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DOLLARS AND SENSE IN DENTURE CONSTRUCTION

By JOSEPH N. STEWART, D.D.S., Hamilton, Ontario.

LOOKING back over the clinics, lectures, and post-graduate courses that I have attended, I have come to the conclusion that our methods of doing things are not flexible enough to embrace all our needs. We are constantly trying to fit a round plug into a square hole.

Surely both patient and operator can meet on some common ground where the patient can choose a service in keeping with his ideas and pocketbook, and still give the operator a proper remuneration for the type of service rendered.

It is so easy to do things as a matter of habit without thinking why. We travel along one path so long that we find ourselves in a rut so deep that it is going to take many a jolt and jar to get the old machine on to a smooth and wider highway.

In denture construction, the average dentist has taught his patients to expect a minimum service at a minimum fee, as though it were a commodity. Granting that it is a commodity, do we appreciate its value as much as any common article that could be purchased at the store? Let us suppose someone was in need of a hammer or saw. Would he go to the ten cent store for one? I am afraid not, because the average person has some knowledge of hammers and saws. Any-

one knows that a ten cent hammer is worth only ten cents and that a dollar hammer is worth a dollar. A carpenter wouldn't think of buying a cheap saw simply because it is a saw. He will insist on an article that will give him the maximum amount of satisfaction.

In everything one purchases a great variation is found in price and quality. The name of the article means very little compared with the name and reputation of the manufacturer. The public is well aware of true differences of value, but when we consider denture construction we find a lamentable condition, which has been created by the dentists themselves. The average man spends little or no time educating his patients that there are differences in plate work. The public is all right; the guilty parties are the dentists themselves. The average man, in setting a fee, thinks more of competing in price with the man down the street, than he does of rendering a service that will suit the case at hand. There are so many factors to be considered in every case, that it is not fair to think of a denture as just another set of teeth. No two patients are alike, either in the physical structure of the mouth or in temperament and adaptability. No two dentists have the same qualifications in their ability to

serve, or in honesty of purpose. Let us analyse some of the factors to be considered:

FACTORS TO BE CONSIDERED

1.—Are the physical conditions of the mouth favourable or unfavourable, and to what extent? How much extra time will the dentist have to spend to insure comfort and satisfaction?

2.—Is the patient young or old, or intolerant of any discomfort?

3.—How will he react to wearing an artificial denture? Do foreign things in his mouth nauseate him? Will he cooperate with you? Remember your work will be unsatisfactory unless you have his co-operation.

4.—What appreciation of dental services regarding comfort and appearance has he? This is VERY important. One will willingly pay more for a handbag than for a set of teeth; while another would rather have a fine set of teeth than a fur coat or an automobile. Remember, everyone has the right to spend his money as he wishes. Many people will travel two or three hundred miles to catch a couple of dollars worth of fish. They will go an equal distance or more to see a football match or a prize fight and feel they've had their money's worth, and still they may not appreciate values in dentistry, due to the fact that the dentists, with whom they come in contact, have not educated them to a proper appreciation of appearance and comfort, which to them should be priceless.

5.—Has the patient ability to pay? This is a factor, but I think a secondary consideration, as most people will find some means of procuring what they sincerely desire. I will grant that the

wealthy who appreciate dentistry will willingly endeavour to procure the best.

Now let us look at it from the patient's viewpoint:

THE PATIENT'S VIEWPOINT

1.—What qualifications and training has the dentist?

2.—Is he honest and reliable?

3.—Has he an artistic ability, or do all his patients get very much the same set-up, a regular set of teeth, so to speak?

4.—Does he actually use more care and time and a better technique on expensive teeth than he does on the less expensive ones?

5.—Has he proper equipment to render a first-class service? Ability comes first, and equipment is only a means whereby he can express it to the fullest extent. A person with marked ability can make a better set of teeth with snap impressions and a plain line articulator than a dentist who is lacking in ability. That does not say that equipment is not necessary; in fact, proper equipment is essential to enable the operator to do the finest type of work. Good equipment requires a first-class man to handle it. A first-class equipment, on the other hand, cannot produce fine work with a poor operator. According to my observations, I will venture to say, that not more than one set in twenty-five dentures are set in absolute centric occlusion. Not more than one in a hundred are set in the curve of spie, peculiar to the individual who receives them. Not more than one in a thousand has the occlusal surfaces re-ground or milled into proper occlusion; and still with all these imperfections the patients seem to tolerate them.

JOSEPH N. STEWART

Not more than one in a hundred dentists has the ability to give this full measure of satisfaction, simply because they cannot see themselves receiving a fee that would warrant their spending the time to do their best.

THE GOAL

No one is batting one hundred per cent, but if we have the proper goal ahead of us we certainly can improve our work and give greater satisfaction to the patient. Do not treat every case in the same way. Your extra efforts and time may not be appreciated. In other words, "do not cast your pearls before swine". There are plenty of people who do appreciate and are willing to pay for that service.

Personally I cannot agree with those who preach that we should render only the highest type of service and everyone should receive it. It makes me wonder if they follow what they preach. In feeding their help, or the needy, do they trot out their finest china and silverware and serve filet mignon and all that goes with it, or do they give them something cheap but substantial? In dentistry I feel that everyone should be served well, but in keeping with the conditions. A proper understanding should exist among the



dentists of a given locality, and a minimum fee established. This would eliminate cut-throat practices and also help those just starting, as well as those who haven't the courage to stand on their own feet, to come under group protection. I remember well the feeling of comfort I received from the schedule of fees that existed in Hamilton when I started. It was a wonderful help to me; and I honestly believe that many a good man fails to develop simply because the ground is not sufficiently fertile to produce growth. Remember, the fertility of the soil is dependent upon the dentists, not upon the public. Proper dental education is the fertilizer, and it is up to each individual dentist to do his share.

I am firmly convinced that the men who are established in practice should

give the younger men all the help they can, to establish and maintain a minimum fee that will be profitable to them, and also to render every assistance to help them improve their work.

SUMMARY

There are many ways of doing denture work, and fees should be in relation to the effort. The following are some of the methods:

IMPRESSIONS

- (a)—Snap impression; compound or plaster.
- (b)—Compound impressions slightly muscle trimmed.
- (c)—Compound and plaster wash impressions.
- (d)—Sectional compound impressions fully muscle trimmed.

MODELS

- (a)—Plaster.
- (b)—Stone.

BITE-RELATIONS

- (a)—Mush bite in wax.
- (b)—Mush bite with compound blocks.
- (c)—Compound blocks adjusted to proper bite position, secured with wax or staples.
- (d)—Perfect fitting blocks, using Gysi tracing for centric relation.
- (e)—Recording protrusive bite.
- (f)—Taking plaster bites as advocated by Stansbery.

ARTICULATORS

- (a)—Plain line.
- (b)—Snow or similar type.
- (c)—Hanau or Gysi adaptable.
- (d)—Stansbery.

683 Main Street East.

SELECTION OF TEETH

- (a)—Cheapest.
- (b)—Best.
- (c)—Best but one, selected from several sets to break up the monotony as regards moulds and colour.
- (d)—Best, but modified by grinding and staining.

SET-UP

- (a)—Ordinary set-up for plain line articulator type of work.
- (b)—Using arbitrary curve of spic.
- (c)—Following Hanau registration.
- (d)—Following registration of Stansbery tripod.

WAXING

- (a)—A plain wax up.
- (b)—Festooned and with rugae.

MATERIALS FOR BASE

- (a)—Vulcanite.
- (b)—Compressible materials.
- (c)—Luxene.
- (d)—Stainless steel.
- (e)—Gold.

CORRECTION OF OCCLUSAL SURFACES OR RE-GRINDING

- (a)—Leave case as it comes from press or vulcanizer.
- (b)—Spot grinding with articulating paper.
- (c)—Re-grinding arbitrarily.
- (d)—Re-grinding as recommended by Hanau or Stansbery.

In summing up, with all these methods, you can readily see that we are amply provided with the means whereby we can meet all requirements satisfactorily to both patient and operator.

DENTAL CONVENTIONS

ONTARIO DENTAL ASSOCIATION, May 20-22, in Toronto.

WESTERN CANADA DENTAL SOCIETY, June 3-5, in Calgary.

AMERICAN DENTAL SOCIETY OF EUROPE, July 31-August 3, in London.

AMERICAN ACADEMY OF PERIODONTOLOGY, October 31-November 2, in New Orleans, La.

AMERICAN DENTAL ASSOCIATION, November 4-8 in New Orleans, La.