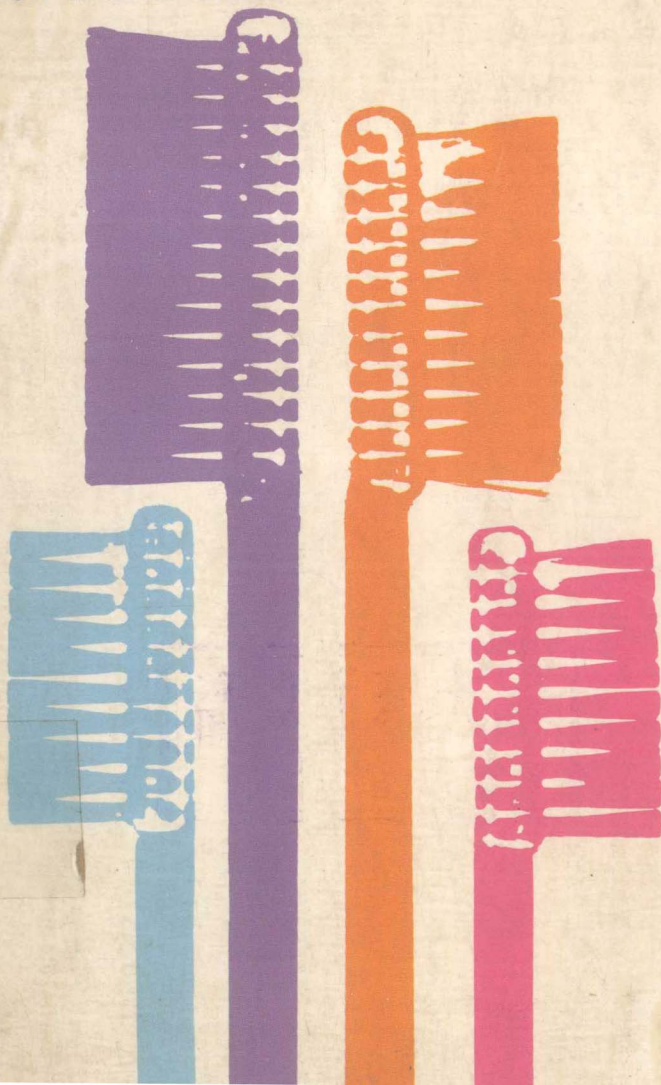


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the COMPLETE FAMILY GUIDE to DENTAL HEALTH

Jacob Himber DDS



Jacob Himber, D.D.S.

The Complete Family Guide to Dental Health

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Excerpt from "The Bitter Truth about Sugar," by Jean Mayer, © 1976 by The New York Times Company. Reprinted by permission.

The Complete Family Guide to Dental Health

I joyfully dedicate this book to

My wife Birdie • My daughter Jane • My son Victor

acknowledgments

My profound thanks are due, first of all, to Mrs. Lou Ashworth of McGraw-Hill Book Company, without whose creative editorial assistance this effort could never have bridged the gulf between manuscript and a readable book.

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I would be remiss if I didn't thank my teachers at Columbia University and at the many clinics and lectures, who inspired me in my profession which has given me a lifetime of gratification.

Introduction

All too often when we are presented with a treatment plan by our dentist, we look upon him as a dictator making all the decisions that so vitally concern us. This should not be, of course—we should have an intelligent voice in the important decisions of our lives. This book will, I hope, help to dispel the feelings of helplessness that further deepen the unconscious resentment of the dictates of the doctor. Feelings of helplessness intensify the anxiety and create stress—and so the cycle continues.

I want to break that cycle.

It is my firm belief that an informed dental patient is a cooperative partner and not a helpless recipient. A knowledgeable health-care consumer knows how and when to choose a dentist and what questions to ask to assure adequate preventive care and proper treatment.

This book hopes to educate, dispel fear and ignorance, and help you understand that pain need never be tolerated in a dentist's chair.

I know not everyone will do everything suggested here, but if some of you will do everything and all of you will do something of what I have presented, then I truly will have fulfilled my purpose.

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chapter one

how to choose a dentist

Americans are on the move, and when they do resettle, even if only in a new neighborhood, they need a new dentist. So, like the average family, Mary, aged eleven or twelve (the most cavity-prone years), is the first member taken to the dentist. A loose “baby tooth” must be extracted; but the dentist says, “Mrs. Jones, Mary’s dental health is not too bad and we’ll talk about her diet, but I see that her teeth are coming in very crooked. I’d like to refer you to an orthodontist.” What can you do—more expense, but Mary is such a pretty little girl, you can’t let her grow up with ugly-looking teeth, so you say “Okay.”

Then, a week or so later, Mr. Jones comes home with a swollen, painful jaw. Luckily he gets seen first thing next morning. The dentist X-rays the jaw and says, “You have a pericoronal infection and an impacted wisdom tooth. I’ll give you a prescription for an antibiotic and refer you to an oral surgeon.” He just has to get rid of that pain—“O.K.”

Well, a couple of weeks later Mama is brushing her teeth one morning and comes up with a “pink tooth brush.”

Only it's not just pink. There is plenty of blood when she rinses her mouth. So she too calls for a dental appointment. After a series of full-mouth X rays, the dentist says, "Mrs. Jones, you're lucky. You don't have a cavity in your mouth, but you do have a case of periodontitis"—pyorrhea to you—"and I'll refer you to a periodontist."

"Lucky," says he. "Well," says she, "I guess I must save my mouth, but tell me, doctor, what would *you* do?"

The Jones family may not appreciate it at those times of stress, but they *are* lucky. Extremely lucky. They are in the hands of a responsible, thoughtful man who is fulfilling one of his most important functions. Through his advanced studies he has recognized the development of abnormal conditions in their early stages, and, knowing his own limitations, he has referred them to men or women specially trained to handle their particular problems. Such specialists usually do not charge much more than patients would pay the general practitioner if he did the same work. (By the way, specialists do not ever give general practitioners any kickbacks, rakeoffs, percentages, or what have you. Yes, they will send him a Christmas card and maybe, just maybe, take him and his wife to dinner once a year—but that's it. It may be legal for lawyers to split fees, but it is illegal in dentistry, and it just is not done. Bet on it!)

Dentistry—like medicine, certified public accounting, teaching, and the law—is a profession. It is not a business, although there are business practices and financial aspects to discuss and employ in the practice of these professions. They are looked upon as being different from a business. They have been referred to as the "higher calling." Professional people generally get more respect, and more is expected from them. What distinguishes a business from a profession, at least in the eyes of the general public?

For one thing, business is characterized by the sentiment *caveat emptor*—"let the buyer beware." In other words,

anything the seller can get away with goes. We've all heard about tricky secondhand-car salesmen selling a used police car that *looks* as good (because who's going to hit a police car?) as one used by a nice old lady just for Sunday church-going. We have consumer protection laws, because the consumer does need protection. We have heard about built-in obsolescence, quality control, advertising gimmicks, Madison Avenue techniques—even the selling of a president. Nothing could be plainer. Look out!

Now a profession should be different—a field where people of integrity, honesty, trustworthiness, and sincerity are retained by the general public. That is not to say that we do not find these admirable characteristics in many businesses and business people, or that there is no chicanery among professionals. But, as a general rule, we expect integrity from our doctor and lawyer and are disappointed if we do not find it there.

Yet, in dentistry, in these United States, where the quality of dentistry is the best in the world, it is estimated that at least 45 percent of all the dentistry we perform in our offices is redoing previously performed dentistry! That is a fearful indictment.

There is a lot wrong with the dentistry that is performed in our country, and I am not excusing any of it. Some dentists overbook themselves and then, after keeping the patient waiting long after appointment time, give a scant fifteen minutes. During this brief interval, very little of value can be done. The hurried dentist rushes through his work unfeelingly. He cannot be meticulous. He does not take the time to administer an anesthetic, and if he does, it is rushed and needlessly painful. A good patient-dentist relationship is impossible. The dentist has no time to listen and respond to questions. Fillings are hurriedly placed with little thought for proper procedures.

Hurry-up dentistry is usually bad. Patients, especially the

beginners and the very young, are not properly “introduced” to the dental atmosphere and to the fact that dentistry can be relatively painless. The world of dentistry for the layman is an unknown world full of fear of pain, superstition, misinformation, and apprehension. It is the general lack on the part of the dentist to answer these needs and allay these fears and apprehensions that makes the profession culpable. This atmosphere of haste increases the existing tensions. The dentist’s excuse—that he is not paid to be a psychiatrist or to take the time—does not hold water. He is paid enough to take the time to perform all of his duties and obligations properly. It is part of his job to introduce his patients properly to dental treatment. It is part of his job to teach preventive dentistry. There is no one else as well prepared to deliver this service, and the patient has a right to expect it from him or under his direct supervision.

The profession, because it is a profession with “rights, privileges, and immunities,” owes this to the public. My indictment of my profession concerns its haste and all the evils that derive from it: the unprotected “fillings”; the “fillings” that fracture and fall out; the improperly prepared teeth that breed failures in bridges and denture construction. The excuses and alibis that incompetent dentists give for their work are invalid, and at long last the official position of the American Dental Association (as detailed in Chapter 9) no longer protects the incompetent from justifiable criticism.

When it comes to the replacement of one or more teeth, the dentist earns a great deal more per hour constructing a removable bridge than a fixed bridge. Besides, the patient does not want his teeth cut down for a fixed bridge. So why should the dentist talk himself hoarse to try to educate the patient to have a fixed bridge that he does not want and says he cannot afford? “Let’s make the cheaper one and earn a lot more.” Thus, down the line, everywhere doing

what is easier, more profitable, less costly, far less annoying or painful—because teaching the patient differently takes costly time for which the patient will not pay. Most of all, too many patients would not appreciate it and do not want to be bothered.

If you, as a patient, can and do appreciate meticulous dentistry—and are willing to pay for what inevitably takes longer and costs more (but is cheaper in the long run)—tell your dentist.

My profession has much to answer for. Everyone who is fresh out of an expensive school and who bears the great cost of going into practice is in a big hurry to make that big buck he has heard so much about. However, the public too has a lot to answer for. In a way, as in politics, the public gets about what it deserves. I can honestly say that the public invites poor dentistry: Strong talk? Just think for a minute. Large segments of our population will pay fantastic prices for cars, TV sets, audio equipment, boats, vacations, and gambling—and will take loans for all of these things at 18 percent to 25 percent interest. Yet they, in effect, say to the dentist:

One: Don't hurt my pocketbook! I want to spend as little as I have to. (Did you ever hear that cheap is dear?)

Two: Don't take too much of my time. ("I have a job to get back to," or, "I must rush home.")

Three: I'm in terrible pain. Make my jaw stop hurting right away.

Within that framework, you cannot get really good dentistry.

How many of you have ever said to your dentist instead, "How can you give me a fee in advance of treatment? You do not know how much time you will spend

or just what your laboratory bill will be. I chose you because I trust you. I am entrusting my health to you. When you are finished and you know what your costs have been, I trust you to charge me a fair fee. I expect an estimate in advance and I expect the final fee to be within 10 percent of that estimate." Now you are treating your dentist as an ally and a professional and you are ready to trust one another. I will bet that he will bend over backward not to abuse such trust!

In addition to retirees, there are millions of people who change locale for various reasons. It may be for work opportunities. The spirit of adventure in America over the years has inspired and spurred vast numbers of people to move from one part of a city to another, from city to city and state to state. As people move up the economic ladder they seek better housing.

These multitudes think of many things: the quality of their children's education, busing, living near good hospitals and medical facilities, community colleges, continuing education, theaters, orchestras, public transportation, pollen-free air—and all the other aspects of a good life. I'll wager that one of the things about which they do not think is the availability of dentists and how to find a good one.

Choosing a dentist is no small matter these days, and it never was. Your choice can affect your dental health for the rest of your life. It should not be a "crisis choice" when you are in pain. At such times you cannot think rationally and make any kind of intelligent or sensible choice. All you can think of is "Let me get rid of this torture," and if an extraction will do it, well, fine—let's get it over with! Right? Wrong! This may be the worst thing you could do. A dentist can get rid of that pain in about five minutes, but look out when any dentist proposes an immediate extraction. Have the dentist give you Novocain or another

pain-relieving medication and then ask questions. A doctor should appear confident but not arrogant and should be willing to answer questions in language readily understandable to any layman.

The alternative to an extraction is root canal therapy. Therefore, if your dentist will not undertake that procedure or refer you to an endodontist (root canal specialist), ask for such a referral. If it is not forthcoming, find one yourself through the yellow pages. You can almost always be seen by an endodontist on an emergency basis.

How should you go about choosing a dentist? The convenient one at the corner? Fine, if you are a gambler. That dentist may be very good; he* may not. The only thing you know about him is that he is very convenient. Ask a neighbor? Maybe, if the neighbor has had a lot of satisfactory work done for age groups in his family similar to those in yours over an extended period of time, and if you respect his opinion. Ask your family physician? He might be a better judge of a professional than you are, but honestly, nobody but another dentist can really evaluate the quality of dentistry and even then, he has to watch the work being done to really judge it. How it is done may be more important than the shiny, highly polished finished product. If you are lucky enough to live near a dental school, call or visit and ask for the faculty list; you are interested in someone in the operative department. Or call the secretary of the local dental society and ask for several names of competent men in your area.

My personal advice is to use the yellow pages of your phone book. Turn to "Dental Laboratories." They can be

* To avoid awkward "he or she" references, I have used the pronoun "he" to refer to dentists throughout this book. There are an increasing number of women in all branches of dentistry. The good ones are every bit as good, and the bad ones every bit as bad, as men. In fact my personal dentist is a young woman.

HEALTH QUESTIONNAIRE

| | | | |
|------------------------------|--------|--------|------------|
| Name | | | Address |
| Last | First | Middle | |
| City | | State | Zip Code |
| Date of Birth | Height | Weight | Occupation |
| Married | Spouse | | |
| Closest Relative | | | |
| Reason for changing dentist. | | | |

PLEASE ANSWER EACH QUESTION

1. Have you been a patient in a hospital during the past 2 years?
2. Have you been under the care of a physician during the past 2 years?
3. Have you taken any kind of medicine or drugs during the past year?
4. Are you allergic to penicillin, codeine, or any other drugs or medicine?
5. Have you ever had any excessive bleeding requiring special treatment?
6. Circle any of the following which you have had:

| | |
|--------------------------|---------------------|
| heart trouble | high blood pressure |
| congenital heart lesions | anemia |
| heart murmur | rheumatic fever |
7. (Women) Are you pregnant now?
8. Have you had any other serious illnesses?

TO BE ANSWERED ONLY BY PATIENTS RECEIVING

9. Have you had anything to eat or drink within the last 4 hours?
10. Are you wearing removable dental appliances?
11. Are you wearing contact lenses?
12. Who is to drive you home today?

13. Physician's name