FEATURES SECTION

Book Reviews

Slide Interpretation In Oral Diseases

Crispian Scully Oxford University Press, Oxford, 1999 204 pp., Softback £24.95 ISBN: 0–19–263081–4

Slide Interpretation in Oral Diseases is a recent publication by C. Scully that is well worth reading. The field of oral medicine is comprehensively covered in the form of a series of colour photographs. The pictures are accompanied by a brief summary and a few questions. The questions are graded for undergraduate, postgraduate, and specialist use, and the answers given are comprehensive in scope, sometimes including other photographic examples of the diseases in question. The material in the book is divided helpfully into two parts. Diseases are arranged first by location and then by presentation. In each subsection of the location or presentation under discussion, there are 10 diseases presented followed by the answers given at the end of each subsection. The series of 10 photographs commences with diseases that are common and/or localized in the oral cavity, and progresses to rarer disorders and those oral manifestations of systemic disease. The book is most helpful in stimulating thought in the area of oral medicine and is aimed to be used in conjunction with standard oral medicine textbooks. The ordered layout of the book aids its use and I found the questions challenging and interesting. The book is a great way in to the study of oral diseases and encourages the reader to investigate more of this discipline.

Shiona Rees

Optimization of Orthodontic Elastics

Michel Langlade GAC International, Central Islip. (N.Y.) 2000 224 pp., hb, £139 GAC catalogue number: 27-800-50

This book is written by a French orthodontist and marketed by GAC international with the aim of introducing the reader to the use of elastics in orthodontic practice. The book comprises 10 chapters describing the array of intra- and extra-oral elastic uses in different malocclusions and is well illustrated with colored clinical photographs, line drawings, tables, and useful summary boxes.

The first three chapters serve as a gentle introduction to elastics. They start by defining the uses of elastics, their history, and classification in orthodontics. The fourth chapter targets patient motivation. It outlines the importance of patient compliance, patient understanding to the placement of elastics, and suggests ways to keep patients motivated during treatment through the use of a scorecard.

The next three chapters describe the use of elastics in Class I, II, and III cases. The attempt to give a scientific aspect to elastic usage by relating force levels to different tooth movements is plausible. It also quantifies the use of elastics from a biomechanical viewpoint and illustrates, with diagrams and pictures, their use in a variety of appliance systems, ranging from simple removable appliances and the Straight Wire Appliance to more complex systems like the bioprogressive technique. The problems relating the TMJ/orthodontic mechanics and clinical pitfalls of elastic wear were also described.

Chapter 8 outlines 10 different ways of using elastics, from the contraction/expansion of transverse dental arch relationships to vertical/horizontal movement of teeth. These are practical and sensible ideas.

The final chapter on the rationale for elastic prescription amalgamates the information that has been acquired throughout the book. A simple quiz section with solutions at the end challenges the reader to apply the knowledge obtained from the proceeding chapters.

In all, this book has been a refreshing way to describe elastic usage in orthodontics. It is well documented with many clinical pictures and diagrams to illustrate different clinical techniques. Occasionally, it is easy to forget the different ways of achieving a good clinical result with elastics, especially when one employs a favourite technique that works well in routine orthodontic practice. This book bridges the gap in knowledge on elastic usage by displaying a variety of solutions to a problem.

However, this book cannot be read in isolation from rest of the orthodontic literature, but is a good supplement to the knowledge of every clinician. The price of £139 is expensive and may not represent value for money to individuals, but I would recommend that this book be kept in every orthodontic departmental library. This book represents a good read for all who are starting out in orthodontics or those who are striving to add to an arsenal of skills in the orthodontic office.

Kau Chung How

Essentials of Oral Medicine

Sol Silverman Jr, L. Roy Eversole and Edmond L. Truelove

BC Decker Inc., Hamilton, ON, 2002

ISBN 1-55009-146-8

381 pp.; \$79.95 (U.S.)

This textbook was anticipated as one of the better examples of resources on Oral Medicine to come out of North America in recent years. The three authors are all well-known and respected researchers, and they have picked an impressive line-up of contributors for each area of the text. However, with one notable exception, there is a lack of medically qualified input to the text and this is probably an inherent weakness.

The book is accompanied by an interactive CD-ROM—the so-called BcD format ('Book cum disk'). The disk contains the entire text and photographs from the book, but has the additional facility of a series of interactive problem-solving cases. This is a good collection of clinical cases and the disk is, therefore, an important addition to the book. Indeed, it is a pity that the disk cannot be purchased separately from the book! One annoyance that arises from using the CD is that the same 'double-click' format is not used throughout the package with the result that an icon that opens up at one level does not do so at another. The clinical photographs are extensive, but for the record, cannot be 'lifted out' for incorporation into anyone else's slide collection!

The authors indicate in the Preface that 'We have prepared this text in oral medicine to simplify patient evaluation and treatment, improve patient care, and prevent complications.' These are laudable aims, but I do wonder if they have been achieved.

Although labelled as a textbook of oral medicine, the text really contains two aspects – 'The medically compromised patient' (and the dental management thereof) and 'Orofacial disorders'. Within that, there are five

sections: 'The patient workup' (history and examination, including aspects of examining body systems), 'The medically compromised patient', 'Infectious diseases', 'Soft tissue disease', and 'Facial pain and neurology'. The text makes good use of boxes with essential information; also colours, photographs, and line drawings.

There are some interesting practical suggestions in the text, including the use of a wet teabag (page 26) 'should minor bleeding occur'! I think an NIH grant proposal should follow that hypothesis. On dealing with anaphylactic shock (p. 52) the suggestion is made that '1:1000 epinephrine should be injected sublingually' without any mention of how much and where specifically.

The links from the sections on systemic disease to the oral manifestations are often not well established, which is a great pity. For example, p. 50 mentions the palatal involvement of '... malignant reticulosis, a form of angiocentric T-cell lymphoma' without any link to the section on lymphomas or a classification of these conditions.

There is also a sense that the text could be more evidence-based and referenced from the existing literature. For example, the authors claim (p. 53) that 'Local anaesthetics used in dentistry contain sodium metabisulphite ... Twenty per cent of asthmatics are allergic to sulfur compounds, and therefore, administration of local anaesthetics should be undertaken with caution.' Where is the evidence for this?

Some of the text may actually lead to confusion. For example, we are told on p. 95 in a section on steroid prophylaxis that 'steroid augmentation may include 100 mg of hydrocortisone the morning of the procedure, 100 mg 1 hour before and/or after the procedure ... 'Is this to be given orally or parenterally? Some mention of Seymour's work in this area would have been very helpful. The contentious issues surrounding antibiotic cover and prosthetic joint infection are given a good airing in Chapter 17, but not necessarily from an evidence-base. This lack of evidence base is then sealed with the statement on p. 168 that '... some poorly established reports have emerged possibly linking chlamydia to TMJ dysfunction.' Why mention this at all and sow the seed of doubt in the unsuspecting? Countless myths are propagated in dental practice when respected authors make such 'throw away' comments. Other such examples are evident in the text including, in the section on the diagnosis of premalignant lesions (when the accompanying photographs show a squamous cell carcinoma), the statement 'Extremely useful, because of accuracy, low cost, quickness, simplicity, and noninvasive nature, is the application to toluidine blue dye ... The accuracy