

pre- or post-treatment films are presented, although the absence of tracings, superimpositions and a modicum of comparative measurement detracts from what would seem to be a minimum requirement, when full case presentations are the essence of the book.

Overall, the author recommends distal movement of the posterior teeth with 'non-compliance' appliances and with Class II intermaxillary traction mechanics, in order to achieve the required space for prosthodontic incisor replacement. These methods always lose some anchorage, however minimal, and perhaps require the placement of fixed retainers on the mandibular incisors. Retention of the treated results and ways of combining the aesthetic demands of fixed prosthodontics with the need for long-term orthodontic retention, are important issues in these cases and would justify some discussion.

Since these cases depend on close co-operation between the orthodontist and other dental specialists, a little input from the prosthodontist, the periodontist, the oral surgeon and the implantologist would have provided useful insights into the immediate relevant issues that they face in these patients. Thus, the pessimistic results of early studies on the relative success rates of resin-bonded fixed prostheses (Maryland bridges), for the rehabilitation of missing lateral incisors have discouraged many prosthodontists from considering the method as a permanent solution. Since the author clearly favours this method, perhaps it would have been good policy for him to have provided the reader with some update on specific refinements that are advised, to improve their

longevity. Similarly, when to open spaces and when to close spaces may be directly influenced by implant considerations, such as the width of available alveolar bone and the possible need for surgical sinus floor elevation.

The author is to be commended on the treatment results in many of his cases, and the results achieved—in particular, his professional management of asymmetric space closure cases, finished with midline coincidence, despite the one-sided mechanics. The time and effort consumed in gathering them and writing this book must have been considerable, but it was clearly a labour of love. The book is a very personal account of how an experienced orthodontist approaches the more unusual conditions that have turned up in his office over the course of many years in practice. These cases often defy standardized rules and answers. The author shows how to apply a degree of original thought and ingenuity to a treatment plan, in order to achieve the desired result. Dr. Arvystas's book is recommended for any orthodontist or orthodontic resident who will surely come across these cases sooner or later.

Stella Chaushu

Reference:

Robertsson S, Mohlin B 2000 The congenitally missing upper lateral incisor. A retrospective study of orthodontic space closure versus restorative treatment. *European Journal of Orthodontics* 22:697–710

The influence of oral habits on the developing dentition and their treatment: clinical and historical perspectives, 2nd edition (2003)

Author: Erik Larsson

Editor: Samir Bishara

Publisher: Erik Larsson, Orthodontic Clinic, Mosseberg, Falköping, Sweden (www.thumbandpacifiersucking.com)

Price: €40, \$45

This slim volume is a highly readable account of the possible effects on the dentition of suckling and sucking habits. It approaches the subject from many directions—scientific, philosophical, epidemiological and clinical—but, commendably, there are no clear divisions between these—the transitions are seamless. The approach is thought provoking throughout and arguably more philosophical than many larger clinical texts.

The first three chapters relate anthropology and social history to the history of breastfeeding and other means of feeding infants. These chapters are fascinating and excellently written. They will almost certainly be educational to the vast majority of readers. My only criticism of this section of the book is on page 20, where other

Scottish readers will be as surprised as I was to read that the great William Hunter was 'an *English* doctor'!

The next three chapters deal with other 'sucking' behaviours in children from a scientific and clinical viewpoint. Again these are very readable chapters. As a neurophysiologist, I would argue with the statement (page 29) that 'Sucking habits are reflexes'. Sucking can be a reflex; sucking can be a habit; one could even say that reflex sucking can be a habit. However, I cannot think of a definition of 'reflex' which would permit a habit to be classified as a reflex. That tiny criticism apart, it is difficult to find serious fault with the author's approach in this section of the book. Indeed these chapters contain many interesting facts and hypotheses

which I at least had never considered, for example theories concerning the aetiology of posterior crossbites and the failure to find evidence of such conditions in the skulls of medieval children. As with the rest of the book, you feel better educated for reading these chapters.

The final two chapters bring everything together nicely by referring to recent research and then setting out some reasonable conclusions.

As someone who teaches aspects of the basic science underlying the topic, but who has little research or clinical expertise in the area, I was surprised by just how much I enjoyed reading this book. I would commend it to anyone with an interest in this area.

Samuel W. Cadden