

DOWNLOAD PDF NATURAL HISTORY OF DENTAL DISEASES IN NORTH CAROLINA, 1976-77

Chapter 1 : Dental Clinical Trials | Clinical Trials GPS

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It opened on 21 February , and today is a dental museum. Studies show that dentists that graduated from different countries, [14] or even from different dental schools in one country, [15] may make different clinical decisions for the same clinical condition. For example, dentists that graduated from Israeli dental schools may recommend the removal of asymptomatic impacted third molar wisdom teeth more often than dentists that graduated from Latin American or Eastern European dental schools. In most western countries, to become a qualified dentist one must usually complete at least four years of postgraduate study; [21] within the European Union the education has to be at least five years. Dentists usually complete between five and eight years of post-secondary education before practising. Though not mandatory, many dentists choose to complete an internship or residency focusing on specific aspects of dental care after they have received their dental degree.

Specialty dentistry Some dentists undertake further training after their initial degree in order to specialize. Exactly which subjects are recognized by dental registration bodies varies according to location.

Dental public health – The study of epidemiology and social health policies relevant to oral health.

Conservative dentistry and endodontics: The art and science of restoring the tooth form and function when destructed by carious and non carious lesions affecting the teeth, before involvement of pulp or root canal is termed as conservative dentistry. When the root canal are involved, the speciality is known as endodontics. This speciality degree is awarded in India.

Endodontics also called endodontology – Root canal therapy and study of diseases of the dental pulp and periapical tissues.

Forensic odontology – The gathering and use of dental evidence in law. This may be performed by any dentist with experience or training in this field. The function of the forensic dentist is primarily documentation and verification of identity.

Geriatric dentistry or Geriodontics – The delivery of dental care to older adults involving the diagnosis, prevention, and treatment of problems associated with normal aging and age-related diseases as part of an interdisciplinary team with other health care professionals.

Oral and maxillofacial pathology – The study, diagnosis, and sometimes the treatment of oral and maxillofacial related diseases.

Oral and maxillofacial radiology – The study and radiologic interpretation of oral and maxillofacial diseases.

Oral and maxillofacial surgery also called oral surgery – Extractions , implants , and surgery of the jaws, mouth and face.

Oral medicine – The clinical evaluation and diagnosis of oral mucosal diseases

Orthodontics and dentofacial orthopedics – The straightening of teeth and modification of midface and mandibular growth.

Pediatric dentistry also called pedodontics – Dentistry for children

Periodontology also called periodontics – The study and treatment of diseases of the periodontium non-surgical and surgical as well as placement and maintenance of dental implants

Prosthodontics also called prosthetic dentistry – Dentures , bridges and the restoration of implants. Some prosthodontists further their training in "oral and maxillofacial prosthodontics", which is the discipline concerned with the replacement of missing facial structures, such as ears, eyes, noses, etc.

Special needs dentistry also called special care dentistry – Dentistry for those with developmental and acquired disabilities.

Veterinary dentistry , a speciality of veterinary medicine – The field of dentistry applied to the care of animals.

Farmer at the dentist, Johann Liss , c. The legend of the worm is also found in the writings of Homer [where? The Egyptians bound replacement teeth together with gold wire. Roman medical writer Cornelius Celsus wrote extensively of oral diseases as well as dental treatments such as narcotic-containing emollients and astringents. Historically, dental extractions have been used to treat a variety of illnesses. During the Middle Ages and throughout the 19th century, dentistry was not a profession in itself, and often dental procedures were performed by barbers or general physicians. Barbers usually limited their practice to extracting teeth which alleviated pain and associated chronic tooth infection. Instruments used for dental

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extractions date back several centuries. The pelican was replaced by the dental key [45] which, in turn, was replaced by modern forceps in the 19th century. The Royal Commission on the National Health Service in reported that there were then more than twice as many registered dentists per 10, population in the UK than there were in The French surgeon Pierre Fauchard became known as the "father of modern dentistry". Despite the limitations of the primitive surgical instruments during the late 17th and early 18th century, Fauchard was a highly skilled surgeon who made remarkable improvisations of dental instruments, often adapting tools from watchmakers , jewelers and even barbers , that he thought could be used in dentistry. He introduced dental fillings as treatment for dental cavities. He asserted that sugar derivate acids like tartaric acid were responsible for dental decay , and also suggested that tumors surrounding the teeth and in the gums could appear in the later stages of tooth decay. He suggested that substitutes could be made from carved blocks of ivory or bone. He also introduced dental braces , although they were initially made of gold, he discovered that the teeth position could be corrected as the teeth would follow the pattern of the wires. Waxed linen or silk threads were usually employed to fasten the braces. His contributions to the world of dental science consist primarily of his publication *Le chirurgien dentiste* or *The Surgeon Dentist*. The French text included "basic oral anatomy and function, dental construction, and various operative and restorative techniques, and effectively separated dentistry from the wider category of surgery". In he entered into a period of collaboration with the London-based dentist James Spence. He began to theorise about the possibility of tooth transplants from one person to another. He realised that the chances of an initially, at least successful tooth transplant would be improved if the donor tooth was as fresh as possible and was matched for size with the recipient. These principles are still used in the transplantation of internal organs. Hunter conducted a series of pioneering operations, in which he attempted a tooth transplant. The profession came under government regulation by the end of the 19th century. In the same year, Francis Brodie Imlach was the first ever dentist to be elected President of the Royal College of Surgeons Edinburgh , raising dentistry onto a par with clinical surgery for the first time. Occupational hazards in dentistry Long term occupational noise exposure can contribute to permanent hearing loss, which is referred to as noise-induced hearing loss NIHL and tinnitus. Noise exposure can cause excessive stimulation of the hearing mechanism, which damages the delicate structures of the inner ear. Regulations state that the permissible noise exposure levels for individuals is 90 dBA. Exposures below 85 dBA are not considered to be hazardous. Time limits are placed on how long an individual can stay in an environment above 85 dBA before it causes hearing loss. The exposure time becomes shorter as the dBA level increases. Within the field of dentistry, a variety of cleaning tools are used including piezoelectric and sonic scalers, and ultrasonic scalers and cleaners.

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Chapter 2 : Generic Viagra From North Carolina | Best Prices | Excellent Quality

Natural history of dental diseases in North Carolina, report of a research project / supported by the W.K. Kellogg Foundation ; sponsored by the Dental Foundation of North Carolina, Inc. ; John T. Hughes, R. Gary Rozier, and Diana L. Ramsey.

Advanced Search Abstract Evidence-based research now allows clear separation of syphilis from other diseases in its class of treponematoses. Examination of skeletons from populations with clinically diagnosed bejel and yaws revealed bone alterations distinctive to those diseases, clearly separating them from alterations due to syphilis, transcending the limitations of current DNA and immunologic technologies. These insights allowed confident identification of the New World origin of syphilis. Absence of skeletal evidence of any treponemal disease in continental Europe before the time of Columbus excludes it as site of origin of syphilis. Treponemal disease appears to have originated in East Africa with late transmission to England, perhaps as a complication of the slave trade. The original treponemal disease apparently spread from Africa through Asia, entering North America. Approximately 8 millennia later, it mutated to syphilis. Presence of skeletal evidence of syphilis at the site in the Dominican Republic where Columbus landed suggests the route by which it was transmitted to the Old World. The dichotomy between science and the folk history of treponemal disease and a resistance to data-based analysis have been at the very heart of the controversy about the origins of syphilis [1â€™15]. Those speculations can be divided into 3 hypotheses, 2 of which pertain solely to the European question [2 , 3 , 16â€™18]. Was syphilis a contagion from the New World i. The third hypothesis about treponematoses suggests that syphilis was transported from the Old to the New World. The key questions would appear to be whether any treponemal disease was present in pre-Columbian Europe i. Actual Recognition of Disease Before examining the biologic evidence that the 3 major pathologic treponematoses actually represent distinct diseases, what is the anthropologic evidence that any treponemal disease existed in pre-Columbian Europe? Validity could be established by use of an independent measurement, but what measures bone surface integrity? Microscopic examination of the cut surface of bone clearly distinguishes periosteal reaction and taphonomic postmortem damage. However, I have devised an approach unfettered by previous and now invalidated perceptions of how to distinguish taphonomic damage. Periosteal reaction, by definition, is a process that occurs external to the original cortical margin [25]. Identify that margin and it is generally quite easy to assess whether any bone alteration is present, internal or external to that cortical surface. An independent technique confirmed the accuracy of the macroscopic assessment. Noncolligative properties of matter, such as entropy, depend on qualitative aspects of structure, not quantitative ones [28 , 29]. As a surface-dependent thermodynamic property, entropy is independent of the extent and amount of damage but reflects only surface alterationâ€™taphonomic damage e. Normal bone internal to the periosteal membrane exposed by taphonomic damage has a different rate of heat dissipation than does bone with an intact outer layer periosteum. Bone architecture, characteristic of endothermic individuals, results in uniform thermodynamic characteristics [30]. Pathologic alteration of that outer layer periosteal reaction produces a different pattern [9]. More importantly, there was no overlap in the time course of taphonomically affected bone and that of bone with periosteal reaction [9], as measured by the reproducible technique described above on tibia. Not only is the technique precise, it is also accurate. Because bone has only a limited repertoire of responses to any stressor e. However, examination of the population reveals a spectrum of manifestations for each disease [25 , 27 , 31]. That spectrum is highly characteristic, and the outlier simply becomes a part of the spectrum and can be recognized as such [20 , 21 , 27 , 31]. This has been clearly documented for a series of diseases, including rheumatoid arthritis, spondyloarthropathy, calcium pyrophosphate deposition disease, tuberculosis, leprosy, and the treponematoses [20 , 21 , 27 , 31]. Examination of afflicted populations reveals identical spectra, reproducible even across species lines [27 , 31]. It overcomes the outlier issue and adds an additional testable characteristic: Examination of populations might reveal isolated

periosteal bumps but no widespread involvement, with the exception of cases involving combat or battered child syndrome. Few phenomena or diseases actually produce nonfocal periosteal reaction in more than a very small percentage of individuals [25 , 27 , 31]. Paget disease, for example, can occasionally produce periosteal reaction in association with other findings. The cortical thickening in persons with Paget disease affects the posterior portion, in contrast to anterior tibial cortical thickening in persons with treponematoses [25 , 27 , 31]. Few diseases actually produce periosteal reaction, except as very isolated occurrences in afflicted populations [25 , 27 , 31]. Exceptions include treponematoses, hypertrophic osteoarthropathy a phenomenon related to intrathoracic disease, cirrhosis, and inflammatory bowel disease , and perhaps renal failure [4 , 25 , 27 , 31â€”33]. Those disorders produce a periosteal reaction that often affects the entire bone, but it may be limited to 1 region e. Treponemal Disease in Europe Proof of European origins of syphilis would first require proof that any treponemal disease existed in pre-Columbian Europe. Actually, there is little evidence even of periosteal reaction, let alone of its existence as a population phenomenon in pre-twelfth century a. Europe [34 , 35]. All evidence represents isolated cases for which alternative diagnoses are more likely [5 , 8 , 14 , 27 , 36â€”41]. The individual from Lisieux, France, from the fourth century a. The bones lacked frontal involvement characteristic of syphilis. Peripheral periosteal reaction was focal in nature, which is more suggestive of trauma. Henneberg and Henneberg [11] suggest that there was a high frequency of periosteal reaction in Metaponte, Italy, in the sixth century b. However, the most extensively involved cases had quite minimal involvement, and focal and taphonomic confusion was suspected as a diagnosis [34]. However, bone changes were unlike those associated with treponemal disease, and on examination, they were found to be typical of lytic damage due to histiocytosis. Findings from the hard palate lesion from the 11thâ€”14th century a. The isolated first or second century b. Zhang [40] reported a skull from the Song dynastyâ€”era â€” a. Fujiang province with frontal and parietal lesions, which he believed were similar in appearance to caries sicca. Again, this was not a definitive diagnosis and represented the only possible case he found in all of China. A macroscopically nonspecific condition in bone fragments from a knight, Gottfried von Cappenberg who lived from to a. Attempts to attribute conditions to syphilis in isolated individuals would, at best, identify outliers of a different disease, because the population spectrum of periosteal reaction is much rarer than that found for any of the treponematoses. Furthermore, it is critical to distinguish periosteal reaction from fetal membrane calcification. The latter led to the famous misdiagnosis [5] of a fifth century a. Cases from 13th century a. England and Ireland are more complicated. Something new was found: The frequency and character of this reaction at an English monastery and at other sites were much more extensive than what is found for syphilis see Skeletal Criteria, below but are classic for another treponemal disease, yaws [20 , 21 , 26 , 42 , 43]. A report of a case of treponemal disease in an 11-year-old bear [44] was possible because immunologic study confirmed that treponemal disease was responsible. Neither the immunologic studies that were state-of-the-art then nor DNA analyses now allow distinguishing among the treponematoses [45â€”47]. But questions about a specific diagnosis of treponematoses in a 13th century a. English skeleton are really tangential. Columbus came from continental Europe, where there is no evidence of any cases of treponematoses prior to [34 , 35]. Treponematoses originated in Africa in the form of yaws [48]. It passed through Asia to North America, spinning off a mutation in the form of bejel on the way [49]. Bejel also passed through Asia into North America [50]. However, it was in North America that another mutation took place, creating syphilis [51]. Origins of Treponemal Disease Kenya National Museum was a Homo erectus whose cause of death was originally diagnosed as a vitamin A overdose [52]. However, the distinguished scientists who made the original report had actually never seen a case of bone afflicted by hypervitaminosis A M. Bone reaction in hypervitaminosis A is calcification within tendons starting at the site of enthesial attachment [27 , 31], not periostitis [27 , 31 , 53]. That recognition and presence of periosteal reaction from another H. It is perceived that bejel represented an early mutation of yaws as it passed through northeast Africa [51]. Confidence in diagnoses of bejel and yaws through time is high because the reproducibility of findings in these diseases in general [27 , 31 , 32] and for treponematoses in particular [4 , 26 , .

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Chapter 3 : Dentistry in the United States : status, needs, and recommendations - ECU Libraries Catalog

Title / Author Type Language Date / Edition Publication; 1. Natural history of dental diseases in North Carolina, report of a research project.

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Dental survey of state school children in New South Wales, January, Natural history of dental diseases in North Carolina, report East Carolina University.

Sharp and his staff strive to provide consistently exceptional results whether your treatment requires implants, complicated bridgework, treatment for gum disease, dentures or simply routine restorations. Treatment of periodontal gum disease can now be accomplished without surgery requiring stitches and without pain. Sharp is a trained periodontist gum specialist who has been trained in laser periodontal therapy, the latest in painless gum treatment. Sharp has been placing and restoring implants since You can have your teeth replaced without damaging healthy, adjacent teeth, restoring your smile and improving your chewing ability. Best of all, implant teeth look natural. Beautiful smiles are our business. Restoration of severely damaged teeth is what we do. After you have scheduled, you will be sent a packet in the mail that contains Medical History, Dental History, Office Policy, Patient Information, an appointment card with your scheduled time and a map to the office. You will be asked to fill out these forms and bring them with you when you come in for your initial exam. Gum disease periodontal disease is swelling or soreness of the gums the soft tissue around your teeth. It is caused by the bacteria in plaque, a sticky, colorless film that forms on your teeth. The plaque bacteria have toxins that inflame the gums. If you do not remove plaque by brushing and flossing your teeth, it can build up and infect your gums, teeth and the bone that supports them. If not treated, you can lose your teeth. He is a dentist who specializes in the diagnosis, treatment, and prevention of periodontal disease. In addition to four years of dental school. A dental implant is an artificial tooth root placed into the jaw to hold a replacement tooth or bridge in place, or to provide support for a denture. Dental implants do not decay and should generally last a lifetime with proper maintenance. Placing implants since and has extensive experience in all aspects of dental implants. Everything from implant placement to restoration can be done in our office or implants can be placed here and restored by your dentist. Implants may be right for you. Smile, talk and eat with confidence. Regain function without damaging nearby. A ceramometal or porcelain crown or bridge is placed when a tooth or teeth become brittle from large restorations, Generic Viagra From North Carolina treatment root canal or other causes. The natural tooth has to be shaped so that the crown can be fitted over the tooth to help prevent fracture of the tooth. Even though crowns are made of metal and ceramics, it is still necessary to brush and floss. Teeth with crowns are still susceptible to decay underneath the crown if not properly maintained. Dentures are removable and are used to replace missing teeth. If you have lost all your teeth, and are having problems wearing full dentures, implants can be employed to anchor the dentures. There is no incision scalpel and no stitches sutures. You heal naturally with full retention of you gums. You can quickly return to your normal routine. LANAP is the only patented periodontal surgical procedure. It also has K clearance from the U. Food and Drug Administration. The root canal procedure involves treatment of the abscessed tooth by drilling a small access hole in the top of the tooth and removing the nerve. The canal is then sterilized and filled with an inert material to prevent bacteria and fluids from getting inside the tooth causing recurrence of the infection. In addition Generic Viagra From North Carolina to periodontal and implant services, we offer a complete line of general dentistry services including fillings, cosmetic services, root canals, crowns, bridges, dentures and extractions. Our office is one of the very few where you can have an implant placed and restored by the same dentist. In we added laser surgery as a non-surgical option to treat periodontal disease. This modality of treatment for periodontal disease has had wide acceptance. We will strive to deliver quality care in a clean, comfortable and safe environment. You will find our office to be warm and friendly. We will make your visit as pleasant as possible. Generic Viagra From North Carolina Treatment will be delivered with the utmost care, skill and judgment.

Chapter 5 : Dentistry - Wikipedia

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1. Author(s): Hughes, John T (John Thomas), Title(s): Natural history of dental diseases in North Carolina, / John T. Hughes, R. Gary Rozier and Diana L. Ramsey.

Chapter 6 : Annual Patient Conference Durham, NC | International Pemphigus Pemphigoid Foundation (IP

- A scientific survey of dental disease in North Carolina was conducted. This survey, mapped by Drs. John T. Fulton and John T. Hughes, was the first comprehensive state dental survey in the nation and the data from it became the basis for all future state dental health planning.

Chapter 7 : - NLM Catalog Result

Dental caries is a ubiquitous disease affecting all age groups and segments of the population. It is known that not all caries lesions progress to cavitation, but little is known regarding the progression pattern of caries lesions.

Chapter 8 : History of Syphilis | Clinical Infectious Diseases | Oxford Academic

Abstract. Book reviewed in this article: Hughes, J. T., Rozier, R. G., and Ramsey, Diana L. NATURAL HISTORY OF DENTAL DISEASES IN NORTH CAROLINA

Chapter 9 : Category:History of dentistry - Wikimedia Commons

1. Author(s): Fulton, John T (John Thomas),; Hughes, John T; University of North Carolina at Chapel Hill. Department of Epidemiology. Title(s): The natural history of dental diseases [by] John T. Fulton and John T. Hughes, assisted by Charles V. Mercer.