accordingly. Bleaching, whether vital or non-vital, is a useful adjunct to treatment and is conservative of tooth tissue. Importantly, provided the right case is selected, it is also successful.

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ABSTRACTS

MORE EVIDENCE TO STOP PATIENTS SMOKING

Effect of Smoking on Periodontal Health in Molar Teeth. V. Kerdvongbundit and U.M.E. Wikesjö. *Journal of Periodontology* 2000; **71:** 433–437.

Whilst we frequently tell our patients that the primary cause of their gum disease is bacterial infection of long duration, how many times do we reinforce the fact that research shows an increased breakdown of alveolar bone in smokers compared to non-smokers?

These workers examined 120 regularly attending patients, half of whom were long-term smokers. The average consumption was 17 cigarettes per day, and the average duration of smoking was 21 years.

No noticeable differences were found between the oral hygiene standards and dental care habits of the two groups. However, the smoking group had significantly fewer molar teeth remaining, and significantly advanced gingival recession, probing depths, clinical attachment loss, furcation involvement and tooth mobility.

Next time you are treating a patient with periodontal disease, your advice about smoking cessation may actually be more beneficial than that about oral hygiene measures!

UP TO DATE WITH THE CORE OF KNOWLEDGE?

Are Dental Radiographs Safe? P. Abbott. *Australian Dental Journal* 2000; **45:** 208–213.

It is important to remember that any dose of radiation has the potential to induce malignant change, and that such effects are cumulative. All dentists have a duty to be familiar with the 'Core of Knowledge' of radiographic procedures. This paper sets out the historical and current situation, and recommends 'best practice' techniques, including the use

of film-holders, equipment maintenance and accurate processing.

It is disturbing to read that in an Australian dental survey, 65% of films were considered to be inadequate for diagnostic purposes, and 89% had not been processed adequately. In spite of the relatively low risk of radiation in dental practice, the author suggests that dentists should not be complacent, but have a professional responsibility to maintain good safe radiation procedures at all times.

Peter Carrotte Glasgow Dental School

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