

Subject: Re: investigating the causes of malocclusion
Date: Friday, 19 March 2010 at 17:10:27 Greenwich Mean Time
From: Mike Mew
To: Nigel.Harradine@bristol.ac.uk

How about central, just before all your activities start
M

On Fri, Mar 19, 2010 at 5:08 PM, <Nigel.Harradine@bristol.ac.uk> wrote:

yes indeed. It may have to be fairly brief because of my various duties but hope that can happen

Nigel H

--On 19 March 2010 17:01 +0000 Mike Mew <mikemew@gmail.com> wrote:

Nigel

Will you be in London Monday morning? It might be opportune to meet up in person and have a chat.

Mike

On Mon, Mar 15, 2010 at 6:13 PM, Mike Mew <mikemew@gmail.com> wrote:

Nigel

That you very much for the advice. Are you going to enter a debate with me?

Mike

-----Original Message-----

From: Nigel.Harradine@bristol.ac.uk [mailto:Nigel.Harradine@bristol.ac.uk]

Sent: 15 March 2010 16:55

To: Mike Mew

Subject: investigating the causes of malocclusion

The twin studies are a core part of the evidence that part of the aetiology is environmental. essential reading. your father quoted them. perhaps a systematic review of the literature to modern standards is overdue and could be another avenue for you

Nigel H.

--On 15 March 2010 15:07 +0000 Mike Mew <mikemew@gmail.com> wrote:

Nigel

I am sorry but I don't agree. I'd like to see your twin studies but that should take place in an open forum, either via letters in the BDJ or another suitable magazine or a debate. However I cannot push you into this or a debate and we are again having a rather silly war of words, in which it is difficult for people not to feel personally involved.

The tone of your email is that you do not wish to enter a debate, I ask you to please reconsider as this is important for our profession.

Mike

-----Original Message-----

From: Nigel.Harradine@bristol.ac.uk

[mailto:Nigel.Harradine@bristol.ac.uk] Sent: 15 March 2010 13:57

To: Mike Mew; Ljoffeorth@aol.com; Alison.Murray@sdah-tr.trent.nhs.uk; 'Tidy David'

Cc: sadafkhan86@hotmail.com; AliMurray@aol.com; ann.wright@bos.org.uk; d.e.j.b@btinternet.com; helennewbrook@btinternet.com; pearsonkj@aol.com; pjmcc@talktalk.net; S.Cunningham@eastman.ucl.ac.uk; sadafkhan86@hotmail.co.uk; tracyposner@positivecomm.com; tony-ireland@LineOne.net; 'Shah Hemendra'; 'Knight Helen'; 'andrew pearson' Subject: investigating the causes of malocclusion

Dear Mike,

Science is not a debating competition of points of view, it is the investigation of hypotheses and an assessment and comparison of the findings. As I see it from the twin studies in the literature, approximately 50% of malocclusion has been attributed to genetics and i believe that is the currently accepted ball park figure. Further studies might shift this figure and might shed more light on both the genetics and any identifiable environmental modifiers.

As to a challenge, in all the many unresolved issues in medicine and dentistry, i don't see any other challenges being advocated and adopted as the way to shed light on the facts.

As a final comment, i suspect your approach may well be making research less likely in this area, rather than attracting the necessary and scarce money and effort.

yours,

Nigel

--On 15 March 2010 13:39 +0000 Mike Mew <mikemew@gmail.com> wrote:

Nigel

I agree that a cogent talk from myself on my views on the aetiology of malocclusion could be genuinely informative, however I feel that yet another talk between two groups that have differing views on a two sided argument would generate little outcome. However interesting you could happily listen from above, consider and leave. It is not science unless you engage in debate and defend your point of view from the same level

as mine.

I disagree that a confrontational discourse will not prove a sound basis for advancement of Knowledge. I feel exactly the opposite, feeling that this is the entire rationale of modern scientific thinking and in avoiding it you are betraying the value of science. The vast majority of orthodontists believe that much of the aetiology is genetic without any evidence, vast majorities have been wrong many times before in medicine and the argument of majority opinion has been used in the past to stifle debate.

I feel that the BOS and orthodontics in Britain is dominated by scientists who hold the philosophical view point that malocclusion is predominantly genetic in origin at the exclusion of those that feel that the environment has the greater effect. Only a debate between the two will shed light on to the relative merits of these ideas.

I have issued you with a challenge, openly and clearly in the BDJ twice, are you going to accept or not?

Mike

-----Original Message-----

From: Nigel.Harradine@bristol.ac.uk

[mailto:Nigel.Harradine@bristol.ac.uk] Sent: 15 March 2010 12:07

To: Mike Mew; Ljoffeorth@aol.com; Alison.Murray@sdah-tr.trent.nhs.uk;

'Tidy David' Cc: sadafkhan86@hotmail.com; AliMurray@aol.com;

ann.wright@bos.org.uk; d.e.j.b@btinternet.com;

helennewbrook@btinternet.com; pearsonkj@aol.com; pjmcc@talktalk.net;

S.Cunningham@eastman.ucl.ac.uk; sadafkhan86@hotmail.co.uk;

tracyposner@positivecomm.com; tony-ireland@LineOne.net; 'Shah Hemendra';

'Knight Helen'; andrew pearson Subject: investigating the causes of malocclusion

Dear Mike,

your reply raises a number of points, but it is probably helpful to focus on just some of them.

As you say, a long-term prospective controlled study of facial growth with different treatments is very challenging. This is even more so, as you say, orthotropics is not a very good answer to a problem and since it would amaze you if orthodontists would consider using it.

Regarding the aetiology of malocclusion, I would say that a majority of orthodontists agree that although much of the aetiology is genetic, much is not and that the factors which contribute remain elusive although as you know, several differing hypotheses have been put forward over the years and some have spawned specific treatment modalities, none of which have yet gained significant following. Research should certainly continue into this area, although it is challenging. As you say, a few small pilot studies from many years ago is insufficient and it is disappointing that those keen on various theories of growth modification have not continued and built on those studies.

One point which should be helpful is to say that orthodontists do not

treat as they do because they feel the aetiology is genetic, they treat as they do mainly because it works. It may be that with more knowledge of aetiology, different, effective, possibly simpler and entirely practical forms of treatment might well emerge, but meanwhile, people will use what are the best methods that are practical and effective, whatever the full aetiologies of the multiplicity of different malocclusions.

I continue to feel that a cogent talk from yourself on your views on the aetiology of malocclusion could be genuinely informative. On the previously discussed subject of debates, this may provide entertainment for some during a general election campaign, but it is doubtful whether such confrontational discourse will prove a sound basis for advancement of knowledge

yours

Nigel Harradine

--On 11 March 2010 13:26 +0000 Mike Mew <mikemew@gmail.com> wrote:

Dear Nigel

Thank you very much for your prompt response to my last email. I do believe that you are a sincere man who is acting in what you feel are the best interests of the profession. Your reputation precedes you as a fair and balanced individual who is knowledgeable in orthodontics. Given this, how is it that we see things from fundamentally differing points of view?

I must reflect on one statement about the Manchester meeting because you state "that you are perhaps unlikely to accept this as the truth it certainly is ". This must be something that you hold a certain and definite view point where I would like to disagree. The meeting was held on 12 July 2002. Richard Dean, Francois Rossouw and my Father were encouraged to make any piece of research that they could gather together in 6 months. Dad showed the facial changes in a cohort of 32 cases less than a year into treatment (which usually lasts 4 years minimum), Richard showed a dozen palates with an increase of 20% in surface area and Francois made a study on the length of mandibles before and after treatment. None of these could be considered to be more than pilot studies, two on retrospective material, all without controls that did not really reflect their ideas or concepts.

Interspaced between their presentations were other lectures. One discussing the validity of different types of research, where it was stated that meta-analysis was the highest level of research and case studies the lowest, concluding that the small uncontrolled (especially retrospective) research in clinical practice usually suffers from a bias that is greater than the statistical significance shown. And another by Bill Shaw telling how history was littered with ideas and concepts that made great sense (ie. Orthotropics) but fell under evidence based scientific rigour. These ideas survived due to the placebo effect and a few random miraculous results. He gave the example of a surgical procedure where the anterior intercostals arteries were cut in the thought that this would shut blood to the

heart. He described some very brave surgeons who performed placebo operations, opening people's chests without cutting these arteries, to find no statistical differences. Considering the day was entitled "Growth Symposium", why were these presentations that were not related to growth included, especially considering the very limited time given to discuss the three differing concepts held by the three different speakers? (I do not think that you are aware that there is almost as big a gap between them and us as you and us).

My Father did have one and a half hours to present his research project, however due to some technical difficulties he started late and was able only to spend about 20min outlining the technique of Orthotropics. He stated that vertical growing cases were hard to treat and horizontal growing (favourable) cases were easy to treat and Orthotropics was essentially a technique aimed at converting the growth pattern. In your mail you stated that "your father was again given a completely clear run to again expound his views. He spoke for one and a half hours". As I clearly stated in the Black Swan "For a theory to be tested it must be presented in its entirety. The entire subject of orthodontics could not be subjected to an investigation at one lecture and neither could an alternative philosophy." Only a full investigation followed by constructive two way criticism will test an argument. A 20min sound bite is not really relevant. You could not clearly refute the criticism that you do not know and don't want to know.

Sorry to push this issue but many people do consider that this event was a Kangaroo Court while you obviously don't, and I bring it up just to illustrate the gulf between how we see things and how points of view may differ. We did take the opportunity of videoing the day and can find you a copy. If not would you concede that it can be very difficult to be entirely objective and that is why we need open science?

Thank you very much for your suggestion of some research. I could not agree more that some research needs to be done in this area. I would suggest using a 3D facial camera and some form of bite force/distribution gauge to analyse a control group and a group treated with Orthotropics prospectively over a long period of growth. At the same time a group under conventional orthodontic treatment would be analysed in the same way. The aim would be to analyse whether Orthotropics and or Orthodontics was able to affect the pattern of facial growth. Modern 3D facial cameras are quick and easy to use and give no ionising radiation, so frequent images could be taken to build a pattern. It would be especially useful if a pre-treatment period of growth could be tracked. For Orthotropic treatment an experimental period from 7 till 15 would seem appropriate and controls could be sought from local private schools. Obviously this would be a lengthy study but that would be necessary to study growth. I have been looking at this already but this equipment is so expensive.

It would amaze me if any Orthodontist would consider treating pts using Orthotropics, it is difficult, time consuming and takes years to get a result. Without great patient commitment it is a waste of time and the approach is counter intuitive to an Orthodontist who aims to align teeth in the belief that it is genetic in origin. I doubt that the younger generations of orthodontist would be any more interested in practicing Orthotropics than the previous or even Harry Orton (His

"Elsa" appliance is an almost carbon copy of the original st1 Biobloc and the MOA a close copy of the original st3, and was forced to give an acknowledgement of this), and there would be little point in me talking to them. Also I do not really believe that Orthotropics is a very good answer to the problem. But it does address the most likely causes, and it is important to see if it can be made to be more effective.

A discussion between our treatment concepts is very difficult as we are talking totally different languages since our conceptual foundation stones are different. I'm a fully qualified orthodontist and orthotropist, I can see that a discussion of treatments will be futile until we understand the foundation stones upon which each other's theories are based. I know yours but you do not know those of orthotropics, we must start here.

Consequently my correspondence with you has focused on one thing, that you did not bring up in your mail, a discussion on the aetiology of malocclusion. If we don't know what causes something then it is essential that we find out. It would be unethical to perform any more research in this area or even to delay such a debate, when it is possible to prove right now with good quality published research. If we knew what caused it then we could work on ways to cure (I don't consider anything requiring permanent retention a cure) or even prevent it.

The scientific method is unparalleled in its ability to find the truth but it is based on a willingness to review and correct errors, and to accept challenges to what is already known. By avoiding rational debate you are stopping science. With so much unknown we should start with the cause, so far you have declined entering a debate or assisting me in starting such a debate on this. You state that I "could approach the Conference and Meetings committee with a proposal to give a further presentation on your fathers ideas" however as I discuss I do not think that this would achieve much, only a debate on the aetiology will make any headway, will you change your mind on this?

I look forward to hearing back from you on whether you would want to further this or any other research ideas and whether you will enter a debate on the aetiology of malocclusion. Do excuse the length of my response and its delay, much has been happening in my life.

Best wishes.

Mike

-----Original Message-----

From: Nigel.Harradine@bristol.ac.uk
[mailto:Nigel.Harradine@bristol.ac.uk] Sent: 02 March 2010 14:03
To: Mike Mew; Ljoffeorth@aol.com; Alison.Murray@sdah-tr.trent.nhs.uk;
'Tidy David' Cc: sadafkhan86@hotmail.com; AliMurray@aol.com;
ann.wright@bos.org.uk; d.e.j.b@btinternet.com;
helennewbrook@btinternet.com; pearsonkj@aol.com; pjmcc@talktalk.net;
S.Cunningham@eastman.ucl.ac.uk; sadafkhan86@hotmail.co.uk;
tracyposner@positivecomm.com; tony-ireland@LineOne.net; Shah Hemendra;
Knight Helen Subject: investigating the causes of malocclusion

Dear Mike,

I feel I fully understand the origins of your feelings and your e mail.

I would also gently point out that my personal experience of these issues in relation to your father and his ideas goes much further back than your own, starting with a lot of contact when i worked with with Harry Orton in the 1970s. It is pertinent from all that time ago that Harry was very sympathetic to new and different ideas and to your father personally, but he was quite clear that orthotropics as a concept or as a practical tool was not supported by anything he saw from your fathers cases or anything he wished to incorporate into his practice or to recommend to anyone else. If you knew Harry, this was a significant personal opinion in this context. I am sorry if that seems an unkind thing to report at this stage. I mention this only to point out that the potential for your fathers ideas to catch on has existed for several decades and has fallen on potentially very sympathetic ears including my own, but has yet to gain any appreciable acceptance and this explains why it has yet to attract attention as a hypothesis suitable for testing.

Also, you are perhaps unlikely to accept this as the truth it certainly is, but i was there at what you describe as the "public hanging" in Manchester all those years ago and for the record, your father was again given a completely clear run to again expound his views. He spoke for an hour and a half. He received no hostile or rude questions and none of the other talks on that day poured any scorn on what he had said. If your father believes that he has a close relationship with myself, then that should inform your view of my remarks and my truthful recollection of many past occasions.

Research is indeed difficult. I appreciate that "one small practice with less than 30 referrals per year" is not in a good position to investigate any issue. I am personally very open to the idea that research into the causes of malocclusion is a worthy endeavour. Could you briefly outline how one aspect of your fathers ideas might be investigated?

On the subject of good ways to air ideas, you could approach the Conference and Meetings committee with a proposal to give a further presentation on your fathers ideas. many of the younger generation will indeed not have heard them at any length.

I would gently but firmly refute the idea that after all this time, your fathers ideas has been blocked. Why would someone block them? What motive would there be for wilfully repressing something that seems potentially very valuable? Your father is known to be charming and persuasive, so why has this set of ideas been unable to take root? Many other new ideas have been adopted and tested, even some which are associated with some potentially unlikely hypotheses. Nobody that i know has spoken of the need to "hold down the lid" or try to stop anything. The only activity which has met with disapproval is the hostile assertions in the lay media about alleged damage caused by every body else's treatments.

yours

Nigel Harradine

--On 02 March 2010 10:32 +0000 Mike Mew <mikemew@gmail.com> wrote:

Dear BOS

I think you are aware of our concerns on the following issues

- 1) We need a full, fair and free debate on the aetiology of malocclusion, starting with a debate (by free we mean open).
- 2) The public should receive fully informed consent, being told about any alternates that they might want to know, especially prior to surgical procedures.

We have raised both these before and in view of your lack of response feel we must take further action. Both you and the GDC have declined repeated invitations to organise a debate on the former subject. In response to my question of what had orthodontics to loose from a debate, Nigel has argued that "It is not so much a question of what orthodontics has to lose but rather of what would be gained" .

If you feel that you have no need to understand the cause of malocclusion then I feel that I am acting in the public interest to push you into a debate. It seems that there is collective hand washing by both your selves and the GDC, both of you feeling justified in claiming that this is not your problem. I am aware that my behaviour in this has been pushy almost to the point of rudeness for which I can only hope you can forgive me in the name of science.

Both my Father and I were a little dismayed by the response by David Tidy at the end of last year to my email. I do not think that he intended to send this response, however it is quite informative.

In this David mentioned that "We'll take more notice when he [John Mew] spends time doing some decent research instead of arguing". You must know how difficult it is to perform "decent" research in general practice, especially for a system that is relies of the cooperation of 8 year olds. Surely it should only be for him to prove a likely probability after which "it should be for universities funded by the public to investigate for the public good, if only to prove Orthotropics wrong" (Black swan BDJ 2009). Your accusation is more galling after the BOS have declined my Fathers request to either have a full debate with him (despite repeated attempts- and please don't bring up the public hanging in Manchester- which was a farce) or to enter a project of comparing excellent results. It is very unlikely, either statistically or with common sense, that one small practice with less than 30 referrals per year can consistently produce the very best facial changes in the country where nearly a million people

are treated a year, that is of scientific merit and if proven would deserve further investigation. But if you refuse to participate then you can hardly criticise his level of research. And furthermore, in the words of Tom Lessl "Science, in other words, is argument and debate" 2005. Thus to avoid argument is to avoid science, and "studied silence" can never be a scientific response. It is the response of a bankrupt philosophy.

It is interesting that you bring the subject of my Father being expelled from the BOS. You mention that this is for misconduct. The matter was in regard to the advert with which he had placed in the Parents News. This was clearly an attempt to blow the whistle and it called for an independent enquiry, as all other avenues, including through your selves, had been exhausted.

I know of nothing in this advertisement that is factually incorrect. In any independent organisation my father would have been asked to explain himself, and any errors in the advertisement would have been identified, but unfortunately his guilt was assumed and an apology was demanded on threat of expulsion. When acting as investigator, prosecutor, jury and sentencing judge, a level of accountability and even-handedness is required, all of which was sorely lacking. Furthermore we saw the demand for an apology (and indeed your hearing) as somewhat premature as the case will not reach the GDC until 16th and 17th of March this year in a hearing that if independent and fair should find that we have no case to answer. I would like this opportunity to invite you to send a representative to the hearing and possibly be prepared to reinstate my Father with an obvious apology should he indeed be cleared of the charges.

David also mentions that "He has "close relationships with many leading figures across the profession" so he doesn't need our help", interestingly he has always considered yourself to be one of those close relationships. It would appear that this is not reciprocated which has been a great shame, for he speaks highly of you. If someone who would let me die without consenting to hear my life's work out in full, I would question the relationship. It is interesting and unfortunate that such issues of scientific debate unleash such polarisation in some people.

Against the need to hear my Fathers ideas you quote that the aims of the BOS which is to;

- ? promote the study and practice of orthodontics
- ? maintain and improve professional standards in orthodontics
- ? encourage research and education in orthodontics

And then continue to say "Nowhere does this say we have a responsibility to facilitate a platform for anyone's ideas". I guess that it was a little naive of me to think that you would want to listen to someone else's ideas for the sake of scientific interest.

As I mentioned in the previous letter I very much doubt that any of you understand the Orthotropic concept to the point where you could give constructive criticism, and thus you don't really understand it. In a rather flat earth perspective you simply dismiss it as it does not fit with your concept and it challenges your core principles. And it does not align the teeth very well, but then this is the whole point that we have been trying to get across, straight teeth are not its primary aim and you need to see why not to understand the concept.

However if you read or interpret your aims (constitution) you would have to agree that you are committed to furthering the understanding malocclusion. That you do not understand the cause, pathology or cure of malocclusion is a great shame and must reflect the fact that Orthodontic research is of notoriously poor quality, little could be considered "decent". Very fortunately there are adequate well researched papers published in respectable peer reviewed journals to warrant a review of the cause of malocclusion. These papers have been generally over looked. And if you know so little about malocclusion then you should start with looking at the cause, the aetiology.

I should not have to remind you that you are also a charity and to quote the Charities Commission's general guidance on public benefit, "all charities' aims to be, demonstrably, for the public benefit". As such it could be assumed that it would be in the public interest to enter a debate on the cause of the problem that you are treating, especially if you don't know.

I do not claim that Orthotropics as we practice it can provide all the answers or is an ideal solution. We feel and have always felt that it is only through constructive scientific critique that it can develop. Had Orthotropics received university focus and research this might already be the case but unfortunately it has not. Scientific interchange, be that debate or argument, is the option that you must now take. Blocking this is trying to stop science, and the more that you try to hold down the lid on this issue, the more the pressure is rising and eventually it will explode. You cannot stop the truth.

Are you going to assist us in our objectives or not? It upsets me to have to push so hard but otherwise nothing will happen.

Mike

From: john mew [mailto:john.mew@virgin.net]

Sent: 10 December 2009 20:24
To: 'Mike Mew'
Subject: FW: Next step?

This was accidentally sent to me.

From: David Tidy [mailto:dctidy@gmail.com]
Sent: 03 December 2009 16:25
To: Nigel Harradine
Cc: Joffe Les; Murray Alison; sadafkhan86@hotmail.com;
AliMurray@aol.com; ann.wright@bos.org.uk; d.e.j.b@btinternet.com;
helen@bools.plus.com; helennewbrook@btinternet.com; pearsonkj@aol.com;
pjmcc@talktalk.net; S.Cunningham@eastman.ucl.ac.uk;
sadafkhan86@hotmail.co.uk;
tracyposner@positivecomm.com; john mew
Subject: Re: Next step?

Nigel

To quote: The British Orthodontic Society is a charity which aims to
? promote the study and practice of orthodontics
? maintain and improve professional standards in orthodontics
? encourage research and education in orthodontics

Nowhere does this say we have a responsibility to facilitate a platform for anyone's ideas, let alone those of a member expelled for misconduct. How we pursue our aims is entirely our decision. If he wants a debate on his ideas, it is up to him to find the participants and stage it himself. He has "close relationships with many leading figures across the profession" so he doesn't need our help.

We'll take more notice when he spends time doing some decent research instead of arguing. Meanwhile a studied silence on our part would seem the best response.

Incidentally I notice there was a nicely understated riposte to him in the latest BDJ.

David

2009/12/3 Mike Mew <mikemew@gmail.com>

Dear Executives and trustees of the BOS

Where are we with all this and how we might move forward? I am concerned that the profession will come into disrepute if it is seen to be actively avoiding or suppressing the discussion on Orthotropics or the aetiology of malocclusion

The leaders of all professions have a duty to the public to give a valid assessment of any new ideas and concepts, especially when they come from someone who is undeniably well published, has a large international following and has close relationships with many leading figures across the profession. And even some of you would consider a friend.

Many of you have had discussions with my father on a range of topics: you must therefore have an opinion on whether he gave well supported arguments or was knowledgeable. However, he has never actually been allowed to give a full account of his ideas to the orthodontic community, and at his age does not have much time left in which to do so. Therefore, unless you are convinced that you understand his ideas sufficiently in order to be able to dismiss their merit entirely and unless you are convinced that the profession has nothing whatsoever to gain from him and his ideas, you should be doing all you can to expedite and accelerate the path towards full discussion, rather than seeking to frustrate or suppress it with the risk that the opportunity to accurately review one of the profession's greatest lateral thinkers be lost entirely.

In a science that is far from exact and where there are such large gaps in the understanding of malocclusion it would take great arrogance and even greater folly to dismiss new ideas, especially when you have a duty to the public to give a valid assessment of their merit. I am concerned though that the leaders of this profession lack a sufficient level of understanding of my father's ideas in order to be in a position to give constructive criticism or make a valid assessment of their merit, which makes the argument for a broader and more inclusive debate all the more compelling. Many of you do not see the stark separation between Orthotropics and functional therapy.

Following our previous conversation (23rd June) I am waiting on a response from you with regard to sending a mass email to find an opponent for a debate on the aetiology of malocclusion. I am now appealing to you on a formal basis as leaders of the profession to find me an opponent for a debate that is long overdue. While I would welcome your participation in the debate I do understand that you do not have a responsibility to participate personally in it, but you do have a responsibility as a professional organisation to facilitate it whatever your ideological beliefs. So could you possibly send a mass email out for me, in which I could set out the basis for the debate and seek an opponent?

My Father is 81 now, please give me some consideration in my urgency and excess my frustration with the lack of progress.

Mike

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.426 / Virus Database: 270.14.98/2552 - Release Date:
12/10/09 07:36:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.435 / Virus Database: 271.1.1/2712 - Release Date:
03/01/10 19:34:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.436 / Virus Database: 271.1.1/2735 - Release Date: 03/14/10
07:33:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.436 / Virus Database: 271.1.1/2735 - Release Date: 03/14/10
07:33:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.436 / Virus Database: 271.1.1/2735 - Release Date: 03/14/10
07:33:00