

THE TRAINING OF THE STUDENT OF MEDICINE:

AN INQUIRY CONDUCTED UNDER THE AUSPICES OF THE  
EDINBURGH PATHOLOGICAL CLUB.

LXIV.—DENTAL SURGERY FOR MEDICAL STUDENTS.

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IN discussing very briefly the question of including dental surgery in the medical curriculum, it may be well to narrow it down to the essential issues. I would state them thus: (1) Is it desirable that medical students should be taught something of dental surgery? (2) What should be the scope and extent of the teaching? (3) How, when, and where is the instruction to be obtained?

To (1) I shall assume that the answer is in the affirmative.

(2) is not so easily answered. I think, however, that prosthetic dentistry and conservative dentistry must be excluded. For the rest, the requirements would seem to vary with the many fields of practice open to the medical practitioner.

A knowledge of dental hygiene and prophylaxis is an indispensable part of medical and surgical knowledge. The same is true of a knowledge of the consequences or possible sequelæ of dental disease, accident, or trauma, and of dental symptoms associated with such conditions as scurvy, diabetes, plumbism, congenital syphilis, cretinism, phosphorus poisoning, pregnancy—to name but a few.

The arrest of post-extractional hæmorrhage is important. The administration of suitable anæsthetics for dental operations should be taught to all general practitioners.

Coming to purely dental work, which, though specially the province of the dental surgeon, may in emergency be undertaken by the doctor, I would specify tooth extraction, the treatment of odontalgia from whatever cause arising, of periodontitis, alveolar abscess, and gingivitis.

All should be instructed in the differential diagnosis of true pyorrhœa alveolaris, marginal gingivitis due to the presence of tartar or dirt, and the conditions attendant upon the physiological process of the shedding of teeth. Some instruction should also be given on the evils arising from oral sepsis, more especially that associated with the presence of bridges, crowns, dead teeth, and roots.

The panel doctor and the country doctor must be able to extract and to give anæsthetics. The pure surgeon or physician and the practitioner in a large town need not concern themselves with extraction of teeth.

There remain the medical missionary and the colonial practitioner. These should be able to do something in the way of first aid dentally

—that is, to put in a dressing, devitalise a pulp, and insert a plastic filling.

(3) If instruction in dental surgery is to be made compulsory for medical students, further facilities must be afforded: they certainly do not exist at present.

Neither at the dental hospitals nor the infirmaries is there room or sufficient clinical material for satisfactory practical teaching. The dispensaries may be counted out as of little value in this department of study.

Nevertheless, an effort should be made. The difficulties are great. There are very few competent teachers. There are no endowments for dental education, and the dentist who devotes any considerable part of his time to teaching suffers a pecuniary loss.

In Edinburgh it seems to me that there would have to be co-operation between the Infirmary and the Dental Hospital. Some extension of the dental department of the Infirmary would be needed. The course of instruction must be compulsory—an optional course would not survive. It should comprise at least fifty clinical lectures and demonstrations on dental surgery and medicine spread over the last two years of the medical course, together with attendance on practical instruction on extraction of teeth and administration of anæsthetics for dental operations.

The Scottish universities, with the exception of St. Andrews, which recently instituted examinations for a dental diploma, have not, up to the present, taken any interest in dental education or degrees for dentists. Should they determine to enter on this sphere of educational activity, the existence of a Chair of Dentistry and university lectureships would resolve most of the difficulties which at present beset the teaching of dental surgery and medicine in the medical curriculum.

#### LXV.—THE TEACHING OF DENTAL SURGERY TO MEDICAL STUDENTS.

By J. H. GIBBS, F.R.C.S.(Edin.).

ANYONE who has regularly attended these discussions upon the training of the medical student must have been struck by the demand that almost every teacher has made—that more time should be allotted to him for the adequate teaching of his subject—whilst really no one has complained that he has too much time. As matters stand at present, the student is undoubtedly overburdened, so that some boldness is required on the part of anyone who proposes that still another subject should be added to the curriculum. When one recognises that the medical student in all the Scottish universities graduates at present without having had any specific instruction in the two commonest diseases to which mankind is liable, one is surely justified in demand-