TO THE EDITOR:

Dr. Martin D. Lerman of the University of Illinois College of Dentistry has written an interesting essay as a comment on my article.

It has been my good fortune to receive a multitude of congratulatory letters from many knowledgeable men who are aware of this problem. I will quote a paragraph from one of these letters: "My only regret is that those who need to read the article will not do so, and most of those who do will not understand it. This must be why the dissemination of knowledge takes such a long time."

The essay written in criticism of my article has little bearing on the actual content of the article. Dr. Lerman should read the two paragraphs on page 242 under the heading of DEFINING "TEMPOROMANDIBULAR JOINT." He might also read page 244 to make him more aware that the heading is TMJ DYSFUNCTION SYNDROME: Pain is only one subject discussed under this main heading. The good doctor seems to be all wrapped up in muscles and pain.

The glossary of *Current Clinical Dental Terminology** defines the temporomandibular joint syndrome. A portion of the definition contains the following, "Thus, disability associated with the joint arises principally from its effects upon the mobility of the mandible and its associated musculoskeletal structure. The etiology may be *organic, functional,* or *both* as a result of *degenerative changes* in the joint mechanism, the musculoskeletal system, or the nervous system. It may also result from hormonal dysfunction, surgical or traumatic impairment, dentoalveolar disease, *agenesis,* and/or *disorganized dental occlusion.*" (Italics are mine.) I believe this is an excellent definition of the temporomandibular joint syndrome. After rereading Dr. Lerman's letter, I hypothesize that his basic misunderstanding may be in what is meant by the term "TMJ dysfunction syndrome."

There is so much that, at present, is unknown about the TMJ dysfunction syndrome. It seems a shame to waste time nit-picking about just one manifestation of this very baffling affliction. If Dr. Lerman wishes to make a constructive contribution to the literature, I am sure many of us would appreciate his explanation of the following:

1. Why do we so often obtain such dramatic results in the technique of occlusal treatment in cases of tic douloureux?
2. How do you explain the elimination of Meniere's disease by the same procedures?
3. How do you explain the control and elimination of orofacial dyskinesia by these procedures?
4. Why is there a preponderance of women seeking aid in our TMJ centers? (Hormonal?)

This list could be continued, but an explanation of the interrelation of malocclusion and these complex diseases would be a boon to dental and medical knowledge.

If one is only concerned with muscle pain, one should be aware that acupuncture has been quite successful at the TMJ Department of the University of Southern California College of Dentistry. The possible tragedy of those hooked on the muscle theory is that serious destructive forces to the stomatognathic system may be temporarily masked. The pain may be a cry for help. If the symptoms are ignored or masked, it may lead to irreversible damage to components of the stomatognathic system.

In his article in the October, 1973, issue of the journal of the Chicago Dental Society, Dr. Carl G. Wirth says, "It seems obvious that the *centric relation jaw position* is important. According to Ramfjord and others, the most serious type of occlusal interference that triggers abnormal muscle activity occurs between *intercuspal* and *centric relation jaw positions*" (Chicago Dent. Soc. Rev. 66: 16, 1973).

In conclusion, I quote from Dan Garliner,† "We only see what we know."

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*Boucher, C. O.: Current Clinical Dental Terminology, St. Louis, 1963, The C. V. Mosby Company, p. 358.

†Personal communication.