The dental travails of Virginia Woolf

In common with the readers of Dental Update, I spend a lot of time reading scientific papers, directives and the general stuff of professional life, plus, in my case, all the articles which are submitted by our wonderful authors to this journal. Perhaps not in common with all readers, for my holiday reading, I choose something which is a total opposite, namely, crime fiction, with authors’ names such as Jo Nesbo and Torquil MacLeod springing to mind. However, having at one time read all the works of Graham Greene, I decided to look at the work of another accomplished English author, Virginia Woolf, starting with ‘A room of one’s own’ and moving on to a book of her essays. She was born in 1882 into a family with strong associations with literature, her father being a notable historian and, even as a child, she had the freedom of her father’s extensive library. Her mother died in 1905, the year in which she first had a breakdown and her father died in 1904, precipitating another breakdown yet, in 1905 (aged 23 years), she began to write for the Times Literary Supplement. She married Leonard Woolf in 1912, by which time she was a productive author, with her career as a writer of fiction covering the years 1912 to 1941, the year that she died.1

This prolific writing took place between intermittent illnesses, with Virginia Woolf writing the essay ‘On being ill’ in which she gives an exposition on the ‘…spiritual change that illness brings, when the lights of health go down, what wastes and deserts of the soul that a slight attack of influenza brings’. But, you ask, what place has this in a dental journal? For the answer, readers do not need to look beyond a further essay, this one simply entitled ‘Gas’,2 written in 1929. She wrote ‘…there can be few people who have not at one time or another had a tooth out under gas. The dentist stands clean and impersonal in his long white overcoat, then the anaesthetist comes in, ordinary conventions lapse, because in ordinary life one does not, after shaking hands with an unknown man open one’s mouth and show him a broken tooth. I resign myself to your charge and, on command, cease to breathe through the mouth and breathe through the nose’. Subsequent lines become more scary! ‘With each breath one draws in confusion, darkness, falling,…also one puts out to sea, with each breath one leaves the shore,…some new sulphurous existence in which one flounders without support,…as the curved glass at the fair makes the body seem tapering and then bloated. Then we pass through a gorge, emerge into daylight and behold a glass dish and hear a voice saying “rinse the mouth, rinse the mouth”, while a trickle of warm blood runs from between the lips. So we are received back by the officials’. Woolf stated ‘…such is a common experience, everybody goes through it’. Sadly, while anaesthetics may not today consist simply of ‘gas’, too many children are still going through the horrible experience described in this essay. The era of Virginia Woolf was one in which the focal infection theory was in vogue, which, described briefly, is that teeth could be a source of infections of the kidneys, heart and nerves, among other illnesses. It is believed that this was the reason for at least one of the four or five extractions that Virginia Woolf had. This discredited theory cannot be blamed for the need to extract teeth for 70,000 children under general anaesthesia (GA) in 2015, with the management of dental caries under GA being labelled a national disgrace by Chris Deery in a Dental Update editorial.3 Worse still, results of a recent study of children attending hospitals in the north-west of England indicated that 12–37% of these patients were having repeat GAs for extractions.4 Put into understandable terms, Public Health England have reported that, every ten minutes, a child in England has a rotten tooth removed.5 A recent Dental Update paper has strongly emphasized that dentists, and the public, must be aware of the risks of GA and the importance of reducing repeat GAs, with...
Lawson and colleagues\(^6\) presenting three cases where poor assessment and management led to repeat anaesthetics. They suggested that the patients would not have needed a repeat GA had they had comprehensive treatment planning prior to the first GA, ideally involving a specialist or consultant in paediatric dentistry. However, I am aware that this is not the case in all areas of the country, which is a scandal. Repeat GAs are a throwback to the era of Virginia Woolf. A final quote: ‘…one sees that all men and women over twenty have often been under gas; it is this that has done more than anything to change the expression of the face’. In 2018, the situation is not so bad as when Virginia Woolf’s essay was written ninety years ago. But, we need to ask – are we doing enough? Other areas of medicine and dentistry bear no resemblance to the situation in 1929, yet children are still having GAs in large numbers. The profession therefore needs to maximize its efforts to prevent such traumatic experiences for our child patients, by optimizing prevention and, if this fails, proper planning prior to a general anaesthetic.

Finally, readers will be saddened to hear of the sudden passing of Prof Charles (Chuck) Palenik, a leading pioneer in infection control in Dentistry, and a frequent and valuable contributor to **Dental Update**. Our thoughts and prayers are with his family at this sad time.

**Acknowledgment**

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**References**