

sharp contrast, Chapter 8, dealing with infections associated with third molars and Chapter 9, regarding perioperative care, are much more comprehensive and detailed.

The accepted classifications of third molars are not described, but rather a mixture of all of them is presented. The consensus regarding the indications for third molar extraction is not discussed. The case for and against prophylactic removal is not given in adequate detail, which would be a valuable addition for the readers of this journal.

One of the more serious omissions and arguably the most important information that

a student needs to know is how to differentiate between the simple cases, and those that he/she should refer to a specialist. The text would do well to include the use of a clinical and radiographic examination questionnaire to guide the practitioner in assessing the relative difficulty of a particular case. It is surprising that computerized tomography is not discussed in the assessment of third molars.

This book fails to serve as a forward reference for the next few years, as is to be expected from a new book.

Gabriel Caushu and Adrian Becker

Frontiers of Dental and Facial Esthetics (2001)

Editors: James A. McNamara Jr and Katherine A. Kelly

Publisher: Center for Human Growth and Development, University of Michigan, Ann Arbor, USA

Price: \$79

ISBN: 0-9929921-34-8

This is the 38th volume in the Ann Arbor Craniofacial Growth Monograph Series and includes papers presented at the 27th Annual Moyers Symposium held at the University of Michigan in March 2000. The self-confessed scope of the text is to explore current concepts of aesthetics and function in the dentally compromised patient from a clinical perspective within an interdisciplinary context. The wide-ranging papers in this volume cover diverse aspects, but can be grouped into three main subject areas: (I) perception, diagnosis, and treatment of aesthetic problems; (II) periodontal treatment to enhance dental aesthetics; and (III) the use of implants to improve aesthetics and enhance anchorage.

The opening paper is a recapitulation of previously published work by Kokich and Kokich on the perception of anterior dental aesthetics by laypeople, dental professionals, and specialist orthodontists. The data allows the practitioner to be confident in recommending the need for aesthetic correction of malocclusion based on its appearance to the layperson. Following the dominance of cephalometric evaluation as a research tool, orthodontic treatment planning evolved around measurement of the hard tissues

and their correction to population norms. Sarver re-evaluates treatment choice following assessment of the soft tissues both at rest and in function in order to gain enhanced aesthetic results. The timing of Twin Block treatment with reference to maturation of cervical vertebrae is presented with a view to maximizing aesthetic changes (Baccetti and Franchi).

Several papers are devoted to the periodontal orthodontic interface and the management of the periodontally compromised patient. Whereas mucogingival surgery produced enhanced functional results, the new term 'periodontal plastic surgery' implies a requirement for an aesthetic outcome. Gingival surgery in children is discussed with reference to fraenectomy, crown lengthening, papillary regeneration and exposure. Wang *et al.*, consider delayed passive eruption and its correction by gingivectomy, apically positioned flap and apically positioned flap with crestal bone removal. In addition, the role of tooth extrusion to reduce the vertical intraosseous defect is reviewed.

The use of dental implants in complex interdisciplinary treatments needs assessment of both hard and soft tissues. Anterior tooth replacement involving dental implants with pre-existing

gingival deformity requires reestablishment of normal soft tissue architecture and bone level. A treatment-planning algorithm for the interproximal papilla based on the diagnostic classification of the osseous-gingival relationship is presented and the principles of guided bone regeneration are discussed.

At the start of a new millennium it is difficult to know where the future of orthodontic

treatment may lie. The timely publication of this state-of-the-art volume on this most current interdisciplinary topic may give new insights to the perceptive. However, the cost of this book is likely to preclude it from all but the shelves of the well-funded University library.

Jeremy J. W. Breckon

McMinn's Interactive Clinical Anatomy. Head and Neck—Version 2.0 (CD ROM) (2001)

Authors: Patricia A. Reynolds and Peter H. Abrahams

Publisher: Harcourt Publishers Limited, London, UK

Price: £75.00

ISBN: 0-7234-3218-X

This revision of an already popular software package offers a faster and more comprehensive electronic synthesis of head and neck anatomy relevant to clinical practice. These topics combine very successfully in a teaching context, and each of the anatomical and clinical components has gained hugely, both in interest and understandability, from the proximity of the other. It becomes clear that so much of anatomy that may not have made sense or had any obvious relevance during the early undergraduate years, suddenly springs to life when explained in terms of clinical signs and symptoms. Conversely, many clinical features of disease processes can be explained in terms of basic anatomical principles and the authors of this package have exploited these synergies to the full. They do this in a simple and uncomplicated way in which a wealth of appropriate clinical material is dovetailed into an underlying format of head and neck anatomy including embryology and histology.

The main menu is laid out into sub-sections including basic anatomical terms and definitions, embryology, histology, and system overviews, which pull together information relating to topics such as the cardiovascular system and lymphatics. This is followed by a section on special clinical topics that are of particular importance to the dental surgeon, including the anatomy of dental anaesthesia, and the spreading of

infections around the face and jaws. Lastly, there is a section of interactive anatomy, which relates individual structures in specific anatomical areas to allied clinical features.

Throughout all sections there are navigational links and pathways between the different subject areas, making cross-referencing simple and quick. Everywhere in the text there are references to illustrations, which may be clinical photographs, anatomical diagrams, or even video clips. The illustrations are of good quality and display well even on a computer of modest power. Each of the figures has the facility to be labelled with a command box which appears next to or, in some cases, rather annoyingly overlying the figure itself (where this happens, the box can be readily dragged to one side). In this way readers can test themselves on identification of individual structures. Areas of the diagrams or photographs can also be magnified.

This interactive anatomy section offers opportunities for dipping into areas of interest and navigating from this point of entry into the system, via clinical links, to allied topics. In each of these sections there also appears a series of questions related to clinical settings and there are over a 100 of these throughout the package. Each of the questions demands an answer, which is given on request, but not before. The beauty of this electronic format for this type of information