

ADDRESS ON ORAL AND DENTAL SURGERY.

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Chairman of the Section on Oral and Dental Surgery of the American Medical Association, May, 1884.

MR. PRESIDENT AND GENTLEMEN :

A rule of this Association requires the chairman of each Section to prepare and read a paper in general session descriptive of what has been accomplished in his respective Section for its advancement during the past year. If I were to follow strictly the rule I should confine myself to a resumé of the *discoveries and advances made in oral and dental surgery during the last twelve months*. These have been sufficiently numerous and important to furnish material for a far more extended address than I contemplate, and the subjects are especially inviting ; nevertheless, I shall venture, with your kind permission, upon rather a wide departure from established custom in this respect, and in place of these matters shall briefly recapitulate the struggles through which this department of medicine has passed since it assumed to antagonize pain and promote the health of man.

It is singular but true, that the healing art was not greatly honored for a long period after approximate civilization had in a measure dispelled the cloud of superstition which rested over the Middle Ages. The profession of arms was really the only one to which those who boasted of gentle blood could with propriety devote themselves, and the man whose occupation it was to make wounds had small respect for the one who in his rude way attempted to heal them. There was some reason for this sentiment. The disciples of Esculapius in those times were not models of learning, and for the most part were doubtless believers in the healing powers of magic rather than patient, thoughtful men, intelligently striving to find natural remedies for the various diseases that humanity is heir to, in the vegetable and mineral world.

But in those days superstition was not confined to the doctors, but it pervaded all ranks of society. The brightest intellects were employed in the laboratories of the alchemists, seeking for the philosopher's stone and the elixir of life. Divines believed in witchcraft as implicitly as in the decalogue ecclesiastics ; performed or pretended to perform marvelous cures by the aid of locks of hair, finger-nails, relics of alleged departed saints, and the wisest took alarm or gained courage through spells and potents.

During all this benighted period the medical profession was never the avocation which a born gentleman could adopt without loss of caste, and it is only within the last century that practitioners of medicine as a class have attained real social position. Surgery as a distinctive art appears to have been hedged in by prejudice until a still later date, and its first devotees usually combined it with the calling of a barber. The dual avocation was announced to the world by the familiar striped pole which in these days denotes the apartments of a tonsorial artist, and

was intended to represent the manner in which the injured limb should be bandaged. The tonsorial was probably then regarded as the more honorable of the two callings, and it was unquestionably the most remunerative, at all events, gentlemen who let blood, bound up wounds and shaved beards were known as barber surgeons.

The general medical practitioners and surgeons had secured social recognition, were highly respected for their attainments, and had even begun to play the autocrat at times when fortune had been especially kind in making them the favorites in fashionable neighborhoods, before the specialty of dental surgery was ever heard of.

The old-time doctor who went about the country in his gig with a pair of saddle bags between his feet containing those old standard remedies, salts, senna, calomel, and quinine, was always provided with a single instrument with which all teeth were treated, known as a turnkey.

It never appeared to have occurred to the practitioner of this period that there were many and grave diseases which had their direct origin in the masticating organs, or that it was worth while to study them in detail. If a patient was afflicted with odontalgia, the turnkeys were brought into requisition and as for treating diseases of the teeth and parts immediately associated with them on scientific principles, it was indeed unknown. It is scarcely more than fifty years since dental surgery began to be known as a distinct profession.

It was most unmistakably and emphatically a department and an important one of medical science, but it was years before the medical fraternity chose to afford it the slightest recognition. The professional dentist occupied a curious position ; the physicians considered him rather in the light of a harmless quack who was endeavoring to perform a certain work which in part they had previously performed, but as it was very disagreeable work and not especially remunerative moreover, they were quite willing that the dentist should have it, and smiled complacently when he answered to the title of doctor. But the public very soon discovered that these dental surgeons were indispensable ; that they were provided with instruments adapted to their avocation, that hopelessly diseased teeth were extracted with comparatively little difficulty, and that those which were partially decayed could be preserved by various processes. The large degree of public favor that dental surgeons, as well as others who devote themselves to the treatment of special organs, have secured, demonstrates the necessity of medical specialists. The field of medical science is indeed so broad that it cannot be thoroughly traversed by any one in a lifetime. The human mind can not embrace all the far-reaching ramifications of this profession, hence men have found it expedient to devote their attention to the study of special organs of the body and to acquiring such a minute knowledge of them as the general practitioner can scarcely hope to attain. Incontrovertible facts bear witness that the highest degree of success which has been secured in the treatment of special diseases has been the reward of individuals who made those

diseases the subject of patient, continuous and special investigation.

All this came to be generally understood and in a way acknowledged by the medical fraternity for years before any medical college was brought to consider dental surgery worthy of recognition in its curriculum, and the dental fraternity during this period had no training school of its own.

An earnest appeal was made to a medical college of Philadelphia at an early day by leading practitioners of dental surgery for an opportunity to secure for their students a complete medical education together with their special training, but the appeal was in vain, and in 1839 the dental surgeons, after untold discouragements, succeeded in establishing a college devoted to their interests. Since then others have sprung up here and there until at the present time eighteen colleges of this description exist in the United States. Of course there are defects in the present system of educating oral and dental surgeons which we recognize. Practitioners of our specialty have frequent occasion to deplore their lack of thorough knowledge of the principles of medicine and surgery, but the progressive ones avail themselves of the best advantages attainable when students, and hope that those who come after them may be more fortunate in securing the highest degree of instruction. But while it is all-important that the dental surgeon should be well versed in medical lore, should indeed be a fully educated medical man, it is also of vital consequence to the general practitioner to be accurately instructed in certain branches of our specialty. The lesions incident to the masticating organs are too numerous and in some instances so grave in their results that it is an error in judgment to any longer disregard them in our medical institutions of learning. Dental pathology and surgery should be taught in all our schools of medicine, and so long as these schools fail to recognize its importance and to establish dental professorships they will fail to graduate physicians who possess all the learning it is important for them to possess while prescribing for human ills.

Among the reasons why each medical college should have a professor on oral and dental subjects are the following: First. A thorough knowledge of the origin and development of the teeth should be acquired by every student. Second. He should also understand the time and mode of their eruption. Third. He should be able to distinguish between deciduous and permanent teeth. Fourth. Students of medicine as a rule are deficient in knowledge of the anatomy and physiology of the teeth. Fifth. He should understand the etiology of dental diseases and the hygienic measures requisite to abate or eradicate them. Sixth. Alveolar dental abscesses not infrequently simulate nasal catarrh as well as parotitis, and these abscesses discharge in some instances upon the face, beneath the chin or on the neck as low as the clavicle. Seventh. Neuralgias of the eye and ear in many cases have their unsuspected origin in the teeth. Eighth. Facial deformities are often due to irregularities of the permanent teeth, and these irregularities are due chiefly to neglect of the deciduous ones, or lack of

proper advice pertaining to their care and treatment. These irregularities, indeed, not only cause the deformities mentioned but frequently the articulation is greatly impaired and the masticating organs are rendered almost useless. Ninth. Diseases of the maxillary sinus, caries and necrosis of the maxillary bones have their origin chiefly, also, from diseases of the teeth. Tenth. Pathological conditions of the teeth of children render perfect mastication impossible. "Without perfect mastication there can not be perfect digestion. Without perfect digestion there can not be perfect assimilation. Without perfect assimilation there can not be perfect nutrition. Without perfect nutrition there can not be health," and thus is it that injurious impressions are made upon the organism of a child which time can never efface.

These are grave facts and are worthy of the serious consideration of that great body to whom is entrusted the health and life of the community. The importance of this department of medical science you have frankly recognized in establishing the Section over which I have the honor to preside.

In the language of the great "Father of American Surgery," the illustrious member of our profession whose magnificent career has just terminated in death; the late Professor S. D. Gross, whose name we all love and venerate: "This is the most important of all the specialties of medicine; not because the diseases you treat are more important than others, but because of the enormous demand on the part of the community for skilled treatment in this department." But of this fact I doubt not you are already advised, and will agree with me that it cannot fail to contribute in the largest measure to the comfort of the laity and the relief of suffering humanity. I should not expect the medical student to familiarize himself with all the manipulations essential to dental art; but I do insist that our medical colleges should devote as much care to training in this department as is generally given to diseases of the skin, the eye and ear, etc., and that the general practitioner should be as capable of advising his patients in this department as in any other. Let the great tree of medical science foster and embrace every branch of the healing art. Let the student of medicine acquire a thorough knowledge of oral hygiene and dental pathology, and thus fortified, he can render a far better, because an infinitely more intelligent, service to his patients than he is now able to do.

To say what we have accomplished for the profession would consume too much time. In the treatment of compound fractures of the lower jaw marked improvements have been made of late in making and adjusting interdental splints.

If in our enthusiasm we eulogize the brilliant men who have adorned our ranks, we only echo the sentiments of each and every member of this distinguished body, as well as the entire educated world.

The greatest of all blessings, the anæsthetic agent, was presented to the world by a member of our specialty. And so long as humanity can remain unconscious in the swooning dream born of ether or chloroform while undergoing the most extensive surgical operations, the name of Horace Wells, the genius

who first dared to believe that all the sensibilities could be thus deadened, will be remembered and revered.

On examination of a report by the Illinois State Board of Health on Medical Education and the Regulation of the Practice of Medicine in the United States and Canada, I find the total number of medical colleges in these countries to be 135; in the United States 123, in Canada 12. And I am happy to state that in our own country there are now 20 medical colleges which sustain professorships of dental pathology and surgery. I hope the number may be greatly augmented during the next twelve months.

In conclusion, let me urge upon the directors of all schools of medical learning the importance of seeing that the curriculum embraces each and every specialty in which the student should be instructed before receiving a diploma authorizing him to deal with the health, not to say with the life, of those who entrust themselves to his professional care. It is a sacred trust the colleges confide to those whom they graduate as doctors of medicine. The great majority of gentlemen who receive this high honor are anxious to be deserving of it, and to be able in the future to give a good account of their stewardship. But with the best of intentions they will certainly fail, and perhaps ignobly, if their instruction is partial, not complete. Teach them all that can be taught; knowledge is like a good armor, and without it no professional man is prepared to enter the arena where his life contest is to be waged, and won or lost.

A CASE OF LIGATION OF THE VERTEBRAL ARTERY FOR AGGRAVATED EPILEPSY.

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The proposition to ligate the vertebral artery for epilepsy has not met with great favor among surgeons, and the scanty literature upon the subject leaves its value a matter of uncertainty. I offer the following case, not as decisively proving the usefulness of the operation, but as a contribution toward the collection of facts necessary to the decision of the question. Mr. —, at the age of 17 received a very severe and afflicting mental shock, which was followed by epilepsy. The paroxysms increased in frequency until his mental powers were wrecked. He was in a state of thorough insanity, and from that cause added to the great frequency of the fits, had to be cared for in a state of virtual confinement. Five years later, at the age of twenty-two, he was brought to me in the mental condition above described, and suffering from twelve to fifteen paroxysms every twenty-four hours.

Seeing that he had nothing to lose, I determined to try the operation. Ligation of the vertebral is easiest done in front before the artery enters the ver-

tebral canal, and the high operation is condemned by some good authorities as too difficult, yet I have deemed it possible that the latter location, as being much nearer to the seat of disease, might have some advantages. Therefore I operated at the upper point, cutting down upon the vessel, and tying it between the right transverse processes of the atlas and the axis. The operation proved slow and difficult, notwithstanding previous practice upon the cadaver, but it was successfully accomplished. The paroxysms were not suddenly arrested, but they began at once to diminish in frequency and severity. At the end of three months he was having only about one in three weeks, and then only when provoked by mental excitement, or by indulgence in tobacco. At six and a half months the attacks had entirely ceased, and the mental powers were so much improved that the patient was comparatively sane and able to enjoy his liberty in walking about town. At this time I lost sight of the case and am unable to give any statement of the present condition.

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FRACTURE OF BASE OF SKULL WITH COMPLICATION OF VAGO-ACCESSORY NERVES.

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(Read before the Chicago Society of Ophthalmology and Otology.)

Mr. C. W., grocer, aged 45, consulted me Oct. 1, 1883, for hoarseness and deafness. Three weeks prior he had fallen off a wagon and sustained severe injuries on the left side of head and face. The concussion almost deprived him of his senses; however remembers that persons hurried to his assistance and conveyed him home. Endeavors to communicate were futile, as his voice had sunken to a faint, hoarse whisper, rendering articulation inaudible. Simultaneously violent emesis set in and continued several hours, resisting all attempts to check it. Immediately upon the concussion he experienced a feeling expressed in his own vernacular "as if something had given way in his head," and he seemed to have lost all hearing power in his left ear. A sanguineous discharge, watery in consistency, set in from the same ear and continued oozing, drop by drop, for over two days. Vertigo was so intense that, although in a semi-conscious state, he lost all power of volition and could not exert the slightest control over muscular action. Attempts to swallow restoratives were useless, as he had lost all power of deglutition. Fluids were either rejected through the nostrils or passed into the larynx setting up violent spasm. High fever and a terrible headache, lancinating in character, set in and he lapsed into a stupor. A physician had in the meantime been called in and ordered ice applications to the head and neck. After five days the fever abated and he regained his consciousness. Vertigo was still so intense that he found it impossible to raise his head. The slightest movement of the lower jaw