

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.

Statistics released by Dr. Miordrig Ristic, the director of Willowbrook, show that in the month of November there were 127 extractions.

"We're extracting teeth that have to be removed because they are splintered, broken with only a root remaining or extremely loose," Whitney stressed. "If the tooth can be saved we either fill it or cap it."

The environment very often accounts for the high number of needed extractions. A fight between residents often result in injury; accidents are common occurrences for the handicapped and many are victims of seizures similar to Barbara's.

"There are stone floors and hard furniture in every building," Bronston explained. "And every time a kid has a seizure he hits that floor and fractures in his front teeth.

"The inordinate number of residents missing their upper front teeth are usually the result of a combination of poor seizure control and the need for more attendants to keep a closer watch on the patients."

Not to be taken lightly, the removal of a tooth causes a severe shock to the body and the mouth sometimes needs additional care afterwards.

Dr. Bronston, who has at various times been in charge of five buildings, claims to have never received an order from the dental clinic to administer medicine to a patient recently

worked on.

"In the entire time I've been there I haven't seen one case returned from the dentist with analgesics ordered for the pain or an adjustment made in the diet," he said.

However, according to Whitney, "the dentist uses his professional judgment as to what medicine is required after dental work."

"I don't feel that we should order analgesics after every extraction because I don't think that pills should be used indiscriminately."

Ambulatory patients visit the clinic two or three times a year for a checkup but Whitney says that it's the physically handicapped who cause the most problems.

"We can only see four or five non-ambulatory residents a week," he said. "Because they have to be brought over here by ambulance, stretchers and in wheel-chairs." "You always seem to find gingivitis among these people," he added. "Their gums are always swollen and bleeding."

Local anesthetics, which Whitney claims are frequently used, often are not adequate for the more hyperactive and disturbed patients who will not cooperate despite having been heavily sedated.

"Nine times out of ten the drugs don't work and they still come in fighting," he said.

"So, for the more serious cases in need of immediate

treatment, we hand-carry all the equipment we can up to the surgical operating room and the anesthesiologist administers gas, of course, the parent's permission is required first."

With a staff of only four dentists, who have had no background in handling the mentally retarded, and two hygienists, the dental clinic appears to be adequately responding to the patients.

Last month there were 140 fillings, five rootcanals, one cap fitting, 51 oral surgeries performed and 565 teeth cleanings.

As far as bridges and dentures are concerned, they are reserved for the more advanced inmates who can handle them — namely those who will not tear them out, will keep them clean, are not accident prone, are steady on their feet and can avoid fights.

Meanwhile, new equipment is arriving at the clinic every week. Units that are outdated and worn by 25 years of use are being replaced with more modern machinery.

The baby complex is even receiving a little clinic, along with a dentist of its own.

Yet, all these facilities are contradicted by what goes on in the other buildings.

As long as the teeth remained unbrushed and the quality of the food poor and preventive care non-existent, the outlook for the dental hygiene of the residents of Willowbrook will remain questionable.