
Dorman's Column

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There is a feeling I would like to share with you. I have called it the *no-clothes feeling*. From *The Emperor's New Clothes* (Hans Christian Andersen's early 19th century fairy tale). When the *no-clothes feeling* arrives I have learnt to look for the emperor and the clothes - metaphorically speaking.

A woman was seen recently in this practice who had ear ache. It turned out that the problem was a strain at her temporomandibular joint, the saddle-shaped articulation between the head and jaw, just in front of the ear. A very small injection of some cortisone with local anesthesia promptly cured her of a very great deal of suffering, and this was followed up with a small injection of proliferant thrice at monthly intervals, giving her complete relief. I thought nothing of this, it being routine, until the subject came up at one of the orthopaedic medicine conferences I frequent. To start with, the clothes were not mere clothes but garments with ermine and a train. Listen to the language: *biomechanical relationships, the angular relationship of the cranium and the cervical spine, multi-disciplinary approach, team therapy, coordinated normalization of relationships, postural positioning, dysfunctional symptomatology, cephalometric points and definitions*. Was it sheer luck the treatment I used so confidently helped my patient? Should I have feared to tread where wiser men have spoken? Should I have referred my patient for a team approach, a consultative inter-disciplinary therapeutic adventure? When sharing this question with some of my orthopaedic medicine colleagues, their reactions can be broken into two classes: 1) You did right; the problem is like that in any other joint. If alignment is maintained the joint should be stabilized if painful and the problem will take care of itself; 2) The specialist is needed, I know better, refer the patient to me, etc. This is the *rule of specialists*. I am reminded of Ben-Gurion who once said that he was an expert in nothing but a specialist in experts. This arose when he was talking about bringing water to the Negev, the southern desert in Israel, a mini-version of the California Water Project. Ben-Gurion had just rejected elaborate advice by experts because he found their advice too complicated to understand and, therefore, expert-

dependent. I think this was an example of the *no-clothes syndrome*.

On querying Medline, the National Library of Medicine computer log of the major scientific articles of our era, 617 entries pop up in response to *temporo-mandibular joint syndrome* back only to 1983. In researching material for a book on orthopaedic medicine, I have harvested the large sub-selection with the additional designation 'review'. Unfortunately, the more I read in this morass, the worse the *no-clothes syndrome* gets. Some institutions have indeed opened centers catering to these symptoms with practitioners from half a dozen disciplines.

I found the department of *stomatognathic physiology* and a section of *gnathology and occlusion* in a school of dentistry. In addition to the learned articles, the popular press is replete with the story that this is a mysterious entity MDs don't understand. Chiropractors, physio-therapists, dentists treat it, refer it, worry about it, discuss it. How fare the subjects who have graduated from one of the temporomandibular joint syndrome multi-speciality inter-disciplinary team units? A practice in California affords a little experience. These patients seem to have a slight degree of pain in or in front of their ears, sometimes with chewing, often following an injury, a large diagnostic label, and an empty pocketbook. Some of them told me they also have a

miscellany of paraphernalia such as bites and gags which, after the first blush of enthusiasm, are stored in a drawer.

Simplicity

Louis Schultz DDS M.D, an oral surgeon from Chicago, published the first paper on the use of prolotherapy on the temporomandibular joint in 1937. The joint may be strained or injured during (he said then and I believe might have said today) general anesthesia, yawning, attempts by children to insert large objects into the mouth and positional pressure during sleep. In 1956 he added birth injuries, congenital weakness of the ligaments, injudicious use of mouth gags, long dental sittings, extraction of teeth, manipulation of the jaw while under general anesthesia. We should add whiplash injuries nowadays. It



should be remembered that the jaw is attached to the top of the chest by the muscles and fascia in the front of the neck. When the head is thrown backwards, the mouth tends to open because of the restraining character of these connective tissues and the neck structure to take the strain of the ligaments of the temporo-mandibular joint. It is not surprising that in whiplash injuries these joints are strained, nor is it surprising that with chewing pain develops later on. It is no longer mysterious that pain from this joint is sensed in the ear and just in front of it. The joint sometimes crackles a little bit and, being close to the ear, these crackles are audible but are, of course, no different from the crackles other moving parts make. It would be amusing, if it were not also pathetic, to read the erudite discussion of the crackling noises - a putative constituent of this syndrome which is audible to the patients only because the joint happens to be close to the ear.

A Flash in the Pan?

After 20 years' experience in prolotherapy at the temporo-mandibular joint, an embarrassingly simple technique, Louis Schultz published a follow-up paper. He could now recount a complete professional life's experience of this diagnosis and treatment by these techniques. In his extensive survey he reported only minor complications, many of which, by the way, could be avoided with modern proliferants.

The Experts are Silent

If there is a report by a qualified expert of a simple, effective, and safe method for dealing with a seemingly common problem, should the establishment take notice? Seemingly no. On reviewing the literature on the subject, there are no articles refuting Dr Schultz's work. There are no articles referring to Dr Schultz's work, though many of the seemingly erudite dissertations contain scores of references spanning many decades.

No Clothes

If, as you are reading this, you have a slightly cold feeling inside, a minimal degree of nausea, you are experiencing a minor degree of what the psychologists call cultural dissonance, or, in Tom Dorman's terminology, *the no-clothes syndrome*.

A little Truth

It would be wrong to say that nothing has been learned about the temporo-mandibular joint syndrome since Louis Schultz's second publication in 1956. Whiplash injuries have become commonplace, and the advent of the seat belt has aggravated the situation (although the prospect of improving the situation with the advent of air bags is promising). Dental treatment is more elaborate and the rearrangement of teeth commonplace. The mastication of gum has become a norm (I refuse to use the word cultural in this context), but, above all, we have **the rule of experts**. It was interesting for me to read a book with this as its title. The subtitle was even more titillating, *Occupational*

Licensing in America, the author, S David Young, the book published by the Cato Institute, 1987 (222 Second Street S.E., Washington, DC 20003). A sentence from the forward encapsulates: "Under the pretext of insuring quality control, occupation licensing in America restricts competition and choices for the ordinary consumer."

Turf Wars

Turf disputes are particularly common in the market for health care services. To illustrate, in 1984 state officials in New York warned podiatrists not to cut corns, calluses, and ingrown toenails because such services would deem to constitute the practice of podiatry without a license. Understandably, the Podiatry Society of the state of New York applauded the action, calling it a fine example of cooperation between government and professional societies. This example from the other end of the body, taken from Young's book, page 81, portrays the second blade of the scissors. The one blade I call the rule by complexity and the other the rule by licensing. Between them, consumer freedom is cut. The loss of consumer freedom (you, that is!) is a pity. The *tragedy* is that it is consumer freedom which has been the engine of progress. Since the decline of the guilds, the phenomenon of apprenticeship, and restricted trade, western civilization has flourished through free market enterprise and stable and unfettered money. It has enabled the maximum good for the largest number which is the experience we call our high standard or living.

The Connection

Charlatans there will always be, and I am sure that the temporo-mandibular joint is not immune to them. We should, however, not sanctify highfalutin cant with professional and specialist labels, nor support it with official licenses; nor should we encourage corruption through largess, what is now called third-party payor authorization - that is to say, your insurance company pays for your premiums. High premiums, complex controls, and a shortage of insurance are, of course, merely the symptoms of the scissors at work in the insurance business (I refuse to call it an insurance *industry*; after all it makes nothing). We should resist mandatory insurance whether in driving a car or maintaining hospital privileges. In fact, the more controls by the several tiers of government, the worse our situation is. Unfortunately, it is not possible to separate the practice of medicine, or, for that matter, the mere business of living from the scissors of regulation and complexity.

The Rule of Scissors

When there is a barrage of propaganda in television and press prompting you to do something expensive or unpleasant, the reason is said to be complicated and calls for experts - Blade 1. Soon there follows Blade 2 - the regulation. And only the seamstress benefits from the action of scissors, not the cloth. It is not you and I but the government who benefit from political scissors.