that the size, shape and shade of the abutment teeth cannot be altered without additional restorations or treatment.

Many clinicians now see the implant-retained prosthesis as the ultimate restoration for the replacement of missing teeth in adults (for the replacement of a single tooth this will be a crown but more teeth may involve an implant-retained bridge). Implant-retained prostheses are usually designed to be self-contained and do not require natural teeth as abutments. However, the initial cost can be prohibitive and they are still not widely available. RBBs do not involve the complex surgery of implants.

Overall we consider that there are only a few clinical situations that would contraindicate the use of RBBs: anterior diastemas, long spans and the presence of heavily restored abutment teeth are all difficult to treat with RBBs.

SUMMARY

The RBB requires less clinical time and, in most cases, is less demanding to fit than all other forms of tooth replacement. Failure is generally far less catastrophic than with conventional bridges or implant-retained prostheses. RBBs can now be considered to be a minimally invasive, relatively reversible, aesthetic and predictable restoration for prescription in general dental practice.

REFERENCES

1. Jenkins CBG, Aboush YEY. The bond strength of a new adhesive recommended for resin bonded bridges. *J Dent Res* 1985; **64:** 18.
2. Howe DF, Denehy GE. Anterior fixed partial dentures utilizing the acid-etch technique and a cast metal framework. *J Prosthet Dent* 1977; **37:** 28–31.
3. *Dental Practice Board Reports and Digest of Statistics*. Dental Practice Board, Eastbourne, 1987–1998.
4. Djemal S, Setchell D, King P, Wickens J. Long-term survival characteristics of 832 resin-retained bridges and splints provided in a post-graduate teaching hospital between 1978 and 1993. *J Oral Rehab* 1999; **26:** 302–320.
5. Briggs P, Dunne S, Bishop K. The single unit, single retainer, cantilever resin-bonded bridge. *Br Dent J* 1996; **181:** 373–379.
6. Sato Y, Yuasa Y, Abe Y, Akagawa Y. Finite element and weibull analysis to estimate failure risk in resin-bonded retainers. *Int J Prosthodont* 1995; **8:** 73–78.
7. Dahl BL, Krogstad O, Karlsen, K. An alternative treatment in cases with advanced localized attrition. *J Oral Rehab* 1975; **2:** 209–214.
8. Gough MB, Setchell DJ. A retrospective study of 50 treatments using an appliance to produce localised occlusal space by relative axial tooth movement. *Br Dent J* 1999; **187:** 134–139.
9. Dahl BL, Krogstad O. The effect of partial bite raising on the occlusal face height. *Acta Odontol Scand* 1982; **40:** 17–24.
10. Schneider PM, Messer LB, Douglas WH. The effect of enamel surface reduction in vitro on the bonding of composite resin to permanent human enamel. *J Dent Res* 1981; **60:** 895–900.
11. Chana HS, Ibbetson RJ, Pearson GJ, Eder A. The influence of cement thickness on the tensile strength of two resin cements. *Int J Prosthodont* 1997; **10:** 340–344.
12. Killick JCS. The effects of salivary contamination and surface treatments on adhesive resin-metal bond strength. Submitted in partial fulfilment of the degree of Master of Science in Conservative Dentistry, London University, 1993.
13. Creugers NH, Van't Hof MA. An analysis of clinical studies on resin-bonded bridges. *J Dent Res* 1991; **70:** 146–149.

New Editorial Board Member

Professor Damien Walmsley
Department of Restorative Dentistry, University of Birmingham School of Dentistry

Professor Walmsley qualified from the University of Manchester in 1981 and, after house jobs at Guy's and St Bartholomew's Hospital, went back to Manchester to take up a MRC studentship on the Biological Effects of Dental Ultrasound. He joined the University of Birmingham as a lecturer in 1985, and this was followed by promotion to Senior lecturer (1991) and consultant in Restorative Dentistry (1993) and Professor of Restorative Dentistry (2000). Ultrasonics in Dentistry is a major research interest and this has been recognized by both the EPSRC funding council and commercial companies working in this area. Professor Walmsley is leader of the technology transfer in Dentistry Network, funded by the EPSRC; the Web is used to promote communication between members. His publications are a major contribution to this field. He is also interested in the use of magnets in dentistry.

Professor Walmsley is the co-ordinator for the student elective scheme, and heads up one of the restorative dentistry teaching firms in the Dental School. Externally he is a great supporter of the BDA and Restorative Dentistry societies (BSSPD, ACSRD) and has developed international links with a number of establishments, including the University of Iowa and Sao Paulo (Ribeirão Preto).

Information and communication technology has grown rapidly over the last decade and Professor Walmsley is enthusiastic about its use and started the Birmingham website, which displays the cutting edge of teaching materials that the school offers. He also writes a monthly article for *Dental Update* entitled Walmsley's Web Watch. In the School of Dentistry he is chair of the Information and Communications Technology Committee.

The Editorial Director and Editorial Board are delighted to welcome Damien to the *Dental Update* team.