

Dental care a major problem at Willowbrook

By MARY ANN JOHNSTON

Although heavily sedated, Barbara had to be pinned into the chair with her arms drawn behind her by two aides before the dentist could approach her.

Earlier that morning, she had taken a traumatic seizure and in her rage had torn at her arm with her teeth, dug her fingernails into her face, leaving long deep scratches and had attempted to bite the attendants as well as fellow inmates when they tried to calm her.

Barbara, 21 years old, is considered to be one of Willowbrook State School's more severely retarded residents. She is a small pretty young woman who has been living there since the age of 9.

"You have to treat them as if they were your own children," an aide said tenderly, speaking from 10 years experience. Then taking Barbara's hand she added, "And sometimes they will respond."

Dr. Sidney L. Collier, one of the four licensed dentists on the staff, could not find the patient's suspected abscess tooth.

The attending physician, who had previously examined the young woman and found no obvious signs of a physical ailment, cited the abscess as a possible cause of her seizure and immediately arranged to have her taken to the dental clinic for further treatment.

According to Dr. William Bronston, a member of the medical staff for three years, it has become a common practice for a physician to use the dental facilities as a last resort in diagnosing the cause of a patient's distress because dental hygiene is nearly nonexistent in the school.

"With only two or three workers to each ward it is virtually impossible for those people to have their teeth brushed," Bronston said.

Reportedly, all the equipment is there. The toothpaste is ordered and brushes hang on racks, but that is where they

remain. None of it is used.

Jerry Isaacs, director of the Benevolent Society for Retarded Children's Willowbrook Chapter, makes frequent inspections of the wards but he has never seen a patient with a toothbrush in his mouth.

"I've been there at all different times of the day and night and those brushes just sit there gathering cobwebs and cigarette ashes on them," he said.

As is generally known, brushing is a major factor in the prevention of tooth decay, but it is also a principle deterrent to diseases of the gums.

Without the proper stimulation of the blood supply by toothbrush massage, the mouth becomes an open invitation to pyorrhea.

While Dr. Alonzo M. Whitney, the school's head dentist, was explaining that he has not seen a great deal of the disease, a patient was rushed into his office to have his bleeding gums attended to.

Steven, possibly in his early teens, had no sight and was therefore a little more difficult to handle than most. With his arms swinging and feet kicking, the attendant finally wrestled him into the chair and drew his arms behind him. When Steven's mouth was finally opened, Whitney found the boy's gums bleeding profusely and one of the few teeth left, a molar, on the verge of falling out.

"Here is an example of pyorrhea," Whitney said.

Steven was subsequently returned to his building for sedation so that the dental work might be continued.

Conceding that there is an "awful lot of gingivitis," which

is one of the group of diseases designated by the more general term, pyorrhea, Whitney said, "What these people need is good home care."

"And that is something they can't give to themselves and apparently there aren't enough attendants to do it," he added regretfully.

Improper diet is another prominent cause of advancing gum disorders.

According to Bronston, "the quality of the food at the school is very poor."

"The attendants know that when the portions are small the hungry residents will become agitated and disturbed," he explained. "So the workers mash bread into the food to increase the bulk."

"This makes it soft and mush-like, resulting in little need for chewing," he continued. "Not only is chewing vital for stimulating the circulation in the gums but it also utilizes the teeth which are bone, and bone not used will dissolve."

When asked if there was any liaison between the dental clinic and the school's nutritionists, Whitney responded:

"No, we don't work with the nutritionists but we do with the physicians on the wards as well as the individual patients, especially if they need certain vitamins and minerals.

"It's not that they aren't receiving the right type of food, but sometimes their bodies can't metabolize the substances and you therefore find many chronic regurgitators. The acids that result from the vomiting often will erode the enamel of the teeth."

As it now appears, the strategy of the dental clinic is largely to respond to the consequences of dental neglect.