

## EDITORIAL

# Blowing one's own trumpet

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**E**mbouchure is a lovely word isn't it? It lends itself to the type of board games, radio shows and television programmes that invite participants to invent spoof definitions. Could it be a type of sweet pastry sculpted into a floral motif and served with mid-morning coffee in the Loire region of France, a design of Pre-Raphaelite wall-covering or perhaps an early form of higher education prospectus written on papyrus? Well, of course, none of these (do feel free to make up your own flights of fancy though) but in reality a description for the way in which a musician applies his or her mouth to the mouthpiece of a brass or wind instrument, in a way that affects the production of sound.

I was reminded of the term recently as the BDA Museum is proposing to mount an exhibition later this year about Maurice Porter, a dentist, who in the 1960s undertook pioneering work in treating wind-instrument players who were unable to produce a satisfactory lip-seal due to poor dental health. The Museum is trying to locate dentists who knew him and may have referred musicians or patients to him for advice and treatment. In one of those bizarre twists of coincidence which makes life so fascinating, while I was not one such dentist, as a sixth former aiming at entry to dental school, one of my best friends was an aspiring, later successful, professional trumpet player who had imbricated lower incisors. On being accepted for the Royal College of Music he was advised to have at least one of these incisors extracted. Somehow, and without the power of the internet in those days I really cannot remember how, I managed to discover and purchase *BDJ* reprints of Porter's papers which ultimately helped guide my schoolmate's oral health. Beyond this I know nothing of Maurice Porter and so apart from being vicariously grateful to him will await the Museum's findings with great interest.

The wider point to all this, is exactly that. It should make us aware of our ability as

dental professionals to diagnose, advise on, prevent and treat oral conditions which have general health, social, career, behavioural and life-affecting consequences that are way beyond the minutiae of the periodontal pocket depth in millimetres or the extent of enamel caries in interstitial lesions. I think this is frequently something that we either forget or perhaps choose to disregard through necessary attention to the detailed maelstrom of practice. Or possibly it is no longer a factor that occurs to us, entangled as we are in the disastrous suffocation of clinical creativity by regulation and fear of litigation. Yet increasingly it will be the reason why our patients chose to attend and consult us.

For obvious visual reasons, cosmetic dentistry has the potential to change appear-



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ance and have major influence over a person's smile, attractiveness and opportunities in terms of personality, partners, jobs and influence. However, much of that which we achieve for our patients on a daily basis has similar, if less glitzy, effects on all of these life elements by reducing disease and promoting wellbeing. Not having to attend a series of appointments for fillings for example, as might have been the case half a century ago, is very liberating and yet completely unconsciously so for the overwhelming majority of us. The absence of disease is as important as its effective treatment, merely less obvious and thereby potentially undervalued. Healthy support for circumoral musculature for wind-instrument players is a very specific

instance but good oral health enables all of us to perform without detriment in whatever employment we are engaged. In this context it continues to puzzle me why larger employers and corporations are not more proactive in having employee oral health schemes and incentives. Is it that such benefits are not perceived as having a value or is the employment market sufficiently buoyant that inducements of this type are regarded as superfluous? It would be interesting to know.

One other aspect prompted by this train of thought is our involvement as a profession in the arts. The partnership of the two disciplines is enshrined in the BDA's crest 'The art and science of dentistry' and as well as the pragmatic application of this duo in the clinical context dentists are also keen

participants in many fields of the arts. Music, both writing and performing, the dramatic and visual arts all benefit from our input and to this extent we rarely publicise our individual or combined talents, indeed we are more frequently almost apologetic about our endeavours and achievements. Conversely and perversely, we also often grumble (quietly and to ourselves) about the way in which dentists are portrayed in the arts in general and in fiction in particular. Perhaps we should be rather more self-assured about our non-clinical prowess in these various creative activities and less afraid to blow our own trumpets; a good embouchure being an essential prerequisite. ■

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