topics included in more depth. The book chapters are not intended to be critical reviews of each and every topic mentioned. Where possible, the reading lists have included relevant review articles, clinical guidelines, long-term clinical studies, articles or sources from recognised authorities (several of which Dr Maidment has