

# ORAL SURGERY

*by*

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## PREFACE TO THE FOURTH EDITION

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This book has been completely rewritten and is confined to the practical side of oral surgery and those procedures performed in the practice of oral surgery by the dental surgeon.

Progress is made by recognition of mistakes, correction of errors, and by instituting new measures which have been tried and proved sound. With this new edition opportunity is presented to bring the book up to date and to add new procedures and methods of treatment.

Since the first volume was written, and subsequent editions completed, educational advancement and hospital training centers, together with improved methods of treatment by antibiotics, chemotherapy, roentgenotherapy, etc., have changed the requirements and practices of most oral surgeons.

It is not the intention of the author in this book to attempt to cover minutely the entire field of oral surgery. Such subjects as oral diagnosis, roentgenology, anesthesia, pathology, bacteriology, anatomy, materia medica, therapeutics, stomatitis, plastic surgery, etc., are dealt with more completely in other books which should be used by the reader as references. This has become necessary in order to keep down the size of the present volume.

There is a need for a textbook on oral surgery in one volume containing subject matter especially selected and arranged for the instruction of the undergraduate dental student, yet sufficiently concise and systematized as to permit of accommodation to the limited time of the college curriculum. It is hoped that this book will also be an aid to the busy dental practitioner in dealing with the everyday problems of oral surgery.

There appears to be a need for the clarification of the definition and scope of oral surgery. There have been many terms employed to designate surgical procedures in and about the mouth, such as major oral surgery, minor oral surgery, maxillofacial surgery, surgery for the dental student, plastic surgery, oral surgery, etc. I believe that there should now be only two divisions of surgery in and about the mouth—namely, oral surgery and plastic surgery.

The House of Delegates of the American Dental Association at the annual meeting in 1953 with regard to the scope of oral surgery approved the following: "The scope of the specialty of oral surgery shall include the diagnosis, surgical and adjunctive treatment of the diseases, injuries, and defects of the human jaws and associated structures within the limits of the professional qualifications and training of the individual practitioner and within the limits of agreements made at the local level by the health team concerned with the total health care of the patient."

Oral surgery is, therefore, primarily concerned with the removal of teeth and roots (uncomplicated and complicated), apiectomy, replantation of teeth, alveolectomy, removal of foreign bodies, diseases and malformations of bone, diseases of the soft tissue, stomatitis, trismus, ankylosis, diseases of the nerves, fractures, dislocation, temporomandibular joint disturbances, frenectomy, biopsy, hemorrhage, sialolithotomy, tumors, cysts, infections of the teeth, soft tissue, and bone, anesthesia, etc.

Good judgment must dictate the boundaries of oral surgery. There are borderline cases that may call for cooperation between plastic and oral surgeon, between otolaryngologist and oral surgeon, between general surgeon and oral surgeon, etc. In some instances men with a D.D.S. degree are properly qualified to do both oral surgery and plastic surgery; in some instances plastic surgery and some oral surgery are done by those having an M.D. degree only, and in some cases by those having both an M.D. and a D.D.S. degree. The training, experience, and ability of an individual are the qualifying factors; not the degree.

The oral surgeon has contributed much to the development of operative procedures for correction of cleft lip and cleft palate. These operations involve the field of the plastic surgeon, and there is an increasingly large number of men with both the medical and dental training entering this field. It is apparent that the surgical operative procedure is but a small part of the entire problem, and therefore centers are being established for the care of these cases with provision for the cooperative efforts of the plastic surgeon, the oral surgeon, the prosthodontist, orthodontist, general dentist, otolaryngologist, pediatrician, and speech therapist.

Completion of the dental curriculum does not qualify one for the specialty practice of oral surgery as now defined by the American Society of Oral Surgeons. The American Board of Oral Surgery has done much to improve the standards of oral surgery. It sets a high standard for certification, requiring as of October 1, 1951, graduate training for a period of at least two years in a recognized graduate school or hospital under auspices satisfactory to the Board in addition to five years in practice devoted exclusively to oral surgery. The American Society of Oral Surgeons requires five years in active practice devoted exclusively to oral surgery before an applicant is permitted to take an examination for entrance into the Society.

I am indebted to the authors of various articles and textbooks to which I have referred freely. Dr. G. S. Letterman has made valuable suggestions regarding tracheotomy surgery. Dr. Arthur Dick has contributed much valuable information and assistance. Dr. Othmar C. Solnitsky, Professor of Anatomy, Georgetown University, has contributed much valuable information and assistance, especially in reading the chapter on anatomy and in the preparation of anatomical drawings. I am also indebted to Dr. Gustav Kruger, Professor of Oral Surgery, Dr. Mario Mollari, Professor of Bacteriology, and Dr. Charles M. Morgan, Professor of Physiology, Georgetown University, and to Dr. V. John Murgolo for valuable assistance. I am also indebted to

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## PREFACE TO THE FIRST EDITION

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Oral surgery may be defined as surgery of the mouth, mandible, maxilla, and adjacent structures.

It has been my endeavor to present in this book the practical side of oral surgery. It is hoped that the book will serve as an aid to the dental practitioner in dealing with problems of oral surgery and to students as a textbook.

There appears to be a need for a book on oral surgery containing subject matter especially selected and arranged for instruction of the undergraduate dental student, yet sufficiently concise and systematized as to permit of accommodation to the limited time of the college curriculum.

Special emphasis has been given in this work to the importance of a thorough knowledge of anatomic relationships, choice of anesthetic methods and sterilization. In addition to the subjects usually found in books on oral surgery, chapters on "Hospitalization," "Preoperative Preparation," "Physiotherapy," "Postoperative Treatment," and "Diet and Nutrition," have been added. An effort has been made to standardize the nomenclature, using the terminology recommended by the Committee on Nomenclature of the American Dental Association. A chapter on "Special Drugs for Surgery of the Mouth" has been added in an endeavor to present only drugs and remedies acceptable to the Council on Dental Therapeutics of the American Dental Association.

During the past few years there has been a marked advance in diagnosis and surgery and many valuable books have been added to our literature. In most of these books the more serious surgical conditions are quite fully discussed and the so-called minor oral surgery is condensed into a few chapters, not fully illuminating or sufficiently extensive to meet the needs of the dental student. The importance of minor oral surgery is not always sufficiently recognized in our dental schools; in many cases an attempt is made to teach major studies to those who would do well to grasp the minor ones. Also this field of minor oral surgery is the only one into which the average dental practitioner will enter.

Every dentist should become qualified in recognizing a pathologic condition in the mouth, but the practitioner should attempt treatment of only those cases which he is fully qualified to manage successfully and carry to completion, even though complicated by extension to other parts.

While all oral surgery is of major importance and while it is improper in one sense of the word to speak of minor oral surgery, I see an advantage from the teaching standpoint of dividing oral surgery into minor oral surgery and major oral surgery.

This book is confined to the surgical aspect and no attempt has been made to cover the field of diagnosis, diagnostic methods, infection, and stomatitis. A thorough schooling in many of these subjects more properly belongs to a course in diagnosis, and my book *Diseases of the Mouth* was written with the idea of presenting the subject of diagnosis to the dental student preliminary to the course in oral surgery. Surgery necessitates a thorough knowledge of diagnosis, since without the ability to recognize the various diseases of the mouth and without the necessary experience in their treatment, intelligent surgery is not possible.

It is very difficult to attempt to limit the boundaries of the field of oral surgery. There is a very close relationship between diseases of the mouth and adjacent fields and general systemic disturbance.

The dentist should be able to recognize pathologic changes in the mouth and adjacent structures, but he is not called upon to perform surgical operations unless he has had special training in this field. It is equally important when a patient is referred for surgical treatment that the one who refers the patient should have an intelligent idea of the most appropriate method of treatment.

In procedures involving oral surgery, opportunity is afforded for cooperation among the dentist, general surgeon, physician, and those whose practices have been limited to rhinology, ophthalmology, otology, pediatrics, dermatology, pathology, bacteriology, and other divisions of medical practice.

While the various procedures for surgical treatment of the maxillary sinuses are discussed in this book, it is well known that the rhinologist is better fitted for this special work, as well as for diseases extending into the throat, and that the best results are obtained by the proper cooperation between the rhinologist and the oral surgeon.

It is equally apparent that surgical operations, such as removal of the gasserian ganglion, are best performed by those surgeons skilled in brain surgery.

It is also true that operations of extensive resection of the jaw, operations upon the tongue, dissections of cervical glands as well as other operations involving extensive plastic surgery can be best performed by those whose experiences, training, and practice have especially fitted them for this work.

This book is the result of experiences gained during eighteen years of active practice in this particular field aided by a large consulting practice, many hospital connections, and twelve years of teaching. Reference has also been made to the best that has been written in books, magazines, and journals by others working in this field.

Because of the advantage of graphic description, a vast number of photographs, roentgenograms, and drawings have been used.

The chapter on "Cleft Lip and Cleft Palate" has been prepared by Dr. Chalmers Lyons, of Ann Arbor, Mich., whose work in this field is well known to the dental profession. The author is also obligated to Dr. Lyons for many valuable suggestions.

## *Preface*

Dr. Olin Kirkland, of Montgomery, Ala., and Dr. Harry M. McFarland, of Kansas City, Mo., have contributed the material for the chapter on the "Surgical Treatment of Periodontal Disease." Dr. Kirkland has very ably presented the technic of the more conservative flap operation. Dr. McFarland has described his modification of the Ward operation.

Dr. Samuel M. Gordon, of the Council on Dental Therapeutics, of the American Dental Association, has contributed many valuable suggestions for the chapter on drug therapy.

The author is also under obligation for suggestions and assistance to the following: Dr. N. P. Barnes, Prof. George A. Bennett, Dr. Roy Bodine, Dr. Bryant Carroll, Dr. C. N. Chipman, Dr. William I. Duncan, Dr. B. E. Erikson, Mrs. Kathleen Fishback, Dr. Boyd S. Gardner, Dr. John W. Harper, Dr. Carl Henning, Dr. E. C. Hume, Dr. C. Leibell, Dr. L. W. Johnson, Dr. Joseph P. Madigan, Dr. Cecile Markowitz, Miss J. Lavinia Mankin, Dr. Wm. Gerry Morgan, Mr. R. J. Reedy, Dr. Clyde W. Scogin, Dr. Roy L. Sexton, Dr. John J. Shugrue, Dr. George F. Seeman, Dr. A. Malcolm Smith, Jr., Dr. Edward L. Thompson, Dr. J. E. Tolbertson, Dr. George Winter, Dr. E. R. Whitmore, Mr. A. G. Wiswell, and Dr. Wallace M. Yater. He is also indebted to Garnet W. Jex for his splendid efforts in preparing the drawings.

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