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EDITORIAL: THE AMERICAN DENTAL ASSOCIATION'S POSITION ON MEDICARE IS A SPLENDID IDEA

ROBERT P. IOVINO, D.D.S., M.A.

Credit the Chicago based American Dental Association (ADA) for actively promoting many excellent public health initiatives. The ADA's long-standing campaign promoting the fluoridation of our nation's public water supply system is a prime key example; today approximately 72.7% of Americans benefit from a fluoridated public water supply.¹ In fact, water fluoridation is universally hailed as one of the most successful public health measures in U.S. history. More recently, the ADA's proposal to, in a limited fashion, incorporate oral health care into Medicare is another exceedingly good idea. However, secondary to a confluence of barriers, dental benefits for individuals covered by traditional Medicare, including many individuals most in need, remain, with rare exception, few and elusive.

The ADA's position on Dentistry in Medicare dates to November 2021. And even though Congressional attention, once focused on President Biden's Build Back Better Plan (Which included incorporating dentistry into Medicare.), is now directed elsewhere, the ADA proposed policy remains on the table. Please note: A brief outline of the ADA's current policy on incorporating dental benefit into traditional Medicare is presented in the form of frequently asked questions and answers. Sections quoted from the ADA publication follow:

¹ Explore Water Fluoridation in the United States. America's Health Rankings, United Health Foundation. Accessed 21 November 2023.

https://www.americashealthrankings.org/explore/measures/water_fluoridation

FAQ on the ADA's Medicare Benefit Proposal:

Does ADA policy support lobbying on Medicare?

Yes. ADA policy supports the oral health care of those 65 years old and older by:

Including a range of services necessary to achieve and maintain oral health for beneficiaries with incomes up to 300% of the federal poverty level; Sufficiently funding and efficiently administering the program to ensure access to care; and, Allowing freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit.

Does the ADA support a Medicare dental benefit in the current Medicare Part B program?

No. The current Medicare program includes distinct “parts” that recognize the variability in delivery of health care services such as hospital care (Part A), physician services (Part B), and prescription drugs Part D). The dental care system is significantly different from the medical care delivery system. Based on current legislative proposals, an expansion of benefits within the current Part B structure of Medicare would not adequately meet the needs of dentists and Medicare patients...(Note: The ADA memo next lists a multitude of reasons why this is so. They include underutilization and technical concerns regarding electronic records, coding and significant payment parameter differences between dentistry and medicine, reimbursement, and administrative and audit burdens, etc.).

What is the ADA's current lobbying position on a Medicare Dental Benefit?

The ADA believes that any expansion of Medicare to include dental benefits should be through a separate and new program dedicated to providing comprehensive dental care for low income seniors – not the Medicare Part B program that has been part of past and current proposals. In addition, the ADA believes an expansion of Medicare benefits should include a comprehensive dental benefit that meets the needs of



beneficiaries up to 300% of the federal poverty level (FPL). This would provide meaningful coverage to an estimated 47% of seniors who presently do not visit a dentist because they cannot afford it, and would target those who are most in need. Our proposal would also start sooner than the Congressional proposal, thus helping low-income seniors right away, rather than making them wait up to 10 years for full coverage.²

Yes, many of the ADA's objections arguing against incorporating dental benefits directly in Medicare Part B can be considered self-serving and capable of being readily resolved. However, on a meta level the ADA's proposal has considerable merit. Two practical reasons come first to mind. First, the ADA's proposal enables the federal treasury to avoid incurring the prohibitive cost of providing comprehensive dental benefits for 100% of those individuals covered under Medicare Part B. Second, the ADA's proposal is focused on quickly providing coverage and access to oral health care to individuals with incomes up to 300% of the federal poverty level (FPL), exactly those who are among the cohort of individuals lacking access to care, and who are most in need.

The provision of oral health care is time consuming, labor intensive, somewhat technology driven, and expensive. The ADA's Medicare proposal permits those with the means to access oral health care under current market and insurance system to continue to do so. This permits the interaction between professionals, who ideally behave professionally, and consumers accessing care within the marketplace, rather than entrepreneurs or government agencies, to determine the economics of oral health care. This private sector exchange permits government to direct its' time and resources to those who lack and need care most. Yes, there will be individuals with incomes above 300% of the federal poverty level who will continue to be challenged economically in accessing oral health care. However, expanding the rolls of adults with dental access, and initiating broad dental benefits

² FAQ on the ADA's Medicare Benefit Proposal. American Dental Association. Accessed 21 November 2023.

<https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/faq_medicare_dentalbenefit.pdf>

within the traditional Medicare system, is a significant step in the right direction. Arguably, those who lack access to care primarily simply want access to care regardless of the nature the system. Libertarian, “Single Payer,” and “Medicare-for-all” ideologues will likely object, but the concern here must not be focused on politics, but rather the provision of sorely need health care to individuals who are currently doing without it.

In a guest essay this past June in the New York Times titled “I Studied Five Countries’ Health Care Systems. We Need to Get More Creative With Ours” Dr. Aaron Carroll, the chief health officer of Indiana University notes the United States has both the economic resources, and, most importantly the, willingness to spend it (to the tune of ~18 % of the G.D.P on health care). Carroll strikes the nail squarely on the head writing: “If we could agree on a simpler scheme — any one of them (he briefly reviewed five other global health care systems) — we could start to focus on what matters: the delivery of health services.”³ Policy makers, as well as those who vote them in, would be wise to listen carefully and review the ADA’s proposal. It’s time to seriously consider adopting the ADA’s remarkably practical position on Medicare.



³ Carroll, Aaron, “I Studied Five Countries’ Health Care Systems. We Need to Get More Creative With Ours.” New York Times. 13June 2023.

<<https://www.nytimes.com/2023/06/13/opinion/health-care-reform.html>>

CARE FOR ASIAN AMERICANS WITH DISABILITIES: DIFFERING PERSPECTIVES AND THE HUMANITIES

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An increasing understanding of the humanities, i.e. a broadening view of the interactive relationships between individuals and the general society in which they live, is essential as efforts are made to increase an awareness of delivering needed health care. Providing treatment for individuals with disabilities requires an increased awareness of the general and specific populations with disabilities and the particular characteristics of the individual for whom care is to be provided. For example:

“Depending upon the racial composition, sexual orientation, and economic factors involved, one might live a life that is entirely different than expected or anticipated... (I)t has been shown that Caucasian middle-class individuals benefit from the disability experience because they are able to collect financial benefits in addition to understanding and navigating the system. On the contrary, as someone of Asian descent, I know that those who share my family’s cultural background, as well as our minority status, are subjected to not only stigmatized treatment but also disadvantages associated with linguistic needs. In addition, cultural values within the Asian race make the disability experience such as treatment-seeking behavior difficult.”³

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² Global Clinical Director, Special Olympics, Special Smiles, Clinical Professor of Pediatric Dentistry, the Boston University Goldman School of Dental Medicine.

In addition to the stigma involved in having a disability, there is also the question of what qualifies as a disability. What qualifies as a disability would entail a comprehensive look at the historical and cultural traditions surrounding impairment, medical necessity and other socially constructed meanings. Furthermore, disability qualifications would sometimes entail merit, as a “social” disability would not warrant the same types of assistance as a “medical” disability. According to Asian tradition, mental illnesses would not qualify as a disability, as they are thought to be a social condition and not a medical condition. In other words, it is seldom thought that one is impaired if there is a mental illness. This type of tradition contains implications for how disability is defined and accommodations are made, perceived and viewed which ultimately affect success among other aspects. Because of this approach, it is believed that a disability is a sign of the person’s or the family’s moral weakness. Nearly 1.3 million Asian Americans identify as having a disability.

- Disability remains heavily stigmatized in the Asian American community, leading to a lack of support.
- Asian Americans with disabilities may be simultaneous targets of both ableism and racism.
- Asian American organizations and activists are changing the narrative through disability pride.⁴

The Asian American, Native Hawaiian and Pacific Islander populations are smaller than other racial groups. Nevertheless, Asians recently passed Hispanics as the largest group of new immigrants to the United States. The educational credentials of these recent arrivals are striking. More than six-in-ten (61 percent) adults ages 25 to 64 who have come from Asia in recent years have at least a bachelor’s degree. This is double the share among recent non-Asian arrivals, and almost

³ Feng, Jennifer. "Cultural interpretations among Asian views of disability." Journal of Teaching Disability Studies. 15 January 2019.

<<https://jtds.commons.gc.cuny.edu/cultural-interpretations-among-asian-views-of-disability/>>

⁴ Bogart, Kathleen. "Disabled, Asian American, and Proud." Psychology Today. 27 July 2022. <<https://www.psychologytoday.com/us/blog/disability-is-diversity/202207/disabled-asian-american-and-proud>>



surely makes the recent Asian arrivals the most highly educated cohort of immigrants in U.S. history.

Asian Americans are the highest income, best educated and fastest growing racial group in the United States. They are more satisfied than the general public with their lives, finances and the direction of the country, and they place more value than other Americans do on marriage, parenthood, hard work and career success.

A century ago, most Asian Americans were low-skilled, low-wage laborers crowded into ethnic enclaves and targets of official discrimination. Today they are the most likely of any major racial or ethnic group in America to live in mixed neighborhoods and to marry across racial lines. 37 percent of all recent Asian-American brides married a non-Asian groom.⁵

U.S. Population with Disabilities

- Indian / Alaska Native: 3 in 10 persons
- Black: 1 in 4
- White: 1 in 5
- Native Hawaiian / Pacific Islander: 1 in 6
- Hispanic: 1 in 6
- Asian: 1 in 10 persons⁶

“Despite 1 in 10 Asian Americans having a disability, disability remains heavily stigmatized among the Asian American community. When compared to African Americans, European

⁵ "The Rise of Asian Americans." Pew Research Center. 19 June 2012.
<<https://www.pewresearch.org/social-trends/2012/06/19/the-rise-of-asian-americans/>>

⁶ Courtney-Long, Elizabeth A., Sebastian D. Romano, Dianna D. Carroll and Michael H. Fox. "Socioeconomic Factors at the Intersection of Race and Ethnicity Influencing Health Risks for People with Disabilities." 8 April 2016.
<<https://pubmed.ncbi.nlm.nih.gov/27059052/>>;

"Disability Data Snapshot: Asian Americans and Pacific Islanders." U.S. Department of Labor Blog. 12 July 2022. <<https://blog.dol.gov/2022/07/12/disability-data-snapshot-asian-americans-and-pacific-islanders>>

Americans and Latinos, Asian Americans report the highest rates of stigma toward physical and mental disabilities.”⁷ (emphasized)

This can be attributed to the concept of “a culture and face.” Face is defined as one’s respectability, prestige, and positive social value as ascribed by others. There are several ways in which *one may lose face*; such as being in an undesirable predicament or failing to meet others’ expectations. In attempts to save face, or maintain their respectability, prestige, and positive social value, the person with a disability or their family may hide the disability and further perpetuating stigma.

Chinese and Southeast Asian families have described disability as a form of karma or a curse for previous wrongdoing, beliefs that are rooted in the moral model of disability. Under this approach, it is believed that disability is the result of karma or a sign of the person’s or their family’s moral weakness.

Among Asian children in combination with one or more other races, the Census Bureau reported that there were an estimated 100,700 youngsters (or 2.2 percent) with severe disabilities. The overall rate of Asian-Americans of all ages with severe disabilities was the lowest compared to all other U.S. race/ethnicity populations, which ranged from Hispanics (8.4 percent) to highest levels for whites (12.5 percent), blacks (13.9 percent) and American Indians/Alaska Natives (16.3 percent). Among the states (for which data are available) the proportion of Asian children with severe disabilities ranged from less than 2 percent in eleven states (AZ, CA, GA, IL, LA, MI, NJ, NY, TX, VA, WA) to 4.6 percent in Kansas and 4.8 percent in Oregon – with almost 19,000 Asian children with disabilities in California.⁸

⁷ Bogart, Kathleen. "Disabled, Asian American, and Proud." Psychology Today. 27 July 2022. <<https://www.psychologytoday.com/us/blog/disability-is-diversity/202207/disabled-asian-american-and-proud>>

⁸ "The Rise of Asian Americans." Pew Research Center. 19 June 2012. <<https://www.pewresearch.org/social-trends/2012/06/19/the-rise-of-asian-americans/>>



“The person with a disability (or their family) is thought to be morally responsible for their disability. Within some Asian cultures, the birth of a child with a disability is believed to signify the family’s wrongdoing. Out of fear of losing face, parents may opt to remain private about their child’s disability, refrain from seeking a diagnosis, hide the child away, and/or refuse medical and social services or support.”⁹

In addition, under sampling research or not including it in research limits the needs of those living in poverty and perpetuates the stereotypes that few Asian Americans live in poverty and access to social services. Not all Asian Americans are wealthy and social services are not reaching those in need. Researchers have found that Asian Americans with disabilities are underserved and receive lower-quality support and rehabilitation compared to groups such as Latinos and Blacks.¹⁰

Asian values stipulating hard work, saving face and merit present unique cultural highlights that can help bolster progress and advance achievements in addition to success. However, such values present ethical dilemmas and challenges when attempting to assist and advance rights inherently valuable and deserving of people with disabilities. In contrast to ideals implicated within policies such as the Americans with Disabilities Act (ADA), Asian values emphasize a constricted view on what constitutes disability and whether certain objectives in place should be used to assist those with disabilities. Finally, a very culturally controversial topic involving disabilities is that of classifications and categorical considerations of disabilities.

⁹ Bogart, Kathleen. "Disabled, Asian American, and Proud." *Psychology Today*. 27 July 2022. <<https://www.psychologytoday.com/us/blog/disability-is-diversity/202207/disabled-asian-american-and-proud>>

¹⁰ Courtney-Long, Elizabeth A., Sebastian D. Romano, Dianna D. Carroll and Michael H. Fox. "Socioeconomic Factors at the Intersection of Race and Ethnicity Influencing Health Risks for People with Disabilities." 8 April 2016. <<https://pubmed.ncbi.nlm.nih.gov/27059052/>>;

Tran, Victoria. "Asian Americans are falling through the cracks in data representation and social services." *Urban Institute*. <<https://www.urban.org/urban-wire/asian-americans-are-falling-through-cracks-data-representation-and-social-services>>

Given the cultural and framework of hard work and its direct relation to merit, many disabilities that are not considered to be medically related are most often overlooked and not considered central to the disability. This type of cultural presents challenges that are in direct opposition to the American Disability Act and may conflict with the values present in the act. By examining and analyzing Asian cultural values associated with a disability, we can begin to form a better understanding of how to assist these individuals for the purpose of empowering and advancing human rights in this area and providing needed services¹¹ (*as perceived by the general public*).

¹¹ Feng, Jennifer. "Cultural interpretations among Asian views of disability." Journal of Teaching Disability Studies. 15 January 2019.

<https://jtds.commons.gc.cuny.edu/cultural-interpretations-among-asian-views-of-disability/>

DIGGING DEEPER THAN THE EYE APPROVES. A DIAGNOSTIC VIEW OF: ALBRECHT DÜRER'S ALLEGORY OF AVARICE

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TAMÁS F. MOLNÁR³

Abstract:

Retrospective medical diagnosis of artistic artifacts offers numerous interesting interpretations. We aim to unravel the mysteries behind one of Albrecht Dürer's masterpieces: Allegory of Avarice (1507), employing an interdisciplinary approach. This portrait stands out from others due to its contradictory details, asymmetrical proportions, and the character's appearance. The unconventional facial expressions and unrealistic body anatomy have led art critics and historians to perceive it as an unfinished piece, resulting in its limited popularity.

The portrait unveils an elderly lady burdened with various afflictions. The absence of teeth may be attributed to oral hygiene, which was usual during the painting's era. Additionally, the presence of potential fistula traces on the woman's left side indicates an ongoing or prior inflammatory condition. The plain contrast between the expressive features on the left and right sides of her face, coupled with her physical attributes, further support these diagnoses. The masculine

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impression conveyed by the right arm suggests Dürer's deliberate intention to create a striking paradox.

The artistic illustration of the woman's dental situation, and its impact on other facial elements, played a crucial role in shaping the dramatic ambiance of the artwork. Although it is challenging to arrive at a precise diagnosis or provide an absolute explanation for the artist's work, it seems rational to assume that these discussed paradoxes were purposefully incorporated.

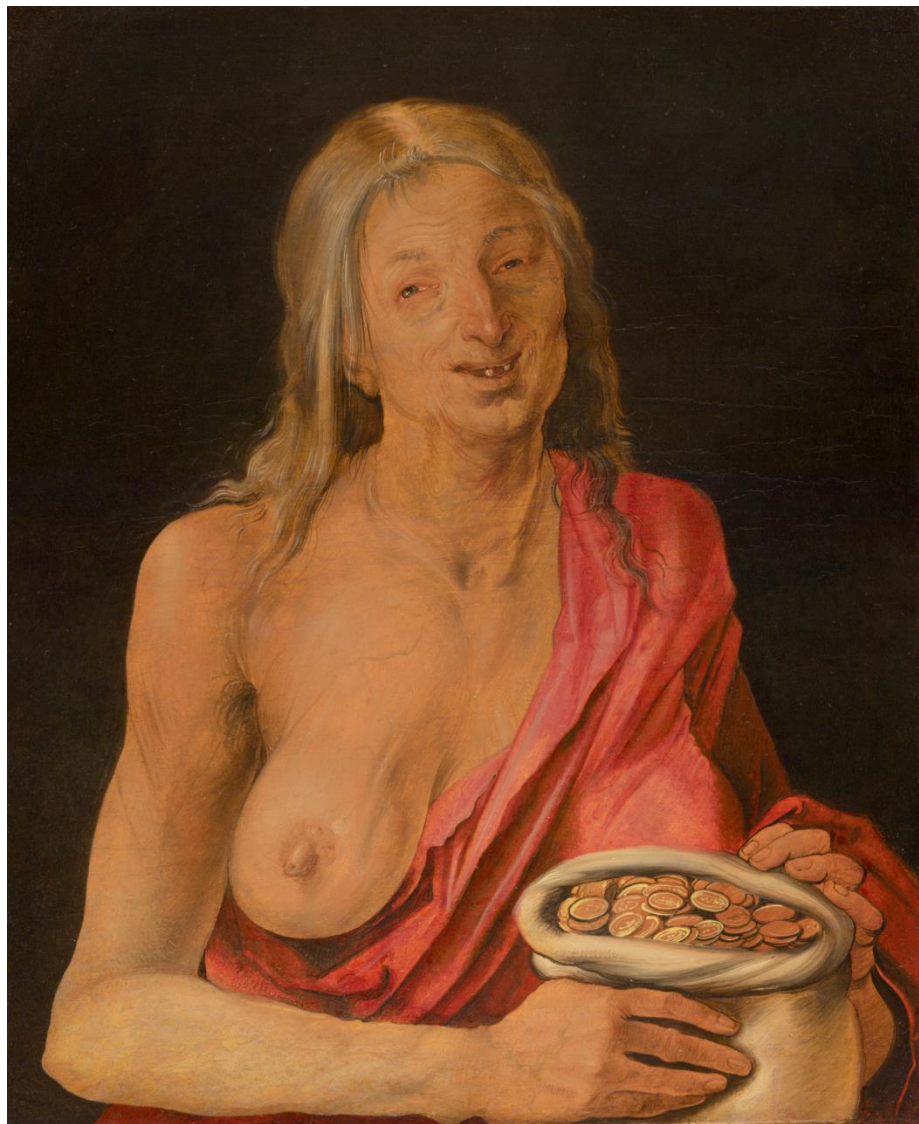
Keywords: Medical Humanities, Retrospective Diagnosis, Dürer, Dentistry, Medicine.

Introduction:

Throughout his lifetime, Albrecht Dürer created numerous masterpieces that have solidified his status as one of the most renowned and influential artists in Northern Europe during the Renaissance and continue to be celebrated to this day. His broad range of skills and early fascination with human anatomy, as well as his exploration of nude studies and classical motifs, bestowed a distinctiveness upon his work. In addition to his art, which encompassed portraits and engravings, he delved into and showcased his passion for anatomy, aesthetics, human proportions, and mathematics through the creation of four books.⁴

Unlike Leonardo da Vinci, who extensively explored both the external and internal aspects of the human body, Dürer appeared to focus primarily on the external form. He maintained that the essence of true form resided in precise proportions. Dürer's dedication to authentically representing every aspect of the human head and body in his paintings set him apart from his fellow artists of the time and

⁴ Main, Julie C., Lisa M. DeBruine, Anthony C. Little and Ben Jones. "Interactions among the effects of head orientation, emotional expression, and physical attractiveness on face preferences." *Perception*, volume 39(1) 62-71. January 2010. <https://www.researchgate.net/publication/42368810_Interactions_among_the_Effects_of_Head_Orientation_Emotional_Expression_and_Physical_Attractiveness_on_Face_Preferences>





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garnered him recognition.⁵ He also produced numerous captivating portraits that hold medical significance. Among them, the "Syphilitic Man" stands as an early example of applied graphic epidemiology. Dürer's works hold even greater significance in the annals of medical history due to their remarkable attention to detail and visual elements.⁶

The painting as a piece of art:

The Allegory of Avarice (1507) portrait stands out among other portraits (Figure 01), due to the irrational balance, asymmetrical proportions and the presence of a lady that shows interesting facial expressions and unconventional body anatomy. This portrait projects a peculiar ambiguity that led it to be regarded as unfinished and less popular among art experts, critics, historians and art lovers.

The portrait features an aged woman with wrinkles, one drooping breast partially revealed from her crimson robe, and a firm grip on a bag of gold coins. The prominence of Cooper's ligaments and the involution of the breast parenchyma serve as visible indicators of the effects of time on her body. The upper half of her body is exposed on the right side, with her face positioned closer to the viewer. Her long, straight hair shows a gradient between blond and grey,

⁵ Albrecht Dürer Expounds the Aesthetic Anatomy of Human Proportion : History of Information. Jerry Norman's History of Information
 .<<https://www.historyofinformation.com/detail.php?id=1872>>;

Pirsig, W., S. Haase and F. Palm. "Surgically repaired cleft lips depicted in paintings of the late Gothic period and the Renaissance." National Institutes of Health, National Library of Medicine. British Journal of Oral and Maxillofacial Surgery 39(2), 127-33. <<https://pubmed.ncbi.nlm.nih.gov/11286447/>>

⁶ Eisler, Colin T. "Who is Dürer's "Syphilitic Man"?" National Institutes of Health, National Library of Medicine. Perspectives in Biology and Medicine. 2009;52:48–60. <<https://pubmed.ncbi.nlm.nih.gov/19168944/>> ;

Plagens-Rotman, Katarzyna, Grażyna Jarzabek-Bielecka, Piotr Merks, Witold Kêdzia and Magdalena Czarnecka-Operacz. "Syphilis: then and now." National Institutes of Health, National Library of Medicine. Postepy Dermatologii i Alergologii, 2021 Aug;38(4):550-554. 17 September 2021.

<<https://pubmed.ncbi.nlm.nih.gov/34658692/>>;

Siraisi, N. G. "Girolamo Cardano and the art of medical narrative." National Institutes of Health, National Library of Medicine. Journal of the History of Ideas, 1991 Oct-Dec;52(4):581-602. <<https://pubmed.ncbi.nlm.nih.gov/11623014/>>

symbolizing a faded youth. Her glazed eyes, elongated nasal bridge, pointed chin, a mouth with only two remaining upper front teeth, and an incomplete smile all contribute to establishing the character within a precise emotional and psychological context.

Dürer wrote: "I know not what beauty is, but I know that it affects many things in life". In addition, his knowledge and obsession with realistic approach in proportional art, made this portrait illogical and unorthodox in comparison with his other works, as he mainly relied on achieving highly esthetic results through calculated measurements.⁷

The painting as a subject of diagnosis:

From a medical, specifically odontological, and psychological standpoint, various theories can be posited regarding the portrait. The left side of the woman's face lacks meaningful or emotional expressions when compared to her right side (Figure 02). Even her ambiguous smile is incomplete, with the mouth angle positioned lower. Recent studies suggest that a nearly symmetrical smiling arch contributes to a more youthful appearance, while a flat arch can convey an older view.⁸ The older a person gets, the maxillary dental exposure lessens and especially incisor exposure while speaking, smiling or even in a resting position.⁹ Considering these elements, it is evident that Dürer took an unconventional approach in painting the smile and teeth in this portrait. Additionally, the sagging right eyebrow and almost closed eye contribute to a lifeless look. Studies examining photographs and historical artistic portraits, with a focus on eye shape, roundness, height, and length, have demonstrated that an increase in size and volume can contribute to the creation of a more youthful and

⁷ Naini, Fahad B., James P. Moss and Daljit S. Gill. "The enigma of facial beauty: esthetics, proportions, deformity, and controversy." National Institutes of Health, National Library of Medicine. American Journal of Orthodontics and Dentofacial Orthopedics, 2006 Sep;130(3):277-82.

<<https://pubmed.ncbi.nlm.nih.gov/16979484/>>

⁸ Machado, Andrew Wilson. "10 commandments of smile esthetics." National Institutes of Health, National Library of Medicine. Dental Press Journal of Orthodontics, 2014 Jul-Aug;19(4):136-57.

<<https://pubmed.ncbi.nlm.nih.gov/25279532/>>

⁹ Ibid.

aesthetically pleasing effect.¹⁰ According to studies, a direct gaze or a frontal orientation accompanied by a lively facial expression are highly valued in terms of attractiveness and perceived social intelligence.¹¹ Interestingly, Dürer's approach in this painting aligns with the findings of these studies, as the small anatomical features of the eyes and the asymmetrical gaze contribute to creating a dramatic unaesthetic outcome.

These observations may indicate a previous facial nerve palsy. It is unclear if it is central or peripheral. Among the highly plausible etiologies is the presence of orofacial fistulas. However, it is also important to consider other less likely causes such as facial nerve lesions, Bell's palsy, tumors, or even post-stroke symptoms. Further medical examination or analysis would be required to determine the precise underlying condition.

The unique details on the left side of the portrait, including drooping eyelids, facial droop, and asymmetry in facial expressions, are consistent with textbook characteristics of Bell's palsy. This suggests a possible depiction of the condition, which is associated with facial nerve injuries causing partial or full muscular paralysis.¹² However it is highly uncommon in that age.

¹⁰ Harrar, Harpal, Simon Myers and Ali M. Ghanem. "Art or Science? An Evidence-Based Approach to Human Facial Beauty a Quantitative Analysis Towards an Informed Clinical Aesthetic Practice." National Institutes of Health, National Library of Medicine. *Aesthetic Plastic Surgery*, 2018 Feb;42(1):137-146.

<<https://pubmed.ncbi.nlm.nih.gov/29313062/>>

¹¹ Shaw, W.C., G. Rees, M. Dawe and C.R. Charles. "The influence of dentofacial appearance on the social attractiveness of young adults." National Institutes of Health, National Library of Medicine. *American Journal of Orthodontics*, 1985 Jan;87(1):21-6. <<https://pubmed.ncbi.nlm.nih.gov/3855347/>> ;

Papio, Melissa A., Henry W. Fields Jr., F. Michael Beck, Allen R. Firestone and Stephen F. Rosenstiel. "The effect of dental and background facial attractiveness on facial attractiveness and perceived integrity and social and intellectual qualities." National Institutes of Health, National Library of Medicine. *American Journal of Orthodontics and Dentofacial Orthopedics*, 2019 Oct;156(4):464-474.e1.

<<https://pubmed.ncbi.nlm.nih.gov/31582118/>>

¹² Holland, N. Julian, and Jonathan M. Bernstein. "Bell's palsy." National Institutes of Health, National Library of Medicine. *BMJ Clinical Evidence*, 2014 Apr 9;2014:1204. <<https://pubmed.ncbi.nlm.nih.gov/24717284/>>

Another possible explanation for the depicted characteristics is an untreated chronic fistula that developed over time, leading to the formation of scar tissue in the left maxilla. This theory finds support in the dental status of the woman. Most fistulas develop as a result of untreated infections or traumas. The asymmetry between the left and right cheeks, as well as the differential muscular activity involved in smiling, further suggests the presence of an untreated dento-alveolar fistula as the most plausible explanation for this appearance. The identification of the apparent teeth in the portrait is challenging. Based on their anatomical position and shape, they could be presumed to be the maxillary central incisors. However, considering the loss of adjacent teeth, their distal migration and angulation are likely contributing to their current alignment. Nevertheless, it is highly improbable for an individual to retain these specific teeth as they age and lose the majority of their dentition. This dental situation adds another layer of medical mystery to the portrait.

Another prominent feature in the portrait is the large, coarse, and masculine hand of the woman. This depiction of her physically grasping the bag of gold conveys a sense of greed and the underlying fear of losing her sole material possession. The strong physicality portrayed in her hand emphasizes these themes and adds to the overall narrative of the painting.

Dürer clearly used these contradictions to create a provocative, unique and somehow surreal portrait. Social, medical or artistic debates and hypotheses remain questionable, but the only undoubted reality about this painting is that it is far from being random or arbitrary.

To precisely find a diagnosis, an explanation or any kind of truth related to this piece seems impossible. To precisely find a diagnoses is not a necessity after all, as the aim of such retrospective diagnostic discussions is to narrow the gap between different

interdisciplinary humanitarian fields.¹³ Nevertheless, the only undisputed fact to which we can agree is the uncertainty of metaphorical interpretations.

Conclusion

It is highly questionable, that pathological demonstrations had place among the intentions of the artist while creating this portrait. An observer from the 21th century cannot avoid diving into details and exploring the different layers of this masterpiece. Bodily signs and spiritual symptoms were closely observed and interpreted by the artist who build a bridge between flesh and spirit. The art piece howls the message of a fading body through centuries and cultures. Dental esthetics and its influence on other facial components has been an important feature which increases our understanding to the emotional and medical status of this portrait. Aesthetic dental situation and its influence on other facial elements was an important element that is used by the artists to reflect a dramatic scenery.

¹³ Muramoto, Osamu. "Retrospective diagnosis of a famous historical figure: ontological, epistemic, and ethical considerations." National Institutes of Health, National Library of Medicine. Philosophy, Ethics, and Humanities in Medicine: PEHM, 2014 May 28:9:10. <<https://pubmed.ncbi.nlm.nih.gov/24884777/>>

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THE MAN WHO DIED JUST BEFORE THE PANDEMIC

DANIEL THOMAS MORAN, D.D.S.¹

The man who died
just before the pandemic
was unaware.

-March 2020

No one saw a purpose
in explaining to him
that something far too
small to be dreamed,
had made its way from
a caged animal,
deep into the breaths
of a man who lived in
a place on the other side
of the world, or that
it was coming to find him.

The man who died was
too sick himself,
suffering from a body
which had lived
quite long enough.
He did not know that
the world had been
inverted, that everyone
had now come to share
this one thing.

¹ Daniel Thomas Moran is a retired Clinical Assistant Professor from Boston University's School of Dental Medicine, where he was twice awarded the Outstanding Clinical Faculty Award by the graduating class. Dr. Moran is the author of fourteen published collections of poetry.

He would not be
among the old and infirm,
who were lying in wait.
He would not be afraid.

The man who died
just before the pandemic
had already folded all of
his life's fears into the
tender hands who held him.
He did not need to
see the evening news, or
the morning news, and
all the many, too many
winded words of distress.

The man who died
just before the pandemic
did not know that
no one would be there
to see him satin-laid
in his dark blue suit.
He did not know that
no one would be there
to gently lower him, or
to toss flowery fronds
into the hole in the Earth
where he would ever sleep.

Perhaps one day,
in a time far off,
when the world
will have reassumed
its buoyant blue balance,
People will recall
the man who died
just before the pandemic,
And that he did so
just in time.

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