

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.