

Books, videos, cd-roms, dvds and any other relevant items submitted for a review in the BDJ should be addressed to:
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A History of the British Orthodontic Societies (1907-1994)

Editorial Committee, British Orthodontic Society
London: British Orthodontic Society
price £15, pp170
ISBN 1899297065

This is an important work of reference setting out the development of the orthodontic speciality chronologically culminating in the formation of The British Orthodontic Society.

This book gives an account of the reasons for the formation of the British Orthodontic Society. It explains how, with the coming together of the original orthodontic societies each had to pool their strengths and resources and the separate societies suffered some loss of their individual identities and independence. It is therefore appropriate that the history of each individual group should be put on record for posterity.
British Society for the Study of Orthodontics

This is the original orthodontic society. George Northcroft who, on his return from graduating in America, was aware of orthodontic advances being made in America, with others decided to form a society. There is a photograph of George Northcroft's famous letter of the 15th October 1907 inviting colleagues to a meeting on October 21st. This was followed by a business meeting at the Medical Society of London on 5th December 1907 when the BSSO formally came into being.
Consultant Orthodontic Group

Following the introduction of the National Health Service, orthodontic consultants were being appointed to regional hospitals and in 1961 Professor Ballard and others formed the Consultant Orthodontic Group. The first chairman was Grainger McCallin.
British Association of Orthodontists

At the inception of the NHS in 1948 the dental service was set up as a General Dental Service, not envisaging specialists in practice. This gave rise to many problems.

Jack Alexander in 1960 started a political process which culminated in the formation of the British Association of Orthodontists to represent specialists in orthodontic practice.

For new members joining the orthodontic speciality an awareness of the history enables them to understand more readily some of today's problems.

I found the book informative and interesting and have no hesitation in recommending that anyone interested in orthodontics should purchase a copy.

D. Lawton

Fundamentals of Periodontics 2nd Edition

T. G. Wilson Jnr and K. S. Kornman (Ed)
Surrey, Quintessence, 2003
price £58, pp676
ISBN 0867154055

This book is the second edition of this popular American text book in periodontology. It is a comprehensive and accessible look at the subject, which has been a pleasure to review.

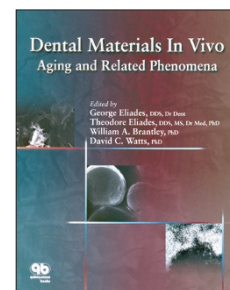
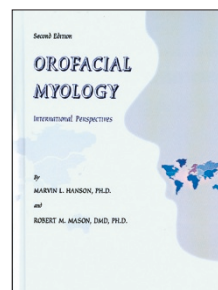
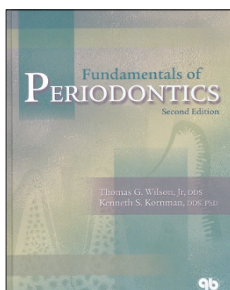
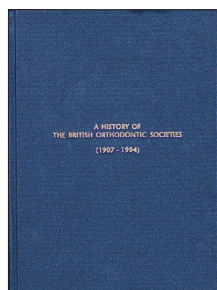
The book is divided into four sections, part 1 being the scientific basis of periodontology, part 2 the clinical management of the periodontal patient, part 3 restorative and aesthetic treatment in periodontology and part 4 an introduction to the practice of dental implantology. The stated intended readership for this book is for the new student in periodontology and to provide new information for the general clinician wishing to expand their knowledge of the subject. In this regard the style of the book is extremely clearly set out, and well illustrated with many colour photographs, and is extensively referenced.

In section 1 it is particularly pleasing to see some of the most up-to-date concepts in the subject being introduced and discussed in such a clear way. There is a lot of detailed information, which most will find extremely useful. One specific criticism is that undue prominence is

given to the role of Interleukin-1 gene polymorphisms as a periodontal risk factor, but this perhaps reflects the research interests and affiliations of the editors. Similarly, whilst it is recognised that the controversial issue of the systemic effects of periodontal disease requires further study the likely causal relationship of periodontal disease and other systemic conditions is implied throughout the rest of this chapter.

The second section contains some good basic and more detailed information in the subject and also includes some discussion of newer therapies, including local anti-microbials and the potential for using host modifying therapeutics. There are some useful case discussions which help illustrate many of the points. Section 3 on restorative and aesthetic aspects of periodontology again include some clear and well structured considerations of periodontal health and its relationship to the rest of restorative dentistry and issues relating to aesthetic periodontics, orthodontics and periodontology. The section on aesthetic periodontics is well illustrated and gives a clear introduction to the subject of surgical aesthetic periodontology. Finally, part 4 is a relatively short section which serves as a good introduction to dental implantology including sections on biology, treatment planning, basic implant surgery and restorative procedures.

Overall, although one may question some of the emphasis on specific items such as genetic risk factors, this book is highly recommended for its extensive coverage and accessibility. I would strongly recommend it to any postgraduate student of periodontology and to clinicians with an interest in this subject. Although the writing and emphasis sometimes has a slightly "North American" flavour to it, I believe its content is highly pertinent to any periodontist and indeed stands comparison with the other standard comprehensive texts in periodontology that are available. The editors are to be commended for putting together such an accessible and comprehensive textbook,



which I am sure, will be enjoyed by any enthusiastic student of the subject.

F. J. Hughes

Orofacial Myology – International Perspectives Second Edition

M. L. Hanson, R. M. Mason.
Charles C. Thomas Publisher, Ltd., Springfield,
Illinois, USA
price \$99.95, pp476
ISBN 0398073589

This book is an attempt to justify orofacial myology as a specialist area rather than an area associated with dentistry, orthodontics or speech and language therapy. The subject is one that has come to the fore over the years and the interest then wanes.

The book is divided into 24 chapters, the first 15 describe the basis of orofacial myology and the last 9 chapters are contributions from around the world with the final chapter a justification for the orofacial myologist being a specialist who is worthy of insurance funding.

The first chapters look at the nature of myofunctional disorders and their prevalence showing that the incidence decreases with age and suggest that if the action of the tongue is normalised then the teeth will remain in their correct position. There is not one illustration in the book to show that teeth in their incorrect position have been corrected by the correction of the tongue thrust although the authors imply that without myofunctional therapy the orthodontic result will not be stable. One wonders which came first, the chicken or the egg. The cooperation between various branches of medicine and dentistry is emphasised

The following chapters cover the anatomy and physiology of the facial tissues with a useful chapter on speech for the dentist. Chapters follow this on the dentition and orthodontics, with chapter 11 dealing with the evaluation of structures and functions. There is no indication as to

how a tongue thrust is evaluated and to answer the question as to whether the tongue thrust is doing any harm to the dentition we are told is speculative.

The chapter on treatment indicates how the author treats tongue thrusts for his patients and this is followed by the treatment of other habits. Many of those habits treated are prevalent in the younger age group but decrease spontaneously with age. Bruxism is included although the part the myologist can play in the treatment of this problem, unless dentally qualified, is limited.

The last chapters are from people around the world again emphasising the importance of the subject in other countries in an attempt to gain support for the establishment of the speciality of orofacial myology.

The quality of the book leaves much to be desired. The paper is of poor quality, which gives poor photographic reproduction and although the text has been spell checked, it has not been checked for accuracy, e.g. page 122 indicates that stress damages the pulpits!

J. P. Moss

Stewart's Removable Partial Prosthodontics. Third Edition.

R. D. Phoenix, D. R. Cagna, C. F. DeFreest. (Eds)
Surrey, Quintessence
price £63, pp526.
ISBN 0867154179

This is a wonderful book full of good practical common sense that will enable a dental practitioner to achieve more predictable success in removable partial prosthodontics. Partial denture planning is too often determined after all the other treatment has been completed, or else is delegated to the dental technician. The reluctance of dentists to undertake partial denture design may be due to confusion over conflicting design philosophies or the declining amount of practical experience given by some dental schools in their curriculum.

This book describes in detail both clinical and laboratory stages of partial denture planning and construction. The design philosophy described in this textbook follow the principles of "broad stress distribution" i.e. minimizing damaging forces on abutment teeth by developing an harmonious occlusion and using flexible direct retainers and rigid major connectors. With the tooth-tissue borne denture, impression techniques and laboratory procedures to record the oral mucosa in their functional form are described in detail and are lavishly illustrated. All of these design principles will derive broad agreement amongst colleagues.

This is a comprehensive, clear guide on framework construction that will enable the dentist to have a useful dialogue with laboratory personnel. Tell your technician about the twin-flex clasp which deserves to be more popular - it is a flexible wrought clasp that is soldered to the metal framework while being hidden in the interproximal undercut. After reading this book, I resolved to make routine use of facebow mountings of the maxillary cast, which allow the articulator's arc of rotation to be the same as the arc of rotation of the patient's mandible. This permits subsequent, precise verification of further jaw relation records at the wax trial denture stage, if necessary. The maxillary cast is also orientated correctly to the horizontal plane which lets the dentist and technician view the maxillary trial denture in the laboratory, as it will appear in the patient's mouth.

Dentists working in the low fee British National Health Service may raise a wry, bitter smile when they read that the first diagnostic appointment could be completed in one hour. However, a complete set of periapical and bite-wing radiographs and blood pressure screening, as recommended in this textbook, may not be considered routinely necessary. Other clinical stages are given similar generous time allocations.

This is an excellent book that I recommend for anyone wanting to improve their understanding of that most demanding of subjects - removable partial prosthodontics.

H. Devlin