The Dentoscope

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# The Forum

# "THE FORUM"

THE above entitled column is an innovation, consisting of practical questions and answers involving the general practice of dentistry. It is submitted for the consideration and benefit of the practitioners in the field, and we hope it will prove to be interesting and instructive. You are invited to contribute to this column by sending in questions, which will be referred to the various departments of the College, for answers or discussions.

Q. "A." comes in with "B." to Dr. X., and says: "Doctor, take care of 'B,' if he doesn't pay you I will." Dr. X. renders service to the amount of twenty dollars. "B." fails to pay. Can Dr. X. collect from "A." in a suit at law?

A. No. "A.'s" undertaking is in the nature of a guaranty, which, to be enforceable at law, must be in writing.

Q. Dr. Y. constructs an all gold partial denture for Mrs. B., for an agreed fee of one hundred fifty dollars, twenty-five dollars being paid on account. It was agreed that the restoration should be ready and be called for on a certain day. It was ready on the day promised, but the patient did not call for it. She was called and reminded that the denture was ready for her, but failed to come in. Several nights later Dr. Y.'s office was burglarized and Mrs. B.'s gold denture was among the stolen articles. Could the doctor collect the unpaid balance of his fee?

A. Yes. Under the circumstances stated, the denture was held at the patient's risk after the day agreed upon for delivery.

Dr. A. F. requests an opinion on the following case history:

Mrs. M., aged 30, presented at his office with the complaint that, on the previous night, she was disturbed by a toothache in her lower right third molar. The pain disappeared, however, during the waking period.

Examination revealed an exposure of the pulp by caries. The tooth was extracted without difficulty. The patient returning the next day reporting extreme pain from the socket on the night succeeding the extraction. Sleep was possible only thru the use of sedatives.

The socket appeared to be in good condition, however, it was irrigated. Persistence of pain resulted in consultation with the family

physician and the use of opiates. After five days there was little improvement.

*Reply:*

The possibility of referred pain should be eliminated by a careful examination of the other teeth for cavities—particularly the upper third molar.

Vitality tests of all teeth should be employed, and percussion resorted to to eliminate pericementitis as a factor.

Roentgenograph the area to discover large pulp stones.

Anaesthesia of the site of the extraction will obliterate the pain if the socket is the offender.

If the pain persists, in spite of the anaesthetic, then some other causative agent is producing the symptom, with the patient localizing it erroneously.

Dr. W. M. submits the following:

Mrs. B., aged 40 years, presents with a generalized soreness of the teeth (especially in the morning), accompanied by gingival hemorrhage.

Clinical examination revealed a well cared for mouth with all teeth present. There is no caries and only a slight deposit of calculus.

Local treatment has brought no improvement.

*Reply:*

The symptoms suggest "gritting of the teeth," or "Bruxomania," which might be practiced as a habit during sleep. This produces traumatization of the investing tissues of the teeth.

The causes of this condition may be local or constitutional.

The occlusion should be checked during the excursive movements of the mandible. Abraded surfaces and tooth mobility are symptoms. Roentgenographic diagnosis reveals pericementitis, secondary cementum formation, and, by suggestion, may lead to a discovery of chronic pulp disease.

Elimination of these factors by proper procedures will result in a disappearance of the symptoms.

If the causation has a constitutional basis, a medical consultant is invaluable, since neuroses are etiological factors.

Q. Is "pyorrhoea" caused by the bacteria found in the mouth, or, by too much stress on the teeth involved?

A. "Pyorrhoea" is a term once used by the profession to indicate a diseased condition of the gums, with a flow of pus from the margins

of the gingivae. The American Academy of Periodontology has voted the term "pyorrhoea" out of existence, and it lingers only in the speech of the laity with any meaning. The term periodontoclasia is more scientific.

Periodontoclasia then, is caused as a rule by a combination of factors, usually two or more of the once thought specific causative agents. Some of the isolated factors thought to act alone are: Too high cusps; bacteria; loss of teeth; loss of mesio-distal relationships; unrestored contacts; endameba (refuted); malocclusion; nervous movements of the jaws at night; gritting of the teeth; improper crown and bridge work; improper use of the tooth brush; attrition; systemic disease; osteomalasia; hypercalcemia; errors in diet; disturbed parathyroids; anemias; leukemias; constipation; diabetes mellitus, etc.

Today, treatment of various combinations of these independent factors following an accurate diagnosis, brings gratifying results. The local, the systemic, and the combination of local and systemic factors must be determined and corrected.

Q. Is it possible to cure "pyorrhoea"?

A. In those cases where periclasia has not advanced beyond a definite phase, treatment may be carried to a successful termination. Advanced cases, with coincidental lowering of the general health level, offer unfavorable prognoses.

Q. At what age should active treatment of an orthodontic case be commenced?

A. There is no "hard and fast" rule which can be applied in determining when to institute treatment.

Cases in which there is a definitely perverse relationship between the lower jaw and the skull proper (i.e., classes II and III, Angle), should be treated as early as possible. Technically, this is usually about the age of six years.

Cases of the class I group may be delayed sometimes, at the discretion of the operator, for various reasons. Even so, there should be a definite course of muscle training, whenever necessary, to restore normal tonus to hyper- or hypotoned muscles. Habits of a perverse nature should be corrected, and naso-pharyngeal obstruction removed.

Q. What changes take place in the periodontum when a tooth is moved orthodontically?

A. Pressure is applied, thru the medium of an alignment wire, upon the tooth to be moved. This pressure is spoken of as being

"physiological," inasmuch as it acts as a stimulus to bony changes of a constructive nature, without producing pain, or other deleterious effects.

The fibers of the periodontal membrane, on the side of the tooth upon which pressure is exerted, are placed under tension, while those of the opposite side become relaxed.

On the side of the relaxed fibers osteoblasts produce resorption of bone, and the tooth moves into this newly-created space.

The sides of the fibers under tension is filled by bone, which is deposited by osteoblasts, thereby preserving the integrity of the alveolus.

Care should be taken, however, not to exert too great pressure, or to produce too rapid movement of the tooth.

Dangers encountered in too rapid movement are: Strangulation of the pulp, tearing of the fibers of the periodontal membrane, too rapid resorption of bone, and a defensive resistance to any movement whatever, thru the deposition of a very dense variety of bone.

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