

Maintenance of Dental Health Through Advanced Age

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Personal oral hygiene practices for maintaining dental health through advanced age are discussed.

I have had the good fortune to live (to 92) and to work longer than the average. This has provided an opportunity to make an important observation in my field of interest during the past 25 years, which I could not have made otherwise. It should be recorded for future reference.

Through appropriate laboratory research methods I secured accurate information as to the exact microscopic etiological and pathological conditions at the specific locations where the lesions of caries and where those of periodontoclasia originate and advance.

I then, again with the aid of necessary microscopic laboratory studies, designed a method of personal oral hygiene¹ whereby further advancement of these diseases can be, for all practical purposes, entirely prevented and controlled. This method consists of adequately cleaning all the teeth, at the particular vulnerable locations, with the right kind of both toothbrush and dental floss, every night before retiring. Nothing less than following this exact method can be entirely effective.

The method and the basic information indicating the absolute necessity for it have been published² and have been available for several years to dentists who sincerely wish to promote prevention of dental disease and maintenance of the highest degree of dental health in their patients. They have not been effectively taught in the dental schools. Therefore dentists who know and can teach this method have had to learn it since they graduated.

According to a recent Public Health Service report,³ in this country nearly half of the 65 to 74 age group are totally edentulous, and many more have no natural teeth in one jaw.

Periodontoclasia ("pyorrhoea") is a universal disease of man, originating (as gingivitis) in childhood, continuously advancing during adulthood and never ending as long as any teeth remain. It is characterized by long continued inflammation, suppuration, and resorption of the periodontal tissues, including the alveolar bone, and final loss of the tooth. It is the principal cause of the loss of teeth after middle life. The rate of advancement varies greatly in different persons, influenced largely by the oral hygiene method an individual follows. There is practically no further advancement in those who learn and then consistently follow the right method, but not otherwise.

All dentulous older persons (say those past 70) now have demonstrable, active, suppurating, usually advanced "pyorrhoea" lesions about such teeth as they have left. This can be confirmed, at any time, by appropriate microscopic examination (for pus, which shows the presence of inflammation and suppuration) of suitable material from the location involved.

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Although all activity and further advancement of periodontoclasia are entirely prevented in younger persons who learn and follow this method of personal oral hygiene, there may be some question as to whether similar results can be expected in the aged. The answer is yes.

Since the age of about 70 I have known and consistently followed this method. There were fillings in most of the 29 teeth I had left and there were active, demonstrable periodontoclasia lesions around practically all of them.

For more than 20 years I have enjoyed practically 100 per cent of oral cleanliness and dental health. It has been necessary to refill a few old cavities but all periodontoclasia activity and suppuration has been prevented. During the entire time, up to this date, only by extensive microscopic examination of suitable material from many potential locations, have a few pus cells occasionally been found.

It is reasonable to believe that, if I should live several years longer, this same high degree of dental health can be maintained by following the same method of personal oral hygiene. More pus ("pyorrhea") is produced around some of the teeth of the average medical student every day than around all my teeth in a month.

CONCLUSION

The right method of personal oral hygiene continues to entirely prevent periodontoclasia through far advanced age.

REFERENCES

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