

Sawbones 356: Mewing

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Intro (Clint McElroy): *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to [sing-song] *Sawbones*: a marital tour of—[normal voice] I don't know why I said it like that. It's a marital tour of [snorts] misguided medicine. I am your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy. I got really excited 'cause I thought maybe I was doing a show with Oprah for a second.

Justin: Yes.

Sydnee: And then I remembered it's you.

Justin: Oprah and I have many similarities. Um, but the number one is that we both have our own cable network.

Sydnee: [laughs]

Justin: Number two is we do intros the same way.

Sydnee: Ah.

Justin: Um...

Sydnee: Where is this cable network?

Justin: What?

Sydnee: Where is it? Did I—do I get to know about it?

Justin: It's—

Sydnee: What do you put on it?

Justin: —it's actually—it's—

Sydnee: What kind of programming?

Justin: —it's Spike.

Sydnee: [laughs] That's not true.

Justin: I own Spike.

Sydnee: That's not—

Justin: It went under. I own, um... I own CNBC.

Sydnee: You know, it's sad, 'cause if—you know the way to impress me would be if you owned HGTV.

Justin: That's true. But—

Sydnee: Or Food Network.

Justin: Oh. Yeah. [holding back laughter] Sorry I own Spike. But if you wanna watch, like... *Bar Rescue* or something, I've got you. The *Bar Rescue* guy and I are, like, best friends, unless he's hugely problematic, in which case I don't know him.

Sydnee: I am totally neutral about the—I have never watched the show. I am aware it exists.

Justin: Yeah.

Sydnee: These are the statements I will make about that.

Justin: Listen, we have gotten horribly off track, even for us, extremely early. Um, this is a topic, Sydnee, that I sort of brought to you.

Sydnee: You did.

Justin: Uh, for a change.

Sydnee: And I was very concerned, can I say, when you asked me about it, because I had just coincidentally read an article about it a couple months ago. Just it popped up as—somebody shared it and I thought, "That looks interesting," and I'd read this *New York Times* article about it as well, and then when you brought it up I thought, "Oh no. What has happened?"

Justin: So, I encountered this through a book called *Breath: The New Science of a Lost Art* by James Nestor. Um, yeah. [laughs quietly] He reads books too, ladies. And so inclined other people. I'm not limiting myself. Anyone can idolize me and, uh, um...

Sydnee: You can limit yourself to me, your wife, if you'd like.

Justin: Done!

Sydnee: [laughs]

Justin: Um, so this has been a big best-seller, sold a bunch of copies, and it's basically about, um... I don't know. It's like, we're all breathing wrong and there's not much [wheeze-laughs] you can do about it, is basically—if I shrunk it down to, like, actionable advice, just the tidbits, it would be "Don't breathe through your mouth. You should breathe through your nose."

Uh, but—so there's a section of the book about mewing, which is, uh, basically like one of the many ways that he explored to, like, help facilitate breathing through your nose, and just breathing better overall.

Sydnee: Now, before I get into what that is, will you enlighten me? What does he think? Like, what was—you read the book. What was his take on it?

Justin: Oh, there was—I mean, he—he learned from the creator of the thing, I believe. So, like, whatever the—

Sydnee: John Mew? Did he feel that it was beneficial? Did he argue that it was a good idea? Like, did he have an opinion on it?

Justin: It's a weird thing about that book is, like, he encounters a lot of different, like, breath activities, but doesn't pass a whole lot of judgment on them. It's just sort of more of a pop sci sort of survey kind of thing.

Sydnee: Gotcha.

Justin: It's not like—I think he stopped short of being like, "And you should do it today." You know what I mean?

Sydnee: I gotcha.

Justin: He does have his own experiential stuff in the book about, like, things he did and how it went for him, but he's not really pushing anything.

Sydnee: Now, you—you didn't try mewing as a result of this. You tried mouth taping.

Justin: I tried mouth taping once. I don't—I didn't really get it. I know you're supposed to stick with it for a while, but I just—it was a bridge too far. And if you want to talk about mouth taping at some point... you know, I don't know, I would be willing to be the human guinea pig experiments on mouth taping.

Sydnee: I didn't focus on mouth taping. I focused on mewing for this episode. But it's interesting, 'cause I think—the idea I'm starting to get—

Justin: Can we talk about mouth taping real quick? 'Cause we're just saying "mouth taping—"

Sydnee: Oh yes.

Justin: —like it's a thing—like, mouth taping is this practice which has become somewhat fashionable, I think, and in vogue.

Sydnee: Yes, I would say that's true.

Justin: Of putting a small piece of tape on your mouth.

Sydnee: And it's, like, made for this. Like, you can buy these strips—

Justin: You can also just use—from what I've heard, you can use, like, surgical tape and—or, yeah.

Sydnee: Yeah. Well, you want to use something that's not gonna hurt you.

Justin: Exactly, and something you can leave on your skin for a long time that's not gonna irritate it. But anyway, uh, basically taping your mouth closed. Not, like, completely, but taping your mouth closed enough so that you will breathe through your nose while you sleep.

Sydnee: Yes.

Justin: Basically.

Sydnee: On the basis that nasal breathing is healthier than mouth breathing, is kind of the theory there. And I will say, I'm not gonna come out and recommend that, 'cause it makes me—it made me so nervous for you to have your mouth taped.

Justin: Yeah. That was the other reason—

Sydnee: [simultaneously] I was so worried about you. [laughs]

Justin: —I didn't do it more than one night. I couldn't stand another night of you leaning up on—propped up on one elbow just staring at me while I slept.

Sydnee: With a mirror under your nose.

Justin: Yeah. [laughs quietly]

Sydnee: It made me so nervous, and I know that that is, um, hypervigilance, but I was still nervous about it. The reason all of this concerned me is the article that I read was titled "How two British orthodontists became celebrities to incels."

Justin: Hmm!

Sydnee: And then you told me you were into mewing, and I got—

Justin: Can you not—

Sydnee: —or that—okay. [laughs]

Justin: —can you not—can you—I know, it makes a *fun* story, doesn't it, everybody? My husband's into this fun incel thing. Uh, but I was not *into* mewing.

Sydnee: I know. I—

Justin: I just mentioned this book that I was reading.

Sydnee: But it freaked me out, 'cause I was like, "What are you—where—what corners of the internet have you found during this pandemic?" So—

Justin: Oh, I've found some corners of the internet during this pandemic—

Sydnee: [laughs]

Justin: —if you wanna get into those? But no, mewing was not one of them.

Sydnee: I think—so, of course there's a lot you could talk about in this space. There's the whole concept of nasal breathing versus mouth breathing, and there are all these different things that have been spawned from this idea. I just want to focus on where the word "mewing" comes from, in terms of the guy who made it up, and kind of what that idea is, and where that's taken us. 'Cause I think that it is sort of the catalyst for a lot of what is happening right now, for a lot of the interest, and why this is so trendy and in vogue, is this guy and his son, and their stuff.

Justin: Okay.

Sydnee: And I'm not saying there's no other science around it that other people might be doing or might be—this might be built upon, but this seems to be where the current interest is coming from.

Justin: Okay.

Sydnee: So, the name "mewing" is—it was not actually invented by the creator, John Mew. That is where the word comes from, but he didn't call it mewing. That would come later, okay? He is an orthodontist, and later people would call these things that he called orthotropics—they would call it mewing.

All of this starts with sort of a disagreement about why teeth are sometimes crooked, okay? So, in traditional orthodontics, our idea as to, like, "Why were my teeth so crooked when I was younger but yours weren't?" Correct? Our traditional orthodontics says it's just a genetic thing. And there are lots of theories about this, by the way. I'll get into that a little more at the end, but there are lots of different theories as to why *are* my teeth just crooked? Is it just my genes, or is there something else going on? Is it the muscles, or the bones, or a cartilage thing? Or is it the soft tissue? Like, where does the—what's the chicken, what's the egg? Where does it all start?

Justin: One of the theories presented in that book is that a big part of it is that we eat soft foods.

Sydnee: Okay.

Justin: As a society, industrialized.

Sydnee: You're getting into John Mew.

Justin: Yeah.

Sydnee: This is Mew's stuff. This probably comes from his work. There is an orthodontist that kind of—just to get into, like, what I'm gonna tell you John Mew has argued, is probably built a little bit on one of, like, the fathers of orthodontics who kind of came up with this functional matrix theory about, like, that soft tissues influence the way that our teeth grow in, and that that's where all of that comes from, and it probably wasn't all coming just from John Mew. Like, he was building on other things. But, like, the current stuff is very much John Mew.

Um, and that's kind of what he said. He said, so, everybody thinks that our teeth are crooked because of genes, and so the way that you fix the teeth is you just straighten the teeth. And that's what orthodontics does a lot of the time. I mean, that was my experience with my orthodontist, was my teeth were crooked, they were crooked my whole life—

Justin: They straightened the teeth.

Sydnee: —so they were straightened. I had braces, and then I had a retainer. Of course, they can remove teeth if there's too much crowding. You know, that can

be part of it. There are other surgeries that can be done, but generally that's—you just fix it.

Mew proposed orthotropics as an alternative view to that. Basically, teeth are not the problem.

Justin: Teeth are not the problem.

Sydnee: Teeth are doing the right thing, so fixing the teeth doesn't fix the problem, because the problem isn't the teeth. The problem is your jaw. And his idea was that throughout history, humans have been developing sort of longer, narrower faces with smaller recessed jaws, and that this is why our teeth are growing in crooked, is because the jaw is wrong. We are supposed to have more, like, horizontal, broad growth of the jaw, and instead it's growing more vertical. Does that make sense?

Justin: Mm-hmm.

Sydnee: A lot of it comes with—he says we always focus on the jaw in terms of your mandible, that's the lower part of your jaw. That's, like, your—the part you're opening and closing when you're talking or eating or whatever.

He says we need to focus more on the maxilla. That's the upper part of the jaw. Which, his view is that the maxilla guides what the mandible is gonna do as we're forming, as we're growing, especially as a child. So, if the maxilla is not growing forward enough and wide enough, then our mandible will have to grow back and down to compensate and meet it, and the result is that there isn't enough space in our mouths for our teeth, so our teeth get crowded.

Um, and also a lot of stuff about the way we look will result from this. So this isn't just about teeth. Like, he started with this concern about teeth, but for John Mew—and later we'll talk about his son, Mike Mew—it very much has grown into an aesthetic issue. He believes this is why, if you look at human faces today, generally—and this is not everybody, but generally, his argument is we are more likely to have small, recessed chins, less prominent cheekbones, which can result in more of a sunken appearance of our eyes—he says it makes our noses grow longer and downward, having more of a hooked appearance, and that all of this has to do with our jaws developing incorrectly.

Justin: Well, I think that's wild. I don't know the science, but I will say that if you look at pictures of old-timey people and you look at pictures today, there's no—uh, there's no comparison. People today are beautiful and sexy and powerful, and if you look at old-timey people it looks like they're made out of hateful Play-Doh. Um, people are sexier now than they ever have been, so I'm gonna discount this theory out of hand.

Sydnee: You think so?

Justin: Oh, yeah!

Sydnee: I mean, I don't really have a strong opinion on it either way.

Justin: Give me a—any 2020 person—

Sydnee: [laughs]

Justin: —from the population. I would take them over—I would bet the top five percent of 1900's, uh, Earth.

Sydnee: Uh—

Justin: 1900 period, not 1900's, 'cause that gets you into, like, '99, and then you're entering, like, Alicia Silverstone, Brad Pitt, actor peak territory, and that's insane.

Sydnee: What you're getting into, though, is, like, cultural ideals of beauty. You like things that are beautiful now because you live in the culture that is now. If you lived 200 years ago—

Justin: Thank you for admitting—thank you for saying that, Sydnee. Yes, that is a big part of me is, like, I am—this is—I'm now. I'm not living in the past with Brad and Alicia. I'm now, today.

Sydnee: Our culture changes, it goes back and forth, and there are waves. There were probably times throughout human history where you would be just as attracted to the human ideal of beauty then as you are now, because it was more similar.

Justin: Pretty sure not.

Sydnee: But it shifts.

Justin: The dressed p—pretty bad, a lot of 'em, and they—

Sydnee: Not always.

Justin: —weren't as, like, attractive as we are today. We're at our peak, is what I'm saying. Nowhere to go but down.

Sydnee: Well, John Mew didn't think—doesn't think so. Didn't and still doesn't. Um, and he thought—

Justin: So John Mew's looking at pictures of old-timey people and he's like, "Yes!"

Sydnee: Yeah.

Justin: "I like it!"

Sydnee: Yes.

Justin: That's just his weird taste.

Sydnee: And especially skulls. I mean, that's—

Justin: Lookin' at skulls...

Sydnee: —a lot of this gets into, like, looking at ancient skulls, and looking at skulls today—

Justin: [simultaneously] And he's not the only one doing that.

Sydnee: And saying, like, "Look at the difference."

Justin: Tell me if I'm wrong but, like, he is not the only one doing this research.

Sydnee: No.

Justin: This is, like, what is basing the practices off of. There's a lot of, like... anthropology? I don't know.

Sydnee: Yes.

Justin: Skull—skull people. [through laughter] Skull doctors!

Sydnee: Yes. No, you can—

Justin: Studying the changes over time. This is a thing that is happening.

Sydnee: Yes. There are a lot of anthropologists who have kind of observed what he's talking about. And like I said, he is not—so, Melvin Moss was an orthodontist who was the first one to kind of come up with this idea that—it's called the functional matrix theory, and it is this concept of the development of the face that, like, just like our skull develops in part because of our brain—so, like, soft tissues influencing hard structures like bone—that it's the same idea with our face. And so it's not as simple as "The teeth just grew in crooked." It's what happened to the face that influenced the growth of the face in that direction.

Justin: Okay, first off, Melvin Moss sounds like the alter ego of a Superman villain.

Sydnee: [laughs]

Justin: Like Dr. Lichen or something. "By day he's Melvin Moss, researcher. By night, he's Dr. Lichen!"

Sydnee: Well—and, I mean, he is—like, as far as I can tell—and dentistry and orthodontics, these are not my areas of expertise, as we've talked about many times on the show.

Justin: No. You have a real disdain for them.

Sydnee: No I don't! I just don't know—[laughs quietly] I don't know anything about them.

Justin: [laughs]

Sydnee: Um, but it seems to me that, like, this theory that he came up was not—I mean, it is not, in and of itself, the problem. Like, this is—we still have a lot to understand about why the face grows and forms the way that it does. This is still an evolving area in orthodontics. So, all of these theories that have been put forth—and you can read about them. There are a lot of different theories as to how all this development occurs and what happens first and everything. But none of that is wild.

I think what I'm focusing on is that in that space, John Mew, and then, as we'll talk about, his son Mike, have taken it to a whole other place. That is kind of what I'm saying.

So, anyway, what Mew says is that we don't need to fix the teeth. All this stuff—and he's very vocal about that. He's gotten in trouble for this. He's very vocal that all the stuff that orthodontists do is basically bull, and you shouldn't do it. Um, because it doesn't work, and it doesn't fix the problem, and they're ignoring the real problem, which is we have to fix the growth of the face. And you can do this with certain postures and positioning of the face and tongue, um, and some appliances that he has created for this—for this job.

But really, his focus, from when he started doing his work, was on children.

Justin: Hmm.

Sydnee: Like, this has to be done while your face and jaw is still developing.

Justin: Okay.

Sydnee: Not something that you do after the fact.

Justin: So what do we do—I mean, what—I can't believe you're telling me this when I could be upstairs with our children, shaping these behaviors. Just give me the—what can I do to have beautiful children?

Sydnee: Well, I'm gonna get to that.

Justin: You're kidding me. You're gonna make me do ads first?

Sydnee: But first... Let's go to the billing department.

Justin: Let's go!

[ad break]

Justin: Please, Sydnee, help me have attractive kids!

Sydnee: Okay.

Justin: I'm not doing anything right now in this department. I'm feeling like a real negligent father.

Sydnee: Well, I think our children are perfect exactly the way they are.

Justin: Well, let me hear what you have to say first, and then I'll decide.

Sydnee: I love them—I love their chins and noses—

Justin: But their faces—

Sydnee: —precisely the way they are.

Justin: —their faces are so narrow, aren't they? I've thought, you've thought it too. We gotta fix 'em.

Sydnee: I've never—I have—I have never—

Justin: [quietly] We gotta fix those narrow faces.

Sydnee: —the things that John Mew focuses on in terms of facial beauty I don't think are things I, at least on a conscious level, have considered, like, "Ooh, that's a wide face." [laughs] I don't think these are things that my brain has consciously ever—

Justin: No.

Sydnee: —ever thought. Um—

Justin: Sydnee just likes a thick booty.

Sydnee: [laughs]

Justin: That's the only—she doesn't even get to the face. You should see my wife. It doesn't matter.

Sydnee: Um—

Justin: Boy, girl, person outside the gender binary, if there's a thick butt, Sydnee's like, "Yes." [snorts]

Sydnee: This is not the focus of our episode.

Justin: [simultaneously] "Cut me off a slice."

Sydnee: I—I—okay. As you alluded to—

Justin: Look, you're all flummoxed, [holding back laughter] thinking about thick butts.

Sydnee: You're—[laughs] you're so off track. As you alluded to—

Justin: Small butts?!

Sydnee: —John Mew believed that the problem started with the Industrial Revolution.

Justin: Right.

Sydnee: We started eating soft food. He thought that was one of the first problems. Um, so when we chew soft food, we are not using our muscles of mastication as well, and so our jaws are underdeveloped. So he thought that was part of the problem.

The other problem is that our noses got stuffy.

Justin: Right.

Sydnee: Making it harder to breathe through your nose. Why did that happen? Pollution is the big answer. People moved to cities, the air quality was bad, people got allergies and stuff, and they stopped being able to breathe through their noses comfortably, so they started breathing through their mouth.

So you have this combination of kind of, as he describes, people walking around with their mouths hanging open. And you can tell there's disdain for this.

Justin: True, true. Um, but this is not his invention, though. Think about how often you've heard mouth-breeder—breather—hurled as a pejorative. Like, it's not something he invented.

Sydnee: No, no. But you can tell that a lot of this comes from that, and you'll see how it develops into some of the unfortunate pathways this line of thinking has taken us, into a bunch of, like, kind of... weak people sitting behind computers with their mouths hanging open, staring at screens all day, and I guess eating pudding or mashed potatoes or something.

Justin: Yeah.

Sydnee: Which is really kind of what John Mew feels like the human race is becoming, and is very upset about. Instead of, like—

Justin: Big chewin', big livin', wide-faced heroes.

Sydnee: Mm-hmm.

Justin: Yes.

Sydnee: Who are athletic, and dominant, and out there, eating hard foods and breathing through their noses. [laughs]

Justin: Right.

Sydnee: And so what he said he could do—

Justin: I bet the *127 Hours* guy was doing that, and look how that turned out. Cautionary tale... about eating hard foods and living your best life.

Sydnee: Uh, so the result—so what Mew said you could do is that you need to get your kids to eat hard food.

Justin: Okay.

Sydnee: And by hard I literally mean, like, not soft food, hard food. I don't mean, like, challenging flavors. [laughs] I mean hard.

Justin: Right, okay.

Sydnee: Uh, and keep their mouths shut.

Justin: Hey, on that one, John Mew and I agree.

Sydnee: I love to encourage our children to talk as much as they can.

Justin: I didn't [crosstalk]—

Sydnee: That is clear, by the way.

Justin: —you didn't hear the reggae [crosstalk].

Sydnee: No, I heard it, I heard it. And that is also very, I think, evident that both of us encourage that in our children, in that they talk all the time. I love that. But they do—[laughs] they do—they love to tell stories.

So, Mew started trying out these ideas, just like any good scientist would, [holding back laughter] on his own children.

Justin: Now, listen. You've—you have extolled that behavior in some of our previous subjects, so don't turn around and try to flip it now!

Sydnee: Okay.

Justin: On—on Mew.

Sydnee: I—no, I need you to listen to this. So, I stole this paragraph from the *New York Times* piece that I read by William Brennan, because I really think that it sums up better than I could paraphrase what John said. And this was an interview with him, this piece, so this is what he said he did with his children to try to test his theories, okay?

Justin: Okay.

Sydnee: "His first son, Bill, did poorly. He suffered from severe allergies, and had so much trouble keeping his mouth shut that John resorted to hypnosis. Though Bill disputes this, John says he created a headband with a spike that poked his son's chin any time he parted his lips. His third child, Rosie, was put through an opposite experiment. Curious about the effects of a soft diet on facial growth, John instructed his wife to serve her pureed foods in a bottle until she was four years old.

'I had teeth growing one in front of the other,' Rosie told me. 'I was a really, really ugly little kid.'

It was the middle child, Mike, who became John's orthotropic masterpiece, the success evident as they sat side by side on the edge of the lake at the castle."

John lives in a castle now, by the way.

"Where John's face is thin and oblong, Mike's is wide and short, his chewing muscles so large that you can see them flex."

So, Mike Mew was the success. And if you want to look up pictures of Mike Mew, he does have a... wide, broad, well defined jawline, I would agree.

Justin: Let me get a look at this hunk. Wow! Look at this guy! That doesn't look real!

Sydnee: [laughs] His jaw is—

Justin: What a jaw!

Sydnee: —I did not look up pictures of his other children. The seemed, um...

Justin: Yeah, nobody should—no—no, yeah, yeah, how do they spell—how do they spell—

Sydnee: —[simultaneously] obscene, in some way. I—I just didn't like any of that. But Mike is part of the family—

Justin: —yeah, how did they spell Rosie?

Sydnee: Uh-huh. Mike is part of the family business now, so when you look up articles and read about John, you often will find Mike. Um, throughout the 80's, after Mew did these experiments, he started trying to, like, go the conventional route to promote his theories. He tried to publish in the British Dental Journal, but they were basically like, "This is ridiculous. No."

Justin: Mm-hmm.

Sydnee: Uh, he would later publish his own book, which on the cover of his first self-published book about his theories of orthotropics, he put, um, "Eppur si muove." Mua—moo—muove.

It's what Galileo said. "And yet it moves."

Justin: Mm-hmm.

Sydnee: Which I only knew 'cause I watched *West Wing*, but that's what Galileo said after he was found guilty on trial. He was, like, still defiant. "And yet it moves."

Justin: So this guy's, like, a bad boy.

Sydnee: So this guy feels that way. This just gives you some insight into who John is. Which, again, like, if you read this piece, it's very evident. The guy lives in a castle that is won—like, he built the castle himself, and then has won awards for what an amazing castle he built.

Justin: [holding back laughter] Alright.

Sydnee: And, I mean, he has a history—like, to get into it, this is a guy who was extremely successful in, like, rowing, I think he had a career in crew—

Justin: [loudly] Oh, you lose me there. Any—

Sydnee: —like, Formula One race cars. Um—

Justin: —you want to talk about—

Sydnee: —um, he was, like, an athletic, accomplished guy before the orthodontic...

Justin: I hear anybody—

Sydnee: ... career.

Justin: —if anybody's life story at any point—listeners, please tell me if you're in the same boat, I don't know, say it out loud—when I am reading anybody's story and... water conveyance—

Sydnee: [laughs]

Justin: —becomes a part of their story, I immediately can no longer identify with this person. Do you—you're laughing. Do you know what I mean? If there's, like, yachting, boating, kayaking, uh, crew, you name it. If somebody is, like, in their biography and it's like, "And then he got into boat stuff." I'm like, "Ah, this—okay, you've left me behind. I don't—I don't understand any of this."

Sydnee: I mean, he lives in a—a very nice castle now, so...

Justin: Okay. Castle stuff—

Sydnee: He's in a different strata of society than we are, hun. [laughs]

Justin: I might get to a castle at some point. Who knows? Life goes in funny directions. There is no way where it's like, "And then, in his mid-40's, Justin got into crew!" [laughs] Like, it's just—he'd be—

Sydnee: Well, he did all this before the orthodontist stuff. Like, he was—my point is, like, he was a... a driven, successful guy his whole life.

Justin: Okay, alright, great, good!

Sydnee: That's all I'm saying.

Justin: Yeah!

Sydnee: [laughs quietly]

Justin: [through laughter] With at least one beautiful child!

Sydnee: At least one. [laughs quietly]

Justin: I can't seem to find the others, but Mike Mew has got a jaw that could cut glass!

Sydnee: If that's the kind of jaw you like, Mike Mew's got it. No arguments here. Um—

Justin: That's what it says on his business card. [snorts]

Sydnee: And that really—it's interesting. Like, if you get into—John Mew will happily tell you, the reason that part of this—the reason this was so important to him is that when he was younger, somebody referred to him as, like, the kid with the very long face.

Justin: Hmm.

Sydnee: And so it was a problem for him. Like, he felt that his whole life.

Justin: He was the first person—When somebody was like, "Why the long face?" He was the first person in history to be like, "Huh. I don't... that's a great question. I don't know!"

Sydnee: "I don't know."

Justin: "I'm gonna find out!"

Sydnee: "I'm gonna research it."

Justin: "[through laughter] Let me—let me figure it out!"

Sydnee: So while his ideas were really not accepted by the mainstream and, like, orthodontists just said, "This is... okay, well, this is nothing," Mew continued to practice and perfect his techniques in his clinic in London. And he had his own, like, school for orthotropics that was basically, like, the conference room in the clinic where he worked. Um, and people could come learn from him. And there were—there are people, there are people in orthodontics who have, like, followed in his footsteps, and who have embraced his theories, and who believe in this, and practice it other places throughout the world.

But largely it was kind of his—he was doing his thing there at his office. He would use, like, things to expand your palate further, like, to make your maxilla wider. Um, he developed something called a Biobloc, which is like a device—it looks like a retainer. If you look—at first that's what I thought it was. I was looking at pictures of it online and I was like, "Is it just a retainer? Like, I had one of those."

But it actually—so, it kind of brackets your teeth apart, but then it has this, like, spiky part, I guess, that if you leave your mouth hanging open it will kind of hurt you.

Justin: Hmm!

Sydnee: Like, it will hurt your gums, so it's a way to both keep your mouth in position and prevent you from letting your mouth hang open. Like, negative reinforcement kind of thing.

It also has, like, a heat sensor now where it can collect data, so your orthodontist will know if you were wearing it or not.

Justin: Ugh.

Sydnee: So you can't lie. Which I have found—and anybody who ever had a retainer knows the same thing—you can't lie anyway! I never wore my retainer, and as soon as I went to my orthodontist they were like, "Uh, you're not wearing your retainer, are you?"

And I'm like, "Sure I am!"

Justin: [laughs]

Sydnee: And they're like, "It doesn't fit in your mouth anymore."

I'm like, "Well, that's weird!"

Justin: That's weird. It's weird to think your disdain for that field had already begun at that age, Sydnee. That is kind of a weird origin story.

Sydnee: Did you ever have to wear a retainer?

Justin: Look at these teeth.

Sydnee: They're no fun.

Justin: Look at these teeth.

Sydnee: They're no fun—I know, I know.

Justin: Do these teeth look like teeth that have been touched by science?
[laughs] No. These are nature's teeth.

Sydnee: You know what's sad? My teeth *were* touched by science, but you wouldn't know by lookin' at 'em.

Justin: You know why—you know the only thing that's kept me in line is that I love to crunch. You know what I mean? No soft foods need apply! [laughs quietly]

Sydnee: So—and then he would also train them with the hard food and the keep your mouth shut. And, like, this is where the technique that has been called mewing, where basically—

Justin: This is quite a buildup to this technique, by the way, folks. [through laughter] You're gonna be disappointed if you—if you're expecting a lot, here.

Sydnee: It is, it is kind of disappointing. [laughs quietly] Um, so you can do this as you're listening. If you open your mouth—

Justin: Make sure you're not driving.

Sydnee: —you will find that your tongue naturally sits in the floor of your mouth, right? It's just there. That's where it's hanging out. But you can move it. [laughs quietly] Uh, what John Mew wants you to do it keep your mouth shut, keep your lips together, your teeth together, and press your tongue up into the roof of your mouth.

Justin: Hmm.

Sydnee: That is mewing. And do that as much as you can.

Justin: For—for—forever. [laughs quietly]

Sydnee: Just do that all the time. Like, unless you're talking or eating, you should be doing—and actually, there are techniques for, like, the way you should swallow, so that you can still keep your tongue and your teeth in appropriate positions after you've put—obviously you have to open your mouth to put the food in. But—you know what I mean? Like, it gets more advanced than this, but this is the general idea. Your tongue needs to rest in the roof of your mouth and not the floor of your mouth. You're doing it right now, I can tell. [laughs] Um—

Justin: It's kind of like... I was about to say "smizing with your mouth," but that would just be smiling. [laughs quietly] Um...

Sydnee: But this is—but this is something that you need to train your children to do specifically, so that their faces develop the way they're supposed to. And that was his focus—

Justin: Okay, I'll go get them to start doing that. You finish the episode. I'll go teach our kids.

Sydnee: That was his focus, was on children. That's really important to what it's become, because what he really said was once you're an adult, it's just too late. You gotta get 'em when they're young to start practicing these things, and then that's how you develop these beautiful, in his opinion, faces, as you get older.

So, like I said, traditional orthodontists think that this is bunk, and just said, "Okay. Well, he's gonna do his weird thing over there. That's fine. We'll keep putting on braces, and straightening teeth, and doing our usual stuff."

But it's taken off, and this is probably because of Mike. So, according to the article, Mike was sort of, like, doing dentistry, and also partying... a lot. And then decided to, like, settle down and work with his dad in his clinic after a while.

So, he went back to his dad's office, and he saw what his dad was teaching and he was like, "You know, you could really make this more popular if you used social media, essentially. And, like, all the different ways we can spread this ideas now that you didn't have back, you know, in 1981 when you first tried to get published."

So he started making these YouTube videos where he could spread the word of orthotropics, and explain the techniques, and he was pretty good at SEO so his videos got some prominence. Like, especially now he'll tie in different things to,

like, celebrity faces. "If you want to know why this person's face looks like that, here are some things you can do."

Like, he's really good at that world. You can tell Mike has skills when it comes to, "How can I use—"

Justin: Building a brand. Brand building.

Sydnee: Yeah, these tools to do this.

Justin: 2021, you don't have the luxury *not* to be a brand.

Sydnee: So, uh, what started with, like, a really local business, now they have people flying in clients from all over the world. Like, flying even their children in to come see them at this clinic and get—like, have these techniques done so that their kids will be more beautiful as they get older.

Um, so it really exploded after that. And this has led into a couple of different directions. The one that I think you stumbled on is really the idea of—what we're really talking about is mouth versus nose breathing as the core of that. And that is one piece of it. I mean, what John Mew said very clearly is nasal breathing is superior to mouth breathing, and if you keep your mouth shut, you have to breathe through your nose, so that's where that ties in.

And then his leads back to this beauty ideal, this aesthetic piece. Um, but what it has also branched into is a lot of people saying you need to do these techniques to fight snoring, to fight sleep apnea, general sleep disturbances that you might, you know—just poor sleep, restless sleep, that kind of thing.

Um, and then even into things like COPD or asthma or other chronic lung diseases can be fixed by keeping your mouth shut and breathing through your nose, is the general idea there. The thought is that then if you do this, you will open your airways more. If your mouth is closed and your tongue is in the roof of your mouth, you have more space in the back to breathe easier.

And, you know, it's hard because, like, what they're hitting at here is that—is nasal breathing better than mouth breathing at night? Well, I mean, just based on the fact that most humans breathe through their nose—not all, but most do at night, probably yes. I mean, right? That's more efficient. That's why more people do it.

Justin: Also, there's—it's like—it warms the air more?

Sydnee: Yes. There is more warm, moist air, so you do not dry out structures as much when you breathe through your nose.

Justin: And don't get me started on the cilia in there.

Sydnee: And it is better for, like, dental health and oral health for sure. Um, there's also, as Justin had mentioned to me, this concept of dehydration that can occur from breathing through your mouth, because it is dryer. Um, and it can dry out your gums, and it can—you know, it can lead to—it can add to things like dental caries and gum disease and things like that. I'm not saying it is the only causative factor, but yes, it is not as good as nose breathing. I would agree with that statement. And there's some science out there that would back up these things.

When it comes to things like asthma and COPD, the evidence gets pretty... scant at that point. That, like, you're going to make a giant difference in a chronic lung disease by breathing through your nose over your mouth. It probably is helpful in a lot of ways, but it might not be the linchpin to health and well-being. Does that make sense?

Justin: Mm-hmm.

Sydnee: But I think that's one direction that this has led to. The other is what I said at the beginning of the show, this adoption by the incel community.

Justin: Yes.

Sydnee: [sighs]

Justin: Speak on that. [laughs quietly]

Sydnee: Because this was so tied to this idea that facial beauty, especially this—I think this sort of masculine beauty ideal that he was unintentionally invoking with this sort of broad, you know, prominent jawline, which I really think a lot of people tie to this... alpha male, masculine thing.

Justin: Right.

Sydnee: Mike was invited to speak at a 21 Convention.

Justin: What's that?

Sydnee: I guess that's a sort of man's... it's not men's rights but, like, male... power, kind of... celebration of men? [laughs quietly] Kind of thing? Um—

Justin: Okay.

Sydnee: —it was part of what was called the manosphere.

Justin: The manosphere...

Sydnee: Mm-hmm. And he came to speak about it, not—and he claims not really knowing what he was there to talk about. Uh... [laughs] I guess just to help men be men?

Justin: Hmm.

Sydnee: Whatever that means to them, to these people specifically. Uh, and that added to its validity, because he went and spoke there. And these practices have really been embraced by a lot of what we would think of as the incel parts of the internet, the incel community, that claims there are a lot of factors in modern life that are stealing men's ability to attract women, assuming you are a man who wants to attract a woman, and that it is not necessarily you, but all of our life that has made you suffer in this way, and that you can reclaim that, at least the facial beauty part of it, through different techniques to looksmaxx—

Justin: Looksmaxx?

Sydnee: Looksmaxxing? It's all one word.

Justin: Okay.

Sydnee: So you gotta looksmaxx, and one thing you can do to looksmaxx—which I think is really calling to this, like—their concept of masculinity—is mewing, because then you can fix your [holding back laughter] weak chin.

Justin: Hmm.

Sydnee: And make yourself look...

Justin: Max—max—

Sydnee: ... like you have a big jaw.

Justin: Oh, good.

Sydnee: Which is important.

Justin: Which—you know what they saw about [holding back laughter] people with big jaws.

Sydnee: [laughs] Uh, and so that really took off after that. So you—if you start digging into this, you'll drift into these areas. Like, this is definitely where the internet could take you if you really look into mewing, and that is where the term "mewing" came from, by the way. From that community. That is when the word started to be used, instead of orthotropics.

And so anyway, John and Mike continued to spread these practices via the internet. [holding back laughter] John lost his license to practice, uh, [normally] from the General Dental Council in 2017, in a large part not so much due to what he's doing. Because, like, the idea of telling people to breathe through your nose and keep your tongue in the roof of your mouth is not inherently dangerous, right?

Justin: And like a lot of things that we've talked about, there—it is extremely unlikely there would ever be sufficient research on something like this, because it is—there's zero money.

Sydnee: Exactly. Um, I guess you could look into the Biobloc, like that device that he made, but generally speaking I think the bigger problem is that they are—continue to be—maybe not so much since 2017, but outspoken critics of traditional orthodontics, and that was really where they got in trouble is, like, they were publishing things like fliers and things saying, like, basically, "Your orthodontist is lying to you," and you can't do that. So that's why he got in trouble.

As an interesting addendum to all of this, it is true that we still have more to learn when it comes to how do our faces develop, the jaw and the teeth and the

everything. Like, there are still things we're learning and trying to understand. So this isn't like everyone knows exactly all this is true, and John Mew is flying in the face of it. There's some grey area where we're still trying to figure things out, which I think really allows theories like this to flourish, because if you know the science, you know there's a limit to what you can answer.

Justin: Well, some of us don't have the luxury to wait, Sydnee. Some of us are in our 40's and need wide faces now!

Sydnee: In addition to that, there is a large percentage of people who go through, like, a traditional orthodontic kind of course and have maybe braces or retainers or whatever who do experience sort of a—I guess a relapse would be the word. Their teeth get crooked again. There are a lot of people who experience that, which does lead to the question, which they ask in very aggressive, and I think you could also ask in a very curious, scientific way, which is, is there something we're missing? Is there a way that if you so desire to have your teeth straightened, we could do it without them going back? Is there another piece to the puzzle?

Which I think is always a good question to ask, right? You gotta ask questions. But that fact is really what Mew kind of hangs a lot on, and why he got in trouble for criticizing orthodontists. There's also—as you said, if you talk to anthropologists, which the author of that article did and you can read about, if you look at skulls from thousands of years ago, they do tend to have...

Justin: Yes?

Sydnee: ... perfectly straight teeth, and broader jaws.

Justin: Mm-hmm?

Sydnee: Whereas about 200 years ago, we start to see skulls with more narrow jaws and crooked teeth. So it does seem like humans changed in terms of there development. Now, why do we evolve one way over another? I mean, there's so many pressures for that. Like, it's not as simple as, "Well, everyone ate soft food one day, and then our jaws got narrow." [laughs]

Justin: [laughs]

Sydnee: I mean, I think that that's a bad—like, that's a very simplistic view of it. There's obviously more going on. But there is—I mean, it is an interesting question. Why does it appear our ancestors had straight teeth and we don't? I don't know the answer to that. Like I said, I do think that there is some truth to the nose breathing being superior to mouth breathing, again, if for no other reason than the default of most humans is to breathe through their nose at night.

Um, but when it comes to things like dehydration, I don't know. Maybe? Like, yes, snoring, for sure, can be affected by mouth breathing. Sleep apnea, things like sports or asthma or COPD, they've studied those and seen no clear difference, whether you're breathing through your mouth or your nose. Does it change the shape of your face, really? Really? Like, all these techniques he's saying for kids to do. Does it change the shape of your face? Does it work?

Justin: I don't know.

Sydnee: There have been some small studies that say possibly, but the problem is it's really hard to define mouth breathing, so it's really easy to kind of toss subjects in or out as you want to, because so much of it is self report.

Justin: Hmm.

Sydnee: So much of what you're relying on is people to 100—you can't observe them.

Justin: Mm-hmm, okay.

Sydnee: Do you know what I'm saying? So it gets a real—it's a really difficult study to do, and even John Mew himself has said, like, "Well, I put up pictures of my successes, but I don't put up pictures of all my patients, because you would see the ones that it didn't work on and you would say, 'See? It doesn't work,' so I just don't put them up."

Justin: Yeah.

Sydnee: Which is kind of the whole problem, right?

Justin: Yeah.

Sydnee: Um, so it seems like there's—a lot of this stuff circles back to Mew. A lot of this interest—there are people doing research in this area for sure, but a lot of them reference Mew as their inspiration initially, so it all kind of leads back to his stuff.

Justin: Is it fair to say, like, we did—maybe—maybe he's right?

Sydnee: I think there might be aspects, yes.

Justin: Yeah.

Sydnee: That are true. But I do also think that if your focus is on restoring the perfect facial beauty of the human species... that's a really hard—

Justin: [through laughter] To—to—it's a tough target to hit, I think.

Sydnee: Well, I mean, that's incredibly subjective. And, like, he has a picture I guess you can look at of what he considers, like, the perfect, beautiful face.

Justin: Okay, let me google it. It's... wait a minute! It's me! [wheeze-laughs]

Sydnee: [laughs]

Justin: [through laughter] Thank you, John Mew! I appreciate it.

Sydnee: I think it's like anything. There's still more we have to learn about all aspects of medical science. Why would things with orthodontics not be part of that? Certainly there's probably more we have to learn. Um, and is there a way to routinely have people breathe through their nose more at night? I would say a big focus would be on why do we all have such stuffy noses. Maybe we get back to air quality, like, playing off our episode from last week. But obviously there's stuff to look into there. I think that these are areas of research—I think where you get into trouble is if you start making definitive statements so that people will come see you because you say you have all the answers, and that would be the area where maybe this starts to drift into trouble.

Also... John Mew initially said this only works on kids. He was very clear on that. Nowadays, the general idea from John and Mike Mew is, "Well, maybe it could work on adults. They seem really interested. Well... well, why not? Maybe we'll

treat adults too. Just for science. Just for science's sake, maybe we'll treat adults."

But if you see somebody in a YouTube video telling you that they've been mewing for two days and they can already see a difference, I would regard that with a lot of skepticism, and I would also wonder if they didn't just have a nice, broad jaw to begin with. [laughs]

Justin: Uh, folks, thank you so much for listening to our podcast. We hope you have enjoyed yourself. Thanks to the Max Fun Network for having us as part of their extended podcasting family. Thanks to The Taxpayers for the use of their song, "Medicines," as the intro and outro of our program. Uh, hey, listen, you want a book? We got a paperback version of *The Sawbones Book* that came out at the end of last year, and it's got lots of new content. Um, it's called *The Sawbones Book*, illustrations by Sydnee's sibling Teylor, and it's available wherever fine books are sold, so.

Sydnee: I really think you'll like the new stuff, too.

Justin: There's new stuff. Uh, that is gonna do it for us on this week's episode, so until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

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