

principles, notably the discussion of anchorage control in Begg therapy alongside edgewise systems, which is no easy task. The book shines like a beacon of commonsense based on the vast experience of the authors. It is a book for clinicians by clinicians which must be read by

postgraduate students and practitioners, should be read by orthodontists in practice, and will be read with enjoyment by consultants and teachers everywhere.

Andrew Richardson

## Occlusion (1995)

Major M. Ash and Sigurd Ramfjord

W.B. Saunders Company, Philadelphia. Price: £50.00, ISBN: 0-7216-5591-2

This is the fourth edition of this classic text which is now almost 30 years old. Twelve years have elapsed since the last edition, and the authors have taken the opportunity to make substantial revisions to the text. The most immediate change is the billing of the authors. Ash and Ramfjord does not seem to roll so easily from the tongue as Ramfjord and Ash, but maybe that is just habit. So what else has changed? The whole format is different; gone are the four sections containing 17 chapters to be replaced by 12 chapters with no sections, and about 100 fewer pages. Gone also are the many pages devoted to bruxism and the neural and structural basis of motor function. Many of the illustrations are retained, and some updated to show, for instance, the clinician wearing gloves during the examination of the patient.

The authors state the text is for practitioners, students, teachers and investigators who are interested in the function and dysfunction of the masticatory system. Orthodontists could legitimately claim to be amongst these groups. It is disappointing therefore to find that the chapter on Occlusion and Orthodontics remains almost unaltered from the previous edition, and even 12 years ago the appliances illustrated would have been out of date. Furthermore, it is difficult to understand how the authors have

produced this chapter without a single reference to Ronald Roth.

Elsewhere the book offers much common sense on the concept, etiology (*sic*) epidemiology and pathology of the masticatory system. In Chapter 3, orthodontists will be pleased to hear that the authors do not believe that orthodontic treatment leads to temporomandibular joint dysfunction syndrome, whilst suggesting that it may help to relieve some of the symptoms. This reviewer was relieved to discover that the dental articulator is 'often a mystery to ... clinicians'. Sound advice follows on the choice and use of articulators. There are two chapters describing the treatment of occlusal problems which could have been combined into one. Orthodontic appliances such as the Hawley biteplane or the Sved appliance are but a small part of the initial approach to treatment, the preferred option being full acrylic coverage of the maxillary teeth allowing flat occlusal centric contacts of all mandibular teeth.

This is a textbook which ought to be read by anyone who provides orthodontic treatment for adults, should be required reading for all participants of combined Orthodontic/Restorative diagnostic and treatment planning clinics, and clinicians associated with patients who suffer from temporomandibular joint disorders.

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