

## An Introduction to Orthodontics. 2nd edn (2001)

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In 1996 the first edition of Dr Mitchell's book reached the market and seemed to become an instant success. In our school, the undergraduate students and staff found it much more user friendly and clinically-orientated than its competitors. The strength of the book was the simple language and its richness of illustrations, especially the clinical colour photographs. Its weakness was obvious, lack of depth and various areas of orthodontics were not included.

I was looking forward to reading the second edition, bearing in mind that another 5 years of development in our field has taken place. I must admit I was disappointed—it is not much different from a reprint of the first edition. There are practically no changes in text or illustrations, merely a few new references have been added. The lack of any additions in terms of advances in our field only highlights the outdated material.

The illustrations selected for the first edition could have been replaced by better cases, and scanning techniques could have eliminated fingers and retractors and irrelevant tissue on many of the old photographs. Moreover, the quality of treatment accepted today has improved and should be considered when selecting treated cases.

A co-author has been engaged in revising the chapter about 'Anchorage tooth movements and retention'. Unfortunately, the revision seems to have been limited to adding only a few sentences and a couple of clinical photographs.

Too much emphasis is placed on treatment with removable appliances, in principle an outdated concept, which has been shown to result, to express it mildly, in overall inferior treatment outcomes compared with other techniques.

In the chapter on fixed appliances some of the cases illustrated have bands on all teeth except the anterior teeth. However, I would rather have seen a short description and illustrations of one or two treated cases using the pre-adjusted

appliance, and the tip edge and lingual techniques.

The functional appliance chapter by Dr Carter should preferably have included headgear activator combinations and Herbst appliance, plus illustrations of improvement in the quality of treatment that can be achieved by including, in most cases, the second stage treatment—the standard of the new millennium. The new concepts of functional appliances and adults should also have been included in this chapter.

Today, adults form approximately 50 per cent of the patient cohort in many orthodontic offices. The chapter on adult orthodontics starts in a negative manner '19.1 *difficulties posed by orthodontic treatment for adult*'. I would like to have seen a more positive start by mentioning how restorative care can be greatly improved by including orthodontics in the treatment plan, improvement of aesthetics in periodontal patients and those with malocclusions, and being a possible treatment option in some temporomandibular dysfunction patients, etc. This brief chapter reflects a conservative and outdated attitude towards adult orthodontics, which today should be seen as a natural and important component to be kept in mind when planning dental treatment for adult patients.

In the chapter on cleft lip and palate, one would like to see an example of a patient representing treatment provided by the 'best centre' comprising a small devoted team with a sufficient number of treated cases annually, compared with what occurs in those where treatment has been undertaken at 'CLP centres' scattered around the world comprising occasional team members.

Overall, I think the basic concept of the book is still good, and look forward to the 3rd edition thoroughly revised and updated.

Urban Hägg