military surgeon, should be able satisfactorily to perform. Even the division of the cricoid cartilage may be safely combined with the operation in order to enlarge the opening, when necessary. The surgeon should be familiar with all new devices which have stood the test of practice. Thus, instead of blindly groping for the bullet or other foreign invader of the trachea, if properly trained, he would illuminate the trachea on modern principles, and thus contribute to the accuracy, speed and safety of the operation. His special training should include a knowledge of the fact that it is easier and safer to open the trachea above than below the thyroid gland, as in the former case he is less likely to come into collision with the large blood vessels.

Similarly, the experience gained from Japanese surgical successes on, or rather off the battlefield, may well be taken to heart. The Japanese perform no operation whatever on the firing line, except in cases of extreme emergency when there is imminent danger to life from hemorrhage or from other causes. After taking all the necessary aseptic and antiseptic precautions, they leave all bullet wounds severely alone, remove the wounded to the rear and have the satisfaction of knowing that in the vast majority of cases the wounds heal by first intention, without causing any inflammatory or other pathologic conditions.

Not being connected with the military branch of the profession, I do not wish to encroach on the domain of others more qualified, by stating in detail how my suggestion for securing the services of specialists for the benefit of the rank and file could be best carried out, but there is one possibility of facilitating improvements in the desired direction, to which I would like to call attention. It seems to me perfectly feasible, in our large cities, to have military medical specialists, who could be called in whenever expert treatment at the hands of a specialist is of importance. I refer, for instance, to mastoid operations, in which the success depends entirely on the degree of competence and thoroughness of the surgeon, and in which the differentiation between the acute and chronic stages decides the method of operation.

The principles I have laid down in this address are not supposed to apply in a one-sided way to general practitioners only. They hold good, only in reversed application, for the training of the specialist as well. It is a mistake to assume that once a specialist has acquired a thorough knowledge of ear, nose and throat diseases, and their treatment, there is no need for him to trouble about any of the ills of other parts of the body. As I have already pointed out, the affections of special organs stand in close relation to the general functional activity of the body, and by narrowing his views, thoughts and opinions strictly to the details of his specialty, the specialist will promptly lose the all-important, comprehensive view of cause and effect in the mechanism of the human body. Again, the general condition of the body often determines whether or not a certain operation should be performed, whether local or general anesthesia should be applied, and, in the latter case, the anesthetic and the method of administration. For this and other reasons it is absolutely necessary that the specialist should keep in close touch with his professional brethren who have adopted the practice of general medicine and surgery. Both, the general and special practitioner, should realize that they are not contestants for opposing favors, but friends and comrades in the furtherance of a mutual cause, and,

in the interest of suffering mankind, they should work together in harmony toward their common goal.

It requires no seer to foretell that a large amount of needless suffering would be prevented and a great many lives saved, if the suggestions I have thrown out were to meet with general approval and adoption. At the same time, in the present state of professional feeling, I see the possibility of difficulties obstructing our path, but those difficulties can and should be removed, as the interest of our patients is the primary and decisive factor, before which everything else—avarice, ambition, and imaginary ethical considerations—ought to fade into nothingness and vanish like a blinding fog before the rays of the sun. The feeling of fraternity between country physician and city specialist is by no means too hearty, but all good and true men, who have the real interest of our profession at heart, should unite in this movement, and, working hand in hand, further their own interests and raise the ethical level of the profession to a higher and nobler plane.

Means should be found for the whole medical brotherhood to be in closer touch, and a bond of union should be established which will make us all feel akin, whether we are country or city physicians, specialists or general practitioners. On these lines the medical organization of this country should be overhauled. Every member of the profession ought to be imbued with the all-pervading idea that he has not got hold of one exclusive thing, but that he dispenses his knowledge and ability in the services of mankind just like any other of his professional brethren. Broad and liberal views and principles should underlie our every thought and action, and if the arguments I have advanced should pave ever so slightly the way for diffusing the salient features of special training among the vast body of general practitioners, and for inducing the specialist unselfishly to reciprocate the latter's attempt at increasing their usefulness, it will mark the dawn of a perfected, idealized, medical organization, and I shall have the satisfaction of knowing that I have contributed my share toward discharging my obligations as chairman of this special section.

Original Articles

A COMMON GROUND FOR MEDICINE AND DENTISTRY.*

FRANK L. PLATT, D.D.S.

SAN FRANCISCO.

The recognition of dentistry as a specialty of medicine by the American Medical Association and the International Medical Congresses, marks one of the happiest epochs in the history of both professions, for it has opened the way for a mutual understanding of conditions and study of theories beneficial to both, and destined to promote in no small degree the health and happiness of the human race.

The goal of both professions is practically identical, embracing as it does, all honorable means for the relief of suffering and for the cure and prevention of disease.

Within comparatively few years, the medical profession has made giant strides in preventing epidemics of plague, cholera, yellow fever and malaria, and is to-day

* Read in the Section on Stomatology of the American Medical Association, at the Fifty-sixth Annual Session, July, 1905.

waging a relentless war, and one which will ultimately be successful, against the greatest of all scourges, tuberculosis.

Dentistry is no unworthy member of the great medical family, and many of its best and brightest minds are striving with unremitting toil to find means for the prevention of dental disease, and as their efforts are crowned with one success after another they will have but moved further along the common highway traveled by all the healing arts.

The fact that medical science in its various branches is putting forth its latest, and perhaps its greatest, efforts in the direction of the prevention of disease is the very best evidence of the progress and utility of this branch of applied science.

That such effort is demanded and intelligently received by the public furnishes encouragement for renewed effort, and demonstrates the fact that humanity is gradually coming to believe that the prevention of disease is even a greater and more valuable scientific triumph than its alleviation and cure. Admission of the importance and truth of this growing belief leads at once to the consideration of the subject of this paper.

It is an unfortunate fact that the course of instruction in medical colleges, except in a few instances, does not embrace a fairly comprehensive study of dental pathology and hygiene, for they have a direct bearing on other systemic conditions and play a most important part in the health and development of the individual. It would be well also if more particular attention were paid to the diseases of the eye and ear, and the gastric and intestinal disturbances of infancy and later life, as related to diseased conditions of the teeth and oral cavity, in our dental colleges.

The possession of a more general knowledge of these subjects by the practitioners of medicine and dentistry, combined with a greater sense of the obligation of trained minds to impart some of their learning to those dependent on them and less well trained, would accomplish much toward combating disease and bettering the general condition of the human race.

Considering the fact that human beings have inhabited the earth for perhaps fifty thousand years or more, and also that they have been suffering from various conditions of dental disease ever since Adam cut his teeth, it is astonishing how little general knowledge prevails regarding these organs, so essential to the health, development and appearance of mankind. Scarcely one mother in a hundred knows how many teeth there should be in the temporary set, and still fewer know when they should erupt or when they should be lost; and few, few indeed, are the parents who know that the temporary teeth play perhaps a greater part in the development of body and mind than the permanent teeth, and should receive from the day the first one appears, the most painstaking care tending to their preservation.

That expression so common in dental offices, "Why, doctor, that's only a baby tooth, you don't think that ought to be filled?" should be eliminated from the vocabulary of every parent, and there should be heard in its stead, "Doctor, I want my baby's teeth taken care of, every one of them, just as long as he needs them."

How few people we know who have reached maturity without the loss of one or more teeth. It was "only one tooth" neglected until it ached, and then it was extracted. Only one tooth, but its loss eventually dis-

turbed the arrangement and utility of half a set of teeth. This leads to half mastication and half digestion, and whole indigestion.

Parents of all classes, from the dirty and ignorant to the refined and educated, bring their babies two, three or four years of age to the dentist, with their teeth even at these early ages, in all stages of disease. Some have only a few simple cavities, others have scarcely a sound tooth left; with exposed pulps, putrescent pulps, and even a few alveolar abscesses, discharging perhaps a spoonful of pus a day into the oral cavity.

The mother wonders why the baby does not grow, why he does not digest his food, why he does not sleep nights. The wonder of it is that the baby lives at all, and many of them do not live very long, and the cause of death may be traced right back to the septic condition of the oral cavity, back to the mother's ignorance, back to the fact that no one ever told her to care for her baby's teeth, not even the family physician who was present when the child was born, who attended him when ill during the period of dentition, and who should have known, and who should have seen that the mother knew how to keep the little mouth and teeth clean, and should have taught the importance and necessity for doing so. It is undoubtedly a fact, that many of the diseases of childhood, other than those considered incident to dentition, have their origin in diseased conditions of the oral cavity; including of course, dental caries; and it is no less true that throughout life many neurotic and gastric disturbances may be traced directly to the ignorance and neglect of the sufferer in regard to the care and preservation of his teeth. People, as a rule, do not first demand dental services except for the immediate relief of pain; a few, it is true, have learned by previous sad experience that it is well to consult a dentist once or twice a year to have their teeth examined and treated if necessary; and these few, although they do not know it, have reached an unusually high degree of human intelligence. They are well along on the highway of knowledge leading to that remote but beautiful goal when people will understand that it is wiser to employ physicians to keep them well than to cure them when ill. Since we as professional men know these facts, realize their importance and see every day the sad results of ignorance and neglect, since we know that without good digestion there cannot be good assimilation, and without both, good health and good development, since we know that good digestion depends very largely on a proper supply of good, clean food, passed into the alimentary canal through an oral cavity free from septic conditions and provided with the proper organs for its mastication and insalivation, is it not a duty we owe to ourselves and to humanity to impart this knowledge to those who so sadly need it?

This is the duty first of the physician, for his relations with the family are necessarily more intimate and begin at an earlier period than those of the dentist, and second, of the dentist, for by timely advice he may often prevent a repetition of the trouble in regard to which he has been consulted.

It is on this common ground, the instruction of the public in regard to the value, care and preservation of the teeth, and the prevention of disease, that the professions of medicine and dentistry may join hands and work together for the good of humanity and the honor of themselves.