

PLEA FOR A MORE GENERAL USE OF THE X-RAY

By DR. HAROLD B. THOMPSON, SEATTLE, WASH.

THE value of x-ray in the diagnosis of dental pathology has been appreciated by a few men in both the dental and medical profession for a number of years. More recently the increase of x-ray equipment, together with considerable literature on the subject, both in professional and lay periodicals, has wonderfully broadened the field and increased the application of this modern diagnostic aid.

There are still a large number of men in both the dental and medical fraternities who do not avail themselves of this help in diagnosis, at least to a sufficient extent for their own welfare. Whether this neglect is due to ignorance, habit, or an exaggerated opinion of one's own diagnostic ability, it is certainly inexcusable. There still remain a few physicians who will volunteer to treat fractures without the aid of the x-ray, even when radiographs are available; but through slow education, the use of the x-ray has become so universal, that the failure to procure an x-ray examination in fractures, when possible, now constitutes a *prima facie* cause for an action of malpractice. It is only a question of time, if the time has not already arrived, when the failure of the dentist or physician to avail himself of the aid of the x-ray in dental conditions, will render him liable for malpractice to the same extent. The use of the x-ray then, constitutes a form of insurance against malpractice suits, and the premium is paid by the patient.

The work of Dr. Rosenow along the line of bacterial origin of arthritis, ulceration, appendicitis, gall bladder diseases, etc., is familiar to all in the profession. So much has appeared in the lay literature recently along this line, that the public is beginning to demand an x-ray examination of the teeth, sometimes even before the physicians or dentists. Although all my work is referred work, I have recently had several cases appear for dental radiographs without being referred, when the symptoms were confined to general joint conditions or to the abdominal organs. It is certainly more to the credit of the attending man to anticipate a patient's wishes in this regard than to have the course of action suggested by the patient.

It is often a desire for economy on the part of the attendant when he does not ask or insist on a radiograph. Numerous experiences have shown me the fallacy of this line of procedure. One dissatisfied patient can do more harm than several pleased ones can do good. A patient who has been treated for several weeks or even months by one man and then changes to another, who refers the case for a radiograph and with its aid completes a cure in a short time, has good reason to become a "knocker." A patient's health is his most valued possession, and he will appreciate your interest in his case as shown by your desire for all the information possible, even though the radiograph gives no material aid.

I have intentionally omitted in the body of this article, an enumeration



Fig. 1-A.



Fig. 1-B.

Fig. 1.—Typical apical abscesses.

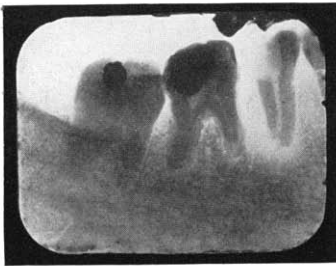


Fig. 2.—Absorption of tip of root and decalcification of surrounding alveolar process.

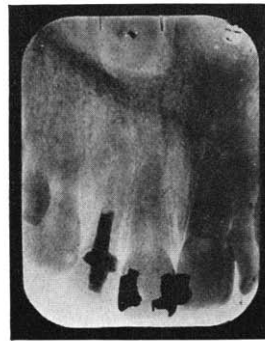


Fig. 3.—Small area of rarefaction (apical abscess) at tip of lateral incisor.

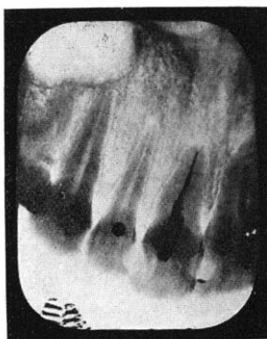


Fig. 4.—Small areas of rarefaction at tips of right middle and lateral incisors.

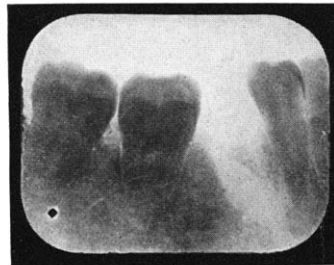


Fig. 5.—Small fragment of alveolar process left after extraction of tooth and causing persistent sinus.

of the specific class of cases in which the x-ray has proved of inestimable value, as this has been ably covered time and again in recent literature. My plea is more for a general line of attack, than a plea for the use of the x-ray in any specific class of cases, and you will find this general attitude of availing yourself of all possible aids in diagnosis to rebound to your benefit.

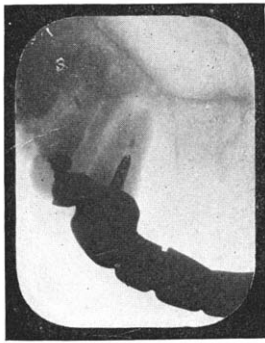


Fig. 6.—Decalcification of alveolar process surrounding root of crowned pyorrheal tooth from pyorrhea.



Fig. 7.—Decalcification of surface of alveolar process, extending downward at side of canine and appearing also at tips of middle and lateral incisors, pyorrhea.

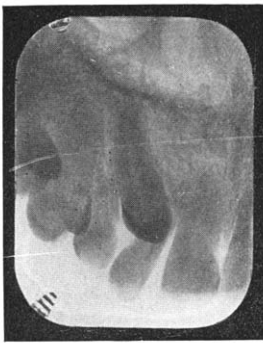


Fig. 8.—Unerupted canine.

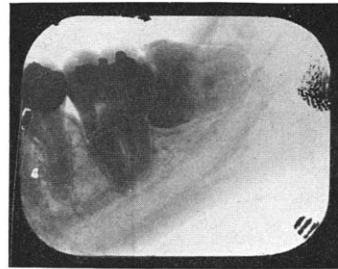


Fig. 9.—Impacted third molar causing "neuralgia."

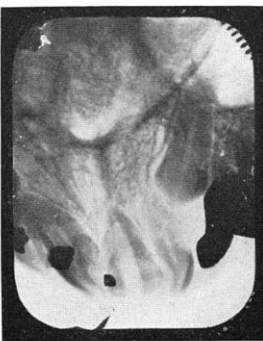


Fig. 10.—Unerupted canine causing "neuralgia" by pressure against the root of the lateral incisor.



Fig. 11.—Incomplete filling of root canal.

A recent case which came under my observation, shows the value of another laboratory test, but the application is the same. A specialist sent a case to the hospital one day and engaged the operating room for the following morning, intending to do an extraction of all the teeth for an aggravated case of pyorrhea. The young interne at the hospital noticed the peculiar pallor of the patient and



Fig. 12.—Showing acute curve in root, giving excuse for drilling through side of tooth.

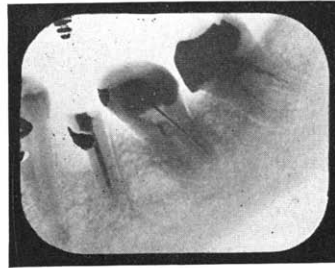


Fig. 13.—Hole drilled through side of tooth with filling protruding, causing necrosis of alveolar process.

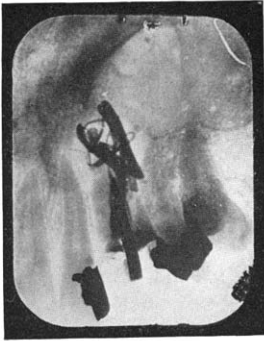


Fig. 14.—The dentist has drilled through the side of the root and then inserted a root canal filling which has caused necrosis of the bone. In attempting to remove this filling a small pair of forceps has been broken off outside the tooth.

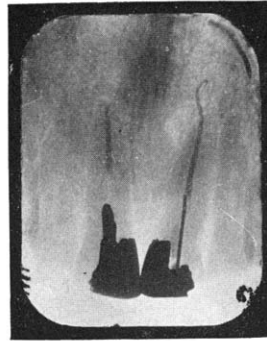


Fig. 15.—Protrusion of root canal filling, causing necrosis.



Fig. 16-A.

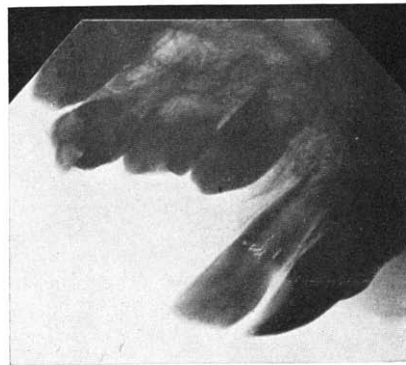


Fig. 16-B.

Fig. 16.—Stereoscopic radiographs showing the direction of growth of unerupted teeth.

took a blood smear, which showed an advanced typical case of leukemia. Needless to say the operation was postponed, and well it was, for the patient died within a week, and his death would probably have been attributed to the operation, had it been done.

The accompanying illustrations will serve to call to mind some of the more obvious specific cases in which great benefit may be expected from the use of the x-ray.

My plea for a more general use of all possible aids in diagnosis, particularly that of the x-ray, as it has a much greater field in dental work than any other laboratory method, may be summarized as follows:

1. A more general use of the x-ray will allow a more positive diagnosis with consequent more particularized treatment, and better and quicker results.
2. The more general use of the x-ray is a form of insurance against mal-practice suits with the premium paid by the patient.
3. The risk of having your patient become a "knocker" is transferred to the man who fails to use the x-ray.
4. The appreciation of your thoroughness when the patient is convinced that you are using every means at your disposal to alleviate his condition, will prevent dissatisfaction in many cases and engender a confidence which even unfortunate results will not be able to overcome.

News and Notes

Dr. E. Santley Butler, practice devoted exclusively to orthodontia, has announced removal of offices from Room 704 to Suite 605, 576 Fifth Avenue, New York City.

* * * * *

Drs. Sturdevant and Dinham, practice limited to orthodontia, announce their location at 919-920 Selling Building, Portland, Oregon.

* * * * *

Dr. Blaine Truesdell announced the removal of his offices to Suite 1112 First National Bank Building, Omaha, Nebraska. Practice limited to orthodontia.