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compliances issues, personnel issues, and office management in addition to copious numbers of helpful suggestions for clinical treatments.

This book is a compendium of tips and tricks, some of which have previously been published in the *Journal of Clinical Orthodontics*. Some advice may initially seem trivial but we have to look at it in the context of practitioners helping each other, e.g. a useful pearl (from the editor's cache) is to wear your watch on your non-dominant hand, preventing it from interfering with the patient's hair, face, or ears but still allowing the time to be read at all times. Another hint is the use of salt sprinkled over the tongue

before taking impressions to control gagging. Apart from useful hints and tricks, there are also some examples of impressive orthodontic treatment mechanics and bonding procedures, which are displayed in a practical way.

The quality of the pictures is not always ideal but the message is clearly exemplified. On a rare occasion, I found a pre and post picture to be the same. This book is defined by its illustrative qualities rather than the text but the reader is offered helpful information that is used by many orthodontists all over the world.

Bart Vande Vannet

European Journal of Orthodontics 34 (2012) 653 doi:10.1093/ejo/cjs032 Advance Access Publication 9 May 2012

## The Alexander discipline, volume 2: long-term stability (2011)

Author: R. G. "Wick" Alexander

Publisher: Quintessence Publishing Co., Inc.

Price: £102.00

ISBN: 978-0-86715-468-9

Having treated over 15 000 orthodontic patients, Wick Alexander has an extraordinary wealth of orthodontic knowledge and experience that has enabled him to write this book. It aims to help the clinician 'identify guidelines that will produce the healthiest, most functional, most aesthetic, and most stable orthodontic results'.

The book has nine chapters; all beautifully illustrated with comprehensive patient records taken from the 'Room of Truth', his bank of data pertaining to approximately 10 000 patients.

Clearly there is value in demonstrating stability 30 years following treatment; however, one could challenge the justification for further radiation exposure when taking a post-treatment lateral cephalogram at such an interval.

Chapters 1 and 2 review treatment stability, with reference to the Alexander Discipline technique. For those unfamiliar with the Alexander Discipline, Chapter 2 describes the unique bracket selection, arch form, and treatment mechanics that have made this a popular technique for some.

There are chapters dedicated to special considerations in orthodontics, referencing the importance of periodontal and temporomandibular joint considerations followed by the fundamentals of anterior torque control using a 0.018 bracket slot. Although the mechanics suggested are not applicable to those clinicians that use 0.022 bracket slots, it makes an interesting read. Unfortunately, some of the

evidence that is referenced is yet to be published and thus should be interpreted with caution.

The use of headgear is recommended for skeletal II correction and facemask therapy for early correction of a class III malocclusion in the chapter that reviews sagittal skeletal alteration and vertical skeletal control. Greater information relating to functional appliance therapy would have made the discussion more comprehensive.

In subsequent chapters, we are reminded of the importance of maintaining the intercanine width and pre-treatment arch form in order to minimize orthodontic relapse. The importance of functional occlusion and stability and the merits of mandibular incisor root positioning and leveling of the mandibular arch are also considered.

The penultimate chapter describes how best to achieve the perfect smile. Attention to facial and dental midlines, smile lines, and buccal corridors are some of the objectives examined.

In the final chapter, the author discusses the possible sources of orthodontic relapse.

The recommendation of isometric clenching exercises to treat hypodivergent profiles and exercises employed to train the tongue into adopting a new swallowing pattern are thought provoking.

Overall, this book was easy to read, the chapters were relatively succinct and cases used were informative.

Natasha Wright