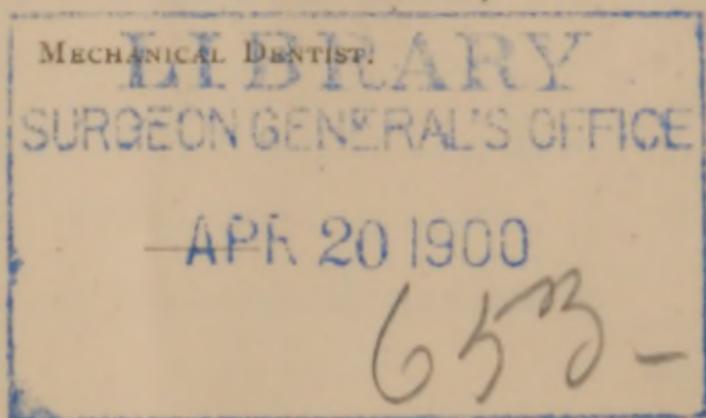


ARTIFICIAL TEETH.

THINGS TO BE THOUGHT OF BY
THOSE WHO WEAR THEM.

BY

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ARTIFICIAL TEETH.

ART IN DENTISTRY.

Considering the great number of Artificial Teeth now in use, it is surprising to what an extent *Art* is ignored in their construction. Dr. W. W. Allport, in a lecture before the Boston Academy of Dental Science, remarked upon this subject :

“ He who has but moderate ideas of symmetry, harmony of expression and color is constantly pained by the lack of that artistic selection and arrangement of artificial teeth which serves to restore to the face the shape and expression left upon it by the Creator, the absence of which in artificial dentures stamps him who should be an artist, an *artisan*—*a mere mechanic*—*a libeller of the soul*—*a deformer of the human face divine*. That mechanical dentistry should have very

largely fallen into the hands of this inferior class of practitioners will hardly be wondered at by those who have watched the history of this branch of the practice. For so simple are the modes of attaining tolerable mechanical results with the methods now usually employed in this department, that a high order of appropriate talent is, at the present time, seldom found devoting much time to it."

Artificial Teeth are often detected by the practiced eye, without the patient opening the mouth, simply by the unnatural expression resulting from badly arranged dentures. And when the mouth is opened, the effect is heightened by the presence of teeth selected and arranged without regard to the person's *individuality*.

It is a marvel that persons of discriminating taste and judgment in other matters should so often be content to endure such miserable apologies for teeth, involving, as they do, important relations to the features. In no other matters will persons submit to such impositions.

Nothing that is worn upon the person is of so much importance to the personal appearance as the set of Artificial Teeth, and requiring, for successful results, artistic and mechanical skill, patient labor and experience.

Remember, that a row of teeth arranged in a circle on a rubber plate are a poor apology for what nature once provided for you, and in order to realize all that is possible, other materials and methods, together with skill and experience, are essential requisites.

INJURIOUS EFFECT OF VULCANIZED RUBBER.

Among the objectionable features in the use of vulcanized rubber in the mouth, one of the most objectionable is the least referred to, namely, the *constant absorption of bony structure* resulting therefrom.

It cannot be that this effect is overlooked by dentists generally. Can it be that it is ignored for prudential reasons? Doubtless a majority of those who commenced practice since the introduction of rubber are not sufficiently familiar with the use of metal plates to have noticed the difference in their effect. Nevertheless it is true that *vulcanized rubber* (and I think *celluloid* too) *is producing incalculable injury to the mouths of those who wear it.*

Thirty-two years' experience, exclusively in mechanical dentistry, has given me ample opportunity to satisfy myself as to the correctness of this statement. The case is plain and can be readily understood by

the patient, and instead of universal recommendation of this material for permanent work, a statement of its nature should be made so that the patient can have a choice in the matter, and not be led to think that it is not only a good material, but really the best for artificial dentures.

These vegetable bases are *non-conductors of heat*, and it is to the undue retention of heat in the mucous membrane, combined with pressure, that the absorbents are unduly stimulated, resulting in a constant loss of bony tissue. Now for the proof of this assertion, I have never seen a mouth where a rubber plate had been worn five years and upward but there was manifestly an undue absorption of bone. In the upper jaw, to such an extent, that often there is nothing left but a flabby ridge, and in the lower jaw very often a total disappearance of ridge, and sometimes a depression.

I do not deny that *sometimes* there is undue absorption when wearing metal plates, but those are the *exceptions*, and not the *rule* as in the other case, and arising generally

from undue pressure, long continued at one point, or to some peculiar idiosyncrasy or constitutional taint.

This fact was emphasized in my own mind more fully upon a recent visit to Boston, where I saw various mouths wearing plates of gold and continuous-gum, which I made 22 to 24 years ago. In every instance, lower as well as upper, the gums showed little additional absorption, and were hard and healthy. I am constantly investigating mouths for the purpose of witnessing the relative effects of rubber and metal plates, and am more and more impressed with the great injury being done to mouths in this way. And it is really a serious matter to the individuals who are doomed to wear artificial teeth the rest of their lives, for they cannot fail to appreciate the fact that the better and more permanent the condition of the gums, the better will they be enabled to successfully and comfortably use their teeth. And so, as I have said, let patients know the real facts in the case, and then if they choose the cheap base, *base as it is*, the worse is their own.

"CONTINUOUS-GUM WORK."

WHAT IT IS.

About thirty years ago, Dr. John Allen, of Cincinnati (now of New York), invented a method of inserting full sets of teeth, which then promised, and has since been proved, to be the most perfect method ever devised.

It involved him in an expensive law-suit with Dr. Hunter, who claimed priority of invention. Dr. Allen, after securing his claim, gave the full benefits of it to the profession.

It consists in covering a platinum plate with porcelain, in imitation of the natural gums and palate.

The platinum plate (which is the purest metal that can be worn in the mouth, but is used for this purpose because it is the only metal that will stand the heat to which the work is subjected in baking the porcelain) is swedged in dies, and fitted to the mouth. The teeth are selected and arranged upon the plate, and fastened to it by a *lining* of the same metal. The surface of the plate is

then covered with the porcelain material, which is baked at a high heat. Finally the enamel is put on, which, when baked, gives a perfect imitation of the gums and palate, to the minutest particular. This process, if carried through with care and artistic taste, produces a set of teeth which absolutely defies detection, and at the same time is the strongest and *most durable* work made, while it is the most *cleanly*, as there is no possible chance for the secretions of the mouth to lodge, which is true of no other work that is made. There are some mouths where it is absolutely impossible to obtain a natural appearance by any other means; as, for instance, in all cases where the patient showed the natural gums as well as teeth; the gums being very prominent, there is only room for the thinnest possible artificial gum, and it, too, should be *without seams*, which is only possible with this description of work, because it is continuous; and it is strong, however thin, because baked to the plate.

There are two objections only urged against this work, namely, *weight* and *expense*

As to the former, it is only necessary to say, that the weight of a set of teeth is realized only when the set loosens from lack of suction or other cause; otherwise it is of no account.

As to the question of expense, this objection is often made by persons who, in other matters, dress, etc., will have *only the best*, regardless of expense. Certainly there is nothing worn upon the person of more consequence, as to personal appearance, than the set of artificial teeth. And when this is taken into account, together with the durability and cleanliness of the work, nothing but absolute inability to pay for it should deter any one from choosing it in preference to all other methods. Question arises sometimes as to whether it can be *repaired*. The dentist who makes this work can repair it as successfully as any other style of work.

Having used this method ever since its introduction by the profession, I can say that I have never been obliged to replace it with anything else in any case where I have used it. I have sets in wear at the present time that have been worn twenty-five years, and still doing service.

WHAT THE PROFESSION THINK
OF CONTINUOUS-GUM WORK.

Prof. Taft, editor of the Cincinnati "Dental Register," says of this work, and he has used it in his own practice for many years :

"We have often taken occasion, in the pages of the REGISTER, to direct the attention of its readers to continuous-gum artificial dentures. It is a matter of regret that this, the most perfect method and style of constructing artificial sets of teeth, should receive so little attention, and be employed so seldom as it is. Perhaps not more than one dentist in fifty knows anything about making it, and some who have been taught the method of constructing it ignore it altogether in practice.

"Now why is this? A very common answer is, 'Oh, it is too expensive.' There are dentures of other materials much cheaper, so far as first cost is concerned, than continuous gum, but there is less difference in the cost than in the value.

“In the difference in the expense does not, however, lie the main difficulty. This consists chiefly in the fact that so few understand anything about it, even as to its value, and much less about the mode of constructing it.

“The great majority of dentists represent to their patients that a plate of rubber with fourteen teeth set in a half circle is just as good as anything else for a denture. Some make such representations knowing them to be false; others make them under gross ignorance.

“The responsibility for this condition of things rests upon the profession. A great many persons accept these miserable apologies for dentures as a last resort, knowing that there are far better things. Then again there are a great many who are ignorant of what is best, but desire to be informed and advised, and are always ready to acquiesce in the judgment and advice of those whom they regard as capable and honest.

“Then again, as evidence that the people are not wholly, nor even to any considera-

ble extent, responsible in this matter, is the fact that a few men there are who use largely, and some exclusively, the best class of artificial dentures—continuous-gum and gold-plate work—and some of these, we know, are not situated among people different from those of communities generally.

“We will use for illustration Dr. Haskell, of Chicago, who confines himself almost exclusively to the production of the very best class of work, and his patients accept that more readily than they would the inferior and pernicious kinds of dentures in common use, and they appreciate it far more highly, and he has a far higher sense of satisfaction and gratification than he could have with any of the inferior things that are in such general use. And what is true with Dr. H. in this respect would be true of any one else who would pursue the same course.”

WHAT ARE THE BEST MATERIALS FOR PLATES FOR ARTIFICIAL TEETH.

In a foregoing article I have described "Continuous-Gum Work." This I consider advisable only in full upper and lower, and some cases of partial lower sets.

For partial sets *gold* is the very best material that can be used. *Pure silver*, alloyed with platinum, is the next best; and for cheaper work, "celluloid," which is preferable to rubber, especially on account of its *color*, and for use in full sets because the *plain* teeth can be used, whereby a more natural expression is secured in the arrangement of the teeth.

To be sure the introduction of vulcanized rubber, as a base for artificial teeth, has enabled many people to obtain artificial teeth, who would otherwise have been deprived of them. At the same time, the *modus operandi* of the work is so simple, it has enabled a multitude of quacks to set up

in business, who have not the remotest idea of how a set of teeth should look in the mouth, and the result is we meet, at every turn, people whose mouths are a constant reminder of rubber plates and "cheap dentistry."

Then, again, while it is an easy matter to obtain a "suction," or adhesion of the plate to the palate, with vulcanized rubber, yet the insertion of teeth upon a rubber plate, in many mouths, is *impossible* without producing a monstrosity in appearance.

PREPARING THE MOUTH, AND
TEMPORARY WORK.

To *save all the natural teeth* is the province and should be the aim of the dentist. But to this *rule*, as to all others, there are exceptions. Patients sometimes insist upon retaining a few natural teeth, so located that they are not only useless, but are in the way of something better,—in fact, interfere with the usefulness of the artificial teeth that they must wear. In such cases it is better to defer to the judgment and experience of the dentist whose advice you have asked.

Where there have been many teeth extracted, the mouth is seldom in a permanent condition under a year, and sometimes longer, as the absorption of bone is a slow process. In the meantime, the patient does not wish to be without teeth, so what is known as the "temporary" set is had. As a rule, they may as well be inserted within forty-eight hours, for the patient suffers less from soreness of the gums than when it is

delayed; and if the remains of the front teeth are extracted at one time, the necks of the new teeth should be inserted in the sockets of the natural ones, presenting a more natural appearance than otherwise, as there will not be room for an artificial gum for many months, and possibly only for a very thin one at the end of a year.

Wearing temporary teeth too long often results in permanent injury to the gums, especially in case rubber plates are worn. They should in no case be worn more than two years.

WHAT MAY BE EXPECTED OF
ARTIFICIAL TEETH.

Says Mrs. A, "There is Mrs. B has a set of teeth that she can do anything with, and she never has the least trouble with them; why can't I have the same success with mine?"

Simply because you have not Mrs. B's mouth! There is just as much difference in the shape and condition of mouths as in the face. There is the flat and the deep palate, the hard and the soft palate, the broad and the narrow ridge. The relative position of the two jaws has much to do with the usefulness of artificial teeth, especially if a portion of the natural teeth are remaining.

Lower sets are more troublesome than upper, and the mucous membrane of the lower jaw is apt to be more sensitive, especially when the ridge is very thin, or where it has nearly disappeared from undue absorption of the bone. In such cases changes are necessary in the plate from

time to time, until the gums adapt themselves to the plate in a measure.

In partial sets, plates with only *front* teeth, are always more difficult to use than those with side teeth, unless in case clasps are worn.

But always bear in mind it does not follow that because your neighbor's teeth are a complete success in all respects, yours must necessarily be equally so. In your case more time and patience may be required to become accustomed to them.

Where the patients say "they forget they have artificial teeth," they are the exceptions to the general rule.

There are no cases, however, where a set, or part of a set, of artificial teeth may not be worn with comfort and a good degree of usefulness.

SAVE THE NATURAL TEETH.

It is not uncommon to hear persons say, "I am going to let my teeth go, and one of these days have them extracted and have a set of artificial teeth." A very foolish decision, for although the artificial ones may serve a very good purpose they will never, under any circumstances, take the place of the natural ones. But in order to save your teeth be sure you employ a dentist who is thoroughly qualified to do it, for there is no profession so overrun with quacks as the dental.

In dentistry, as in the other arts, a division of work is of the highest importance. No one can do equally well in the operative and mechanical departments, alternating from one to the other. In fact, in these days of rubber and cheap dentistry, the most of the artificial work is left to the student or other employe, so as to enable the dentist to give his

undivided attention to the operative department.

As the profession are now returning to the use of metal plates, and a higher order of artificial dentures, some of our dental colleges are considering whether it is not better to educate students to practice but one branch of the art, and so become the more proficient in their calling.

