

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

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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 angio-centric 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

has been found to exceed 90%.' Accuracy for what? In what clinical context are the authors advocating the use of this preparation? They make no mention of false negative and false positive results.

The text also seems to lack the classical order of conventional disease classification. There is often no attempt to apply the 'surgical sieve' of diagnosis. The chapter on gastrointestinal disease is a prime example of this (p. 57) where the congenital and acquired disorders are all thrown in together.

There are also issues of how pertinent the text may be to a European context—in particular drug nomenclature. This is exemplified in the chapter on endocrine disease (p. 89) with anti-diabetic drugs and, again, with the regimens for antibiotic prophylaxis (p. 163).

The major problem with this book lies in the huge variation in standards between the different chapters and contributors. Some chapters are of very low educational standard whereas some others, such as those on the subject of Facial Pain, rise to the heights. I am, therefore, not convinced that the authors' aims are achieved and maintained throughout the text.

The authors' attempts to fulfil the North American expectation that Oral Medicine is (1) management of the medically compromised patient and (2) the management of patients with facial pain, oral mucosal diseases, salivary gland disorders, and the oral manifestations of systemic diseases, leaves each area weaker than if they had been attempted as individual texts. However, the interactive clinical cases on the CD-ROM make the purchase worthwhile for those wishing to embark upon continuing professional development. Otherwise, I would stick to the established texts already available on the market dealing separately with the medically compromised patient and oral medicine.

John Gibson

Prosthetic Treatment of the Edentulous Patient, 4th edn

R. M. Basker and J. C. Davenport
Blackwell Munksgaard, Oxford, 2002
315 pp., softback, £29.50
ISBN 0 632 05998

What relevance does a textbook on edentulous patients have to orthodontics? The answer to this question is in Chapter 12—*Dentures and muscles*, where the relevance of orthodontics to the practice of prosthodontics is discussed. Although occlusion for complete dentures is

somewhat different to that of the natural dentition, I think orthodontists should find this chapter interesting, especially the discussion of development of the natural occlusion.

The fourth edition of this text closely follows the format of previous editions. Most of the original photographs and line drawings are present, but they are much improved. The book could be further improved with some clinical colour photographs, but I imagine this would greatly increase its modest price. The chapters have been enlarged to bring them up-to-date and this edition includes cited references in the body of the text as well as a bibliography at the end of each chapter. I particularly welcome the emphasis placed upon the dentist's responsibility for providing the technician with detailed prescriptions for laboratory work. Additionally, suggestions for quality control and enhancement for audit have been included at the end of each clinical chapter.

Clinical treatment of edentulous patients starts at Chapter 7. The previous six chapters set the scene with an appraisal of the complete denture situation, the transition to the edentulous state and factors affecting prognosis. Personally, I would have preferred to read these chapters as a discussion towards the end of the book as I found them distracting as an introduction. Also, the management of edentulous patients starts with a discussion of copy denture techniques, rather than the basic principles of complete denture prosthetics. I can understand the rationale for this sequence, as the authors acknowledge that future demand for complete dentures will be from older, more difficult patients, but this is more likely to be appreciated by experienced practitioners rather than undergraduate students.

I was surprised to see there are some outdated ideas and errors remaining. For example, the book describes 'socketing' for immediate dentures; the contraindications for immediate dentures are incorrect and do not include radiotherapy to the jaws. Also, the practice of staging extractions with the removal of the posterior teeth first followed by an immediate denture to replace the anterior teeth after the posterior sockets have remodelled is not discussed. I feel Chapter 3 needs further, thorough revision. The authors later mention that 'denture hyperplasia is the result of chronic irritation, a well-recognized cause of malignancy'. There is absolutely no evidence whatsoever to substantiate this remark and this myth should no longer be propagated. Surgical treatment of the enlarged, undercut maxillary tuberosity seems to have been omitted.