LOUISIANA DENTAL ASSOCIATION. DENTAL CLIPPINGS, VOLUME V; HUSTON, TEXAS, DECEMBER, 1902; NO. 2; PP.23-45

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649226016

Louisiana Dental Association. Dental Clippings, Volume V; Huston, Texas, December, 1902; No. 2; pp.23-45 by Chas. H. Edge

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

www.triestepublishing.com

CHAS. H. EDGE

LOUISIANA DENTAL ASSOCIATION. DENTAL CLIPPINGS, VOLUME V; HUSTON, TEXAS, DECEMBER, 1902; NO. 2; PP.23-45

Trieste

Volume V. DECEMBER, 1902. Number 2.

Dental Clippings

Dr. CHAS. H. EDGE, Editor.

Official Journal of the Louisiana and Mississippi Dental Associatoins.

Subscription Price, Fifty Cents per Annum, in Advance.

Published Monthly by

A. P. CARY COMPANY,

Dallas — Houston, Texas.

Entered at the Post-office at Houston, Texas, and admitted for transmission through the mails at second-class rates.

CONTENTS FOR DECEMBER, 1902.

Dental Clippings.

ESTABLISHED NOVEMBER, 1898.

VOL. V. HOUSTON, TEXAS, DECEMBER, 1902. No. 2.

Errors in Diagnosis.*

BY JAMES E. POWER, D. M. D., PROVIDENCE, R. I.

Science is classified knowledge; art is the practice of those principles afforded by science. The principles of an art are the general truths which are handed down to us by persons who are competent to advise and instruct. When an art is progressive like dentistry, the principles cannot remain stationary, but must change as the result of scientific investigation.

These changes must take place gradually; gradually, because time must elapse to allow new principles to be proved. In order to determine, therefore, the principles of an art susceptible to constant change and improvement, it is necessary to consult the opinion of others engaged in the same line of practice. An adequate knowledge of the principles of dentistry and oral surgery, as thus established, is part of the civil obligation of the dentist. The standard of the judicial estimation of his responsibility in any and every case is the power to apply those principles intelligently in practice; this same standard is required likewise as a professional obligation. He who undertakes to practice a profession, whether it be medical, dental, or surgical, assumes an obligation, both professional and civil, which has all the validity of a formal contract, as from specialists of medicine and surgery there is required at least that degree of care, skill, and knowledge which is possessed ordinarily by those engaged in the same special work. This is regarded by those competent to judge as sufficient to qualify us to engage in our specialties.

If we possess a knowledge of these principles we should be careful in applying them, since we, as a body, have reciprocal obligations to one another. The whole profession is affected to some extent by the errors of individuals. If we consider this carefully,

*Read before the Northeastern Dental Association, at Worcester, Mass., October 16, 1902.

we will see that the elevation or the descent of this profession is controlled by its individual members.

Having selected as our life-work the alleviation of the suffering of man in any of its various forms, our first obligation is care in diagnosis. Thus we obtain a solid foundation on which to base our treatment, and can thereby apply our knowledge and skill intelligently. If we possess the requisite qualifications, and for any reason fail to apply them, we are guilty of negligence; and negligence where the welfare of our patient is concerned is criminal. Negligence in these cases is criminal from the standpoint of justice, and most blameful from the standpoint of professional pride. It is, moreover, fraud, for it is just as much fraud to possess the skill and not to apply it, as it is to endeavor to treat a case without possessing skill, since the possibilities and dangers to which the patient is subjected are in both cases alike. If the attending practitioner, whether he be physician, surgeon, or dentist, overlooks any important step in the care and welfare of his patient, he is guilty of crime. This should not be overlooked in cases where consultation is for the benefit of our patients.

When a case comes to us requiring dental surgical interference, and after treating for a reasonable length of time the patient does not improve, we are bound in the interest of justice to consult others engaged in the same work, and to give our patient the benefit, not only of our individual knowledge and experience, but of the knowledge and experience of the profession in general. Personally, I consider it unjust to neglect even one step in the progressive treatment of a patient, especially when we have been selected to treat and are implicitly trusted, for then our skill, knowledge, or lack of knowledge, places the patient in a position where he cannot know whether he is being treated correctly or not, until his case may be beyond the limits of science.

Of course we, even as professionals, have the civil right to refuse to take charge of a case of oral surgery or of any other branch of dental science, as extraction, etc., provided we have entirely excluded this special branch from our practice. If, however, we profess to practice oral surgery in any of its various classifications, our professional pride should compel us to treat all cases in this line. I mean that we should not select our cases,—for instance, if we are reasonably sure that our patient will get well, take charge, but refer the case to somebody else if we think it will be of long treatment and uncertain result. This sort of dealing should not exist; our personal and professional pride should prevent it,

and if we are willing to receive all the praise, etc., which sometimes is associated with good results, we also should be willing, as men, to assume the responsibility which is associated with the less fortunate results.

In diagnosis, prognosis, operation, and after-treatment, the dentist alone is responsible. In consideration of these facts, we must follow the line of treatment we think best, and not allow ourselves to be unduly influenced by the opinions of others. Every step should be taken only after careful and judicious deliberation; this insures good results and leaves no ground for the charge of ignorance or neglect, both of which bring identically the same result.

The first steps in treatment, especially in cases somewhat obscure, are the history of previous conditions and the nature of the existing conditions. Our course of inquiry should be systematically and carefully made, for on it depends the treatment to be pursued. Our examination should be historical, instrumental, visual, and manual. We should impress upon patients how much rests upon their statements and should not trust to these beyond a reasonable degree, for frequently, for unknown reasons, they try, and sometimes succeed, in deceiving by misstatements, as you will see in case No. 1.

If other men have treated any case with poor results (as these cases which I will show you to-night), too much stress should not be laid on their diagnosis, for after we accept the case our responsibility is individual. We should be guided, but not governed, by their diagnosis. The fact of any reputable surgeon previously treating a case requiring dental surgical skill should not prevent us from accepting this same case, for we, as special surgeons, should be expected to better understand a special case than the general surgeon.

Once we accept a case, regardless of the amount of money we may get in return, whether it be hundreds of dollars or one dollar, our obligation to the patient is identically the same. We may, as I stated earlier in my paper, refuse a case, but if we accept it, the contract is formed without words or writing, and says, "You shall give to your patient the very best attention possible." When we receive money for our services it is a man-to-man transaction, and in the light of justice we give something for something. The motive that inspires us to do our work for charity, as we call it, is either sentimental sympathy or a recognition of God's goodness to us. As to such sympathy, you will agree that our feelings soon become dulled in actual practice. On the other hand, it is certainly

a most consoling assurance that one can offer some free work to the poor, in recognition of the Divine Providence in conferring upon him whatever talent he may possess.

Although it is generally supposed that errors in diagnosis are due, in a great majority of cases, to carelessness and inattention, we sometimes have cases in which neither of these is the direct cause. In the cases which I will show you to-night, let each man remember that some errors in diagnosis cannot be assigned to any one person or cause.

I will report three cases to-night: I. Mrs. W., age fifty-six, American; II, Edith V., age eleven, Italian; III, Miss A. R., age twenty-six, Irish.

Case No. I.—Mrs. W., age fifty-six years; American. The patient had a fistulous opening a little larger in circumference than a large pinhole on the outside of the face, left side, with constant oozing of pus from it. Inside presented an apparently healthy mouth; all the natural teeth extracted and substituted by an upper and lower artificial denture. Absorption had taken place, and ridges seemed hard and healthy. Inside the lower jaw, at the side of the fistula, in the region of the third molar, was a hard globular swelling, which patient said was diagnosed by a surgeon as a blood tumor. It was about the size of a pea and highly inflamed.

After thorough visual examination, I proceeded to obtain a history of the case, which is as follows: About eleven years previous to November, 1899, a small swelling appeared on left side of face near the angle of the jaw; the patient did not mind it very much as there was no pain associated with it. Swelling increased during this year, so the patient thought it was caused by a sensitive tooth on the side of her jaw, and visited a dentist for advice. He examined the tooth and advised extraction; the patient consented. The operation was successful; all the tooth was removed. This tooth, patient stated, was perfectly normal and sound.

During the next year the swelling increased, and the patient became alarmed. She visited a physician, who referred her to a dentist; the dentist advised extraction of all the teeth as a probable treatment for a cure. Patient did not wish to lose all her natural teeth, so visited dentist number two; then, still with the same desire, visited dentist number three. Dentists numbers one, two, and three all were of the same opinion, viz, extraction of all the teeth as the proper treatment for the removal of the swelling. Finally, during the next two years the patient had all her natural teeth extracted and substituted by artificial ones. The swelling still

remained. During the next five years she visited several physicians and surgeons, who diagnosed her case as a tumor of the bone and advised operation. She would not consent until about three years ago.

At this time she entered the Rhode Island Hospital. Case diagnosed as tumor of bone; operation advised; the patient consented. Operation consisted of making an external incision and scraping off of the bone. The swelling decreased, but pus flowed from a fistulous opening at the end of the incision. Patient remained in hospital about four weeks; left at the end of this time with pus flowing from the outside through the fistula. Patient visited another surgeon, who diagnosed her case as a blood tumor and advised operation; patient refused. The surgeon referred the patient to me in November, 1899, about three months after the first surgical operation was performed, and eleven years after the trouble first started. Visual examination revealed the conditions stated in the beginning of this paper.

I proceeded to examine with a probe, first cutting through the globular swelling on the inside, which had been diagnosed as a blood tumor, and then breaking through the up layer of bone. I began to probe through the opening I had made, and after directing my probe backward, I felt something smooth. I suggested to patient malposed or maldeveloped third molars. She said she was positive these teeth were extracted, as she remembered distinctly making a special visit to the dentist to have this done. Regardless of her positive or seemingly positive statement, I was quite sure I was right, and having had some experience with patients being mistaken, advised operation. Patient asked me if I was sure I could induce a complete cure. I told her I was not, but was sure beyond a reasonable doubt; otherwise I would not assume the responsibility connected with such cases. She finally consented, and on November 1, 1899, I proceeded to operate under ether. By holding the mouth open with a surgical prop, I began to operate from the inside.

I made a crucial incision on ridge near angle of jaw, dissected back membrane, and exposed bone. I next broke away the bone with chisel and exposed the crown of a tooth imbedded in the bone about one-eighth of an inch from surface. Then with beak forceps I grasped the crown of the tooth, which instantly broke off, as you see by slide A, thereby complicating matters somewhat. I then used the probe to ascertain the direction of tooth, if possible, and found it lying parallel with the body of