

Hunter (Wm. M.) et al

INFORMATION

TO THOSE DESIRING

DENTAL OPERATIONS.

WM. M. HUNTER,
GEO. W. KENDALL, } DENTISTS,
JOSEPH DOUGHTY, }

OFFICE, 269 VINE STREET,

3D DOOR ABOVE EIGHTH.

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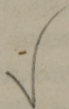
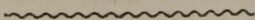
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TO THE PUBLIC

THE object of the following publication is to call the attention of those requiring the services of the Dentist, to what we consider FIRST CLASS OPERATIONS; not only in regard to the ordinary operation of filling teeth, but more especially to the *saving* of many *aching teeth*, which are usually condemned by the unskillful operator, and extracted; and also to the superior modes of inserting Artificial teeth; viz: continuous gum work, continuous backing and riming of single gum tooth work, and dispensing with clasps in many partial sets.

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GEO. W. KENDALL,
JOSEPH DOUGHTY, } DENTISTS.

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CARIES OR DECAY OF THE TEETH, (so called) is the result of a chemical decomposition, and may be said to proceed invariably from the surface towards the centre. The immediate agents of decomposition are numerous ; the most common, the vitiated fluids of the mouth, food which has lodged about or between the teeth and undergone fermentation, the vegetable or mineral acids in such general use as food or medicine.

The enamel which covers the crown of the tooth, is of exceeding hardness and density, and highly polished on the surface. Its chemical composition as well as its structure differs from that of the bone (dentine) beneath—and it is much less affected by corrosive agents. Decay generally commences at a point where the bone is imperfectly protected by the enamel, most frequently between the teeth or on their grinding surface—and it is first detected by a dark spot on the enamel, or perhaps a slight opacity.

On removing this discolored surface (enamel) we find the bone softened and decayed, or in common parlance, decayed or rotten. The extent and character of this softening varies greatly in different cases, but the cause and treatment vary but little.

FILING will in many cases where the decay is superficial perfectly arrest it, and prevent its recurrence, if properly performed. The decay should be entirely removed and the surface highly polished.

FILLING becomes necessary when the decay has penetrated too deep to be removed by the file. To ensure a perfect filling the decayed bone should be entirely removed ; (ex-

cept in a few peculiar cases,) the cavity made of such shape that the filling may be condensed in every part, and be firmly held in its place, by the walls of the cavity, and the filling should be so inserted that it will exclude moisture and resist the action of mastication.

It should restore as far as possible the original form of the tooth, and as the enamel is intended to protect the bone, so a filling is intended to supply its place, and should approximate to it, in color, density and polish of surface as nearly as possible. It should be so hard that a small plugging instrument cannot penetrate it, so polished that nothing will collect and remain on the surface, and of such material as will resist the action of mastication, and the fluids of the mouth, and perfectly exclude all extraneous substances.

TOOTH-ACHE. When the decay has progressed so far as to expose the pulp to external substances, (as food, hot or cold fluids) a peculiar inflammation ensues, known as *tooth-ache*, a description of which would be to those who have experienced it, quite superfluous, and those who have never felt it, will doubtless recognize the disease when attacked by it, without any particular explanation.

Subsequently an inflammation of the lining membrane ensues, indicated by pain, at first dull, then acute and throbbing; soreness and elongation of the tooth; swelling of the gums and face; finally relief is found in a discharge of pus. This is "Alveolar Abscess or gum boil."

That it is easier to extract such teeth, and replace them with artificial substitutes, than to restore them to health and usefulness, cannot be denied, and it is the daily practice of every *cheap* (?) *Dentist* in the country; but nevertheless

Tooth-Ache and Alveolar Abscess or gum boil may be cured and the diseased tooth restored to a condition nearly approaching its original one; the patient saved the pain of extraction and the trouble and annoyance of an artificial substitute.

The operation is more tedious, complicated and expensive,

than in ordinary fillings, *but not less certain*, and the attention of those who can appreciate the value of a comely front tooth or important grinder, is called to the operation.

ARTIFICIAL TEETH. Pivoting in the neatest and best method of inserting teeth when the indications are favorable, but is applicable only to front teeth. The ordinary mode of inserting a pivot tooth on a wooden dowel is easily performed and can be done for little money—but the offensive taste and smell arising from it, makes it highly objectionable.

When the fang is filled and a hollow tube of gold or platina inserted in the end and fastened either by a screw or a filling, and a mineral plate tooth or natural tooth, neatly fitted to the surface, a gold pivot extending into the tube, an operation is presented which will defy the scrutiny of the most critical eye. It can be readily removed for the purpose of cleansing and replaced; is firmer in its place, and less objectionable, in every respect, than any other kind of artificial tooth. In all the operations of this department, the *mere mechanical Dentist* can put up work for a small price, and get a great profit; but to make a fixture; properly fitted, restoring the proper contour of the face, the shape, size, color, and arrangement of the teeth adapted to the peculiarities of each individual case, requires a delicacy of manipulation and liberal expenditure of time and money, on the part of the Dentist, as well as matured experience and sound judgment, and is really less profitable to him than the so-called cheap operations. A full set may be put up in the *ordinary* way, viz: on single gold plates, without rims, separate backs, in very short time and for little money; but to put them up on the double chambered plates, which is a peculiar feature of our practice, with gum teeth neatly fitted to each other and the plate, with a rim covering the gum where it meets the plate, and continuous backing, requires three times as long to do it, and greatly increases the expense. But it is necessarily much better adapted to the mouth, the power of suc-

tion is greater, the piece is much more cleanly, stronger, more useful and durable.

Continuous Gum-work, (which Dr. Hunter was the first to introduce to the American dental *practice*,) possesses advantages over the best of single Gum-tooth work. The metals used in it are the purest known, platina and gold, in a state of absolute purity, and we can fit the mouth more perfectly with it than it is possible to do with even *coin* gold, which is an alloy of copper, silver and gold, and the alloy in ordinary cheap plate work is not over 14 or 16 carets fine, and still harder to fit to the mouth.

In point of cleanliness and beauty, it is above comparison, with the very best of single tooth-work, for in this the gums are entirely solid, and fused to the teeth and plate, leaving not even the slightest crevice for the lodgment of food. It enables us to supply the manifold peculiarities of the various cases which come under the care of the dentist; to give any desired size, shape, or color of tooth, or color of gum, or any degree of fullness, or any peculiar arrangement which the taste of the patient or dentist may dictate.

That the work has failed in the hands of many dentists is true, and it is not strange that they should therefore decry it; but their failure was owing to their imperfect manipulations, or gross ignorance of what was required.

In our practice the work has been most satisfactory, and we can refer to scores of persons wearing such operations, to sustain our assertion—that Continuous Gum-work is more cleanly, neater, stronger, more beautiful, and better, in every respect, than any other style of work known, in those cases in which it is applicable, and repairs can be made in case of accident, restoring the piece to its original beauty.

By a modern improvement, we are enabled to insert partial sets—dispensing with the use of clasps in many cases—and fixing them firmer in the mouth, than can be done with clasps, and obviating the objections to the use of the latter—that of injuring the teeth to which the fixture is fastened.

REFERENCES.

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|-----------------------|-----------------------|
| Dr. JOHN LOCKE, | Rev. Mr. WOOD, |
| Dr. JOHN L. VATTIER, | Hon. THOS. CORWIN, |
| Dr. L. M. LAWSON, | Gen'l. PAUL ANDERSON, |
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