

## Editorial

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It is nearly 100 years ago that GV Black stated the importance of microorganisms in the development of caries:

*"...the beginning of caries of the teeth occurs at such points as will favour such lodgement or attachment in which the microorganisms will not be subject to such frequent dislodgment as would prevent a fairly continuous growth..."*

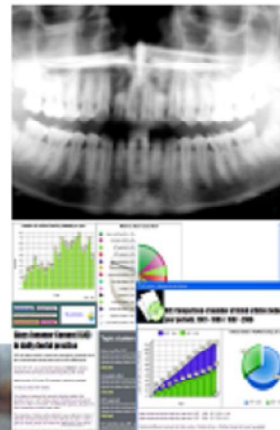
Our current understanding of the cause and progress of caries has changed drastically. It is now accepted that the resident oral microflora exists as biofilm and they play an important role, not only, in progressing disease but also in maintaining health. Oral biofilms are highly complex and it can be said that no individual species of bacteria is solely responsible for the initiation and progression of caries. It is now known that dental caries is caused by a major ecological shift in oral biofilms from a normal to a pathological

state. So it is timely for the profession to look at and consider how new treatment modalities can be incorporated into everyday clinical practice. In this issue, it is suggested that the activity of oral microorganisms can be modulated by dental materials and fluoride, there is also discussion on the multifactorial nature of caries.

The focus of this publication is Minimum Intervention (MI) dentistry. It can be said that the practice of MI seeks to prevent and detect oral diseases at the earliest stage in order to minimize invasive treatment; and where surgical intervention is indicated, the least invasive restorative technique is utilized. The reader will be guided through the potential of bioglass in re-establishing dental health and the use of chemo-mechanical methods to remove demineralised dentine and the role of operating microscope in preserving tooth structure.



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