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INTRODUCTORY LECTURE

ON

DENTAL SURGERY,

BY

J. C. CLENDON, M.R.C.S.,

SURGEON-DENTIST AND LECTURER ON DISEASES OF THE TEETH TO THE
WESTMINSTER HOSPITAL.

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LONDON: 1856.

INTRODUCTORY LECTURE

DENTAL SURGERY,

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J. G. CLENDON, M.R.C.S.

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DENTAL SURGERY.

INTRODUCTORY LECTURE.

OF the various structures of the human body, none are so liable to disease, give rise to such frequent suffering, or perish so early, as the teeth, the organs of mastication. The hardest of all the animal tissues, firmly planted in the maxillary bones, and intended to last during the natural term of life, they frequently fail at the very outset, and seldom remain intact until the thirtieth year. Now, when we bear in mind the purposes they fulfil, in preserving the contour of the face, in assisting in articulation, and, above all, in preparing the food for digestion, we cannot but consider their early loss a serious evil, and the question of their preservation an important one to the medical practitioner: and yet, as a rule, it is one that is entirely overlooked. Paradoxical as this may appear, the fact is easily accounted for: the study of the teeth forms no necessary part of a medical education; it is not in the list of subjects required by the Council of the College of Surgeons, nor by the Apothecaries' Society; neither are candidates for the diploma

questioned thereon when they present themselves before their respective examiners. Upon all the more important points of surgery, as they are usually denominated, even upon diseases which are happily of rare occurrence, upon diseases of the eye, and the various operations those diseases render necessary—operations which not one general practitioner in fifty is ever called on to perform—upon all these topics instruction is given, and a competent knowledge required; while the diseases of the teeth are entirely omitted, and the student is left to his own choice, either to avail himself of the means of acquiring information which circumstances may place within his reach, or to enter upon the active duties of his profession entirely ignorant of them. Seeing the frequency—I might almost say the universality—of these diseases, and the amount of suffering and discomfort they give rise to, this omission appears to me a grave error on the part of the authorities, and one that in time will no doubt be remedied. It is I know urged on the other hand, that the branches of study necessary for a medical education are already so numerous, and the amount of time devoted to attendance on the various lectures so great, as to make it extremely undesirable to add this one to their number; but if the subject in question be of importance in the human economy, if it comprise diseases which are of daily occurrence, which produce a great amount of suffering—greater perhaps in the aggregate than all other

diseases to which our frame is liable—and which require much skill to combat and control, then I think it will be admitted, not only that the excuse put forward is a very lame one, but that it is totally impossible to offer any valid argument for the neglect of a subject which does practically, and, except in large towns, always must, fall within the province of the medical practitioner. To the omission of this as a requirement by the authorities, and its consequent neglect by students, may, I presume, be ascribed the small progress that has been made by medical men in this branch of surgery, and the prevalence of error in regard to the teeth, error not merely of yesterday, but dating back a thousand years, perpetuated from age to age, and firmly believed to be truth at this present day. To the absence of all instruction may also be attributed the belief so generally entertained, that a medical man's knowledge of the teeth may be safely limited to the readiest method of removing them when they become troublesome. As well might he stand by and watch the progress of disease in a joint, without troubling himself to ascertain its cause, or to make an effort to arrest it, satisfied with his ability to amputate the limb when the patient's life should be in danger, or the pain become too grievous and intolerable to be borne.

But, gentlemen, whatever your own opinions, and however well or ill qualified you may be, you will be allowed but little choice when you enter into practice,

more especially into general practice, on your own account. When sent for to see a patient suffering from a severe pain in the jaw, it will not do for you to say, "I have never studied the teeth, and know nothing about them, I leave them to the dentist." Even if such a course were proper and desirable, you could not as young practitioners, afford to treat your patients in this way; besides you may not have a dentist near you, or not one to whom you would care to entrust your patient—dentists, you are aware, are not always professionally educated men—you may reside in a remote district, or in the colonies, or you may be in the army, or on board ship, where there is no second opinion to fall back upon; and in any case, the responsibility will rest with you. Especially will you, as the medical attendants of families, be called upon at an early period of infant life to alleviate the sufferings arising from the rapid development of the teeth, or, as it is usually termed, "teething". It is scarcely necessary for me to remind you of the serious evils which in too many instances result from this trying ordeal:—the partial and even total loss of sight, idiotcy, paralysis, and convulsions, with sometimes a fatal termination. Even in the ordinary every day form in which it will come under your notice, there is great restlessness, and other evidences of pain, fever, and eruptions on the skin. The generally received opinion is, that the disturbance in question is owing to the *eruption*, or, as it is termed, the "cutting" of the

teeth; to the resistance offered by the gum to the pressure of an advancing tooth. I have long believed and taught, and have no doubt I shall be able, in the course of these lectures, to prove to your satisfaction, that this opinion is founded in error, and has been too much taken for granted, without sufficient inquiry. But be the immediate cause what it may, your attention is naturally directed to the mouth, the seat of the disturbance, and you find the gums inflamed and swollen. The parent, full of anxiety, looks to you to afford the sufferer some measure of relief; but if you are unacquainted with the processes at work in the hidden cavities of the maxillary bones, of the actual condition of the rudimentary teeth, their investing membranes, and the structures immediately surrounding them — the causes, as I believe them to be, of this general disturbance—your treatment at the best can be but empirical; and if you are ignorant of the order in which the teeth are erupted, and the periods at which they are severally destined to appear, you may lance the gums, and relieve them by the abstraction of a small quantity of blood, but the result will more frequently than otherwise disappoint your expectations. I have frequently known gums lanced to facilitate the eruption of a tooth, months before in the ordinary course of nature it was likely to appear; and hence you will perceive the necessity for understanding fully the theory of dental development.

The temporary, deciduous, or, as they are often

called, the milk teeth, frequently decay at a very early period, sometimes as early as the third year ; and food, particularly food of a sweet character, getting into the cavities of the molar teeth, gives rise to severe pain, resembling, while it lasts, the acute toothache of permanent teeth. Sweets appear to have a peculiarly irritating effect on the exposed sensitive portions of decayed teeth ; hence, no doubt, the popular belief that they are immediately injurious to sound ones ; an opinion which, as far as my observation goes, has no foundation in fact. The remedy which naturally suggests itself in this case, and one I know too often had recourse to, is the removal of the tender tooth ; experience, however, teaches us that such a mode of proceeding is calculated to lead to future loss or to permanent disfigurement. We find that when a temporary molar has been removed some considerable time before its permanent successor is ready to replace it, the space left vacant is encroached upon by the neighbouring teeth, the arch becomes contracted, and leaves insufficient room for the approaching tooth, and crowding, irregularity, and deformity, are the inevitable consequences. It is our duty, therefore, by the application of suitable remedies, to retain the temporary teeth as long as possible, and thus obviate the evils their too early and indiscriminate removal would give rise to. On the other hand, there are occasions in which it is indispensably necessary to anticipate

their spontaneous removal ; and to these your attention will in turn be directed.

Again, often during second dentition, either from the comparatively large size of the teeth, from contraction of the jaw, or from some peculiarity in the form of the dental arch, the teeth come crowded together in an irregular manner ; and as this irregularity is inconvenient or unsightly, parents are often in a great hurry to have it remedied. A tooth perhaps projects, tusk-like, beyond the line of the arch, or within it, trenching on the cavity of the mouth. You will be consulted as to the propriety of removing it ; but can you give an opinion, with satisfaction to yourself and benefit to the child, if you are ignorant of the form and size of the neighbouring teeth yet to come, the space they will require, the periods when they may be looked for, and their comparative usefulness and durability ? Without this knowledge, how can you decide which tooth to sacrifice, which to retain ? Without it, you may even fail to distinguish between the temporary and the permanent teeth. Errors arising from want of attention to these points, or from want of proper instruction, are, I assure you, of every day occurrence.

The permanent teeth not unfrequently decay soon after their eruption ; those most liable to it are the first or anterior permanent molars, the four large teeth which appear between the sixth and seventh year, before in the natural order any of the temporary teeth

are shed ; and hence the almost universal belief that these teeth form a portion of the temporary set, and like them are destined to be renewed. There is often great difficulty in undeceiving people on this point ; and when, at length, you succeed, the question on their part naturally arises—"if these are intended to be permanent teeth, what is the cause of their decaying so early ?" What is the cause of their decaying so early ?—This appears a very simple question, and one that might be fairly put to a medical man ; but, I believe, there are comparatively few who could answer it : it is only by careful study and attention that a just conception of the several causes of decay can possibly be arrived at.

You will often meet with people suffering severely from toothache, who evince the greatest repugnance to part with the offending tooth, and who will not consent to its extraction until every other mode of relief has been tried and found ineffectual. From the extent of the decay, the condition of the surrounding structures, and from the symptoms, you will have to decide whether by the use of palliatives in the first instance, and subsequently by the application of some suitable stopping, there is a reasonable chance of preserving the tooth for a time ; or whether it is already in the condition of diseased bone, an irritating extraneous substance in the jaw, affording no prospect of relief but by its removal.

Patients will complain to you of rheumatic pains in

the face, of deep-seated pain in the jaw, extending to the orbit and temple, or to the ear; of pain, not in one tooth only, but "in all the teeth"; of tic douloureux; of anything, in short, rather than admit the probable cause—a diseased tooth. In this, as in their history of cases generally, patients are not to be implicitly relied on; there is a natural tendency to magnify their sufferings, and they also deceive themselves, from an unwillingness to admit an unpalatable truth. Before you proceed to administer medicine in such cases, you must satisfy yourselves as to the condition of the teeth and gums. The patient will, of course, contend that the pain does not proceed from a tooth, and a cursory examination might possibly lead you to the same conclusion. But, you must remember, a tooth may not necessarily be decayed to occasion severe pain; some change may be taking place in the condition of its periosteum; there may be deposit of bone in the alveolus, displacing the tooth, or causing a corresponding absorption of its roots, or there may be ossific deposit on the root itself; either of these conditions is sufficient to give rise to the most painful and distressing symptoms, which may extend over a period of several years. Sometimes the pain is caused by the presence of a minute portion of root broken off from a tooth, deeply seated in the gum, and long since forgotten. Owing perhaps to the absorption of the alveolus, in which it hitherto lay quietly embedded, this being set free, may be

slowly working its way to the surface, and giving rise to occasional paroxysms of the most acute character. In such cases, it is evident medicine is useless, and consequently injurious: relief can be afforded only by the removal of the tooth or root, which a careful and peculiar mode of examination, familiar to those who practise this branch of the profession, will alone enable you to detect. These occasional paroxysms in the face and jaws are not inaptly termed *tic douloureux*. Although a very fashionable complaint, it is by no means confined to the higher ranks; you will meet with it daily in every class of society. The pain arising from diseases of this character is sometimes so intense, and its cause so obscure, that patients naturally incline to give to their own sufferings the name which expresses at once the most acute, and, as it seems to them, the most mysterious form of all such maladies. But when I tell you that in a tolerably wide field of observation, public and private, during a period of twenty years, I have met with only three or four cases of true idiopathic facial neuralgia—that is, neuralgia which would not yield to purely local treatment—you will at once perceive the necessity for a careful examination to satisfy yourselves most fully on this point, before you proceed to subject your patient to a course of medicine.

In medicó-legal investigations, a question sometimes arises, and you may be called upon to give evidence as to the identity of human remains. Sup-

posing all the soft parts to be destroyed, the skeleton alone remaining, you are aware that the form of some of the bones would enable you to speak positively as to the *sex* of the subject of inquiry. And if you pay due attention to the teeth, and become familiar with the appearances they present at different period of life, you will also be able to determine the *age* with tolerable precision.

Of the several operations which diseases of the teeth render necessary, the one which chiefly devolves on medical practitioners is extraction. This, notwithstanding the frequency of its occurrence, is the most dreaded, as it undoubtedly is, for the time, the most painful operation in surgery; it is therefore highly desirable for your own credit, and for the comfort of your patient, that you should know how to perform it properly. Many a young practitioner has been indebted for his introduction to a desirable connection, chiefly to his reputation of being a skilful extractor of teeth. Remember, the first step is to acquire a correct anatomical knowledge of the part on which you are about to operate; without this knowledge, no one should be permitted to make the attempt. It is not merely grasping a tooth, and dragging it out by brute force, that constitutes skill; if strength were the chief element required, the mechanic would often succeed better than the surgeon: it is only by a perfect acquaintance with the forms of the various teeth and roots; a knowledge of the bones in which they are

placed; the direction in which those bones most readily yield to pressure; together with a dexterous turn of the wrist, that a successful issue can be insured. Sometimes from want of care, at others when the greatest care is taken, owing to the extent of decay, the crown of the tooth is broken off too deep in the socket to admit of the remaining portion being grasped by forceps. In such a case, you must either leave the root where it is, and consign your patient to an indefinite period of suffering, or remove it by the *elevator*, a necessary and most useful instrument in skilful hands, in unskilful the most dangerous, and one that you would not allow to be used in your own case, unless you had perfect confidence in the operator—an excellent test for your guidance in all that concerns your patient. But, you will ask, how is the use of this instrument to be acquired? By a competent knowledge, in the first place, of the parts to which it is to be applied, that your force may be effectually employed without injury to the neighbouring structures, and by practice. Of this be assured, the necessary amount of knowledge will not come by intuition; you must give your mind to it; and gradually work your way up to confidence and dexterity.

I could go on almost indefinitely to enumerate instances of the demands that will inevitably be made on your knowledge and skill in this particular department, even though you be in general practice,

and of the difficulties and mortification which those who are uninstructed in it have to encounter; but to you now before me, I trust the very fact of your presence proves your resolution that the charge of wilful ignorance shall not apply. Nevertheless, I have been desirous so to place the whole subject before you at this commencement of my lectures, that being deeply impressed with the value and necessity of this study to your future success, you may give me both your regular attendance and most careful attention throughout the course—that so both you and I may do our best individually to raise the standard of medical education, remembering, that every improvement we are able to attain to, will be not only more beneficial to all classes of patients, but more honourable to the profession to which we belong.

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