Trumpet Playing and Dentistry: An Historical Perspective

BY PETER ROSENSTEIN

Responding to several inquires from trumpeters looking for information, I asked in the October 2004 ITG Journal for readers to contact me if they had experience with dental implants. About two dozen trumpeters responded. Thank you very much for sharing your experiences and offering your support.

A small group of ITG members who work in dentistry or periodontics also contacted me and offered to help develop materials as we seek to communicate information directly to ITG members. After some discussion, we decided to develop a series of articles related to trumpet playing and dentistry, including one that will focus exclusively on dental implants. The first column in this series serves as a point of departure in supplying us with some past history concerning the trumpet and the teeth.

K. Chesky

The practice of dentistry dates back to ancient India and Egypt. Ever since early man first placed a crude mouthpiece against or between his lips for the purpose of blowing air through it for the purpose of making sound, oral health has played a vital role. Whether the instrument is a crude ram's horn (i.e., shofar) or today's modern brass or woodwind instruments, the health of the dentition has a direct effect on the ability to play.

Conserving and restoring the teeth has become the treatment of choice instead of simple extractions. In the beginning of the 20th century when jazz was in its infancy, bad teeth were merely extracted. Joe "King" Oliver, the king of the cornet, was one of the early pioneers of jazz and was the one who brought Louis Armstrong to Chicago in 1922 to fill the second cornet chair in the Creole Jazz Band. By 1937 Oliver was no longer playing music. Dental problems and high blood pressure ended his career. He ended up as the janitor in a poolroom and died in poverty. Joe Oliver could not afford the dental treatment that would have allowed him to continue his career. According to Hoagy Carmichael, "He had no money to take care of himself and his teeth came out. A horn man with no teeth, he ain't no horn man at all."

A brass player with dental problems would be like a violinist or pianist with hand problems. The teeth are needed to form the embouchure, a French word meaning "to put in or to the mouth." The embouchure is the disposition of the lips to produce sound. The teeth are needed to create an embouchure and any change to the teeth will affect the embouchure. Dental caries or decay affects the teeth and periodontal disease affects the supporting apparatus of the teeth, which in the early 20th century was known as Pyorrhea. Most teeth are lost due to periodontal disease and therefore this will have the most effect on a brass player. Tooth decay will not affect the stability of the teeth as long as it doesn't progress to weakening the tooth to the point where it fractures when mouthpiece force is applied. Events such as caries or trauma, which change the structure of the tooth, may not prevent playing but could affect the sound produced.

The jazz trumpeter John Faddis, who sports chipped front teeth, is renowned for his ability to play in the extreme upper register. However, when he decided one day to have the spaces in his teeth closed for cosmetic reasons, he encountered difficulty reaching the high notes. He decided to have the cosmetic work undone and the high notes once again returned. In contrast, Joe "King" Oliver's gum disease, as with most, was a long chronic process leading over time to a loosening of the teeth to the point where they either fell out or required extraction. Gum disease is caused by plaque buildup due to poor oral hygiene and other contributing factors (smoking, diabetes, etc.). Unnatural forces from a mouthpiece will exacerbate and speed up the process. Tooth loss is disastrous to a brass player player's embouchure. While dentures may allow for some recovery, they do not always work in returning players to their previous level of ability. Today's implants are a better alternative but are expensive and are subject to the same periodontal problems as teeth if not given proper care.

The great trumpeter Harry James began suffering from periodontal problems in his late 20s. By the time he was in his early 40s, he had lost all his teeth. He had a terrible time adjusting to dentures and was terrified that he wouldn't be able to play anymore. Fortunately he found an effective adhesive that was new at the time... he was so elated that he called his friend Red Kelly at home and played a solo over the phone. James eventually had dental implants in the early 1960s. Implants then were a new procedure (and very different from the implants of today). The early implants popularized by Dr. Linkow were painful and had a low success rate. Playing the trumpet under these circumstances was unbearable. A bass player and member of the James's band named Ira Westley

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used to give aloe vera juice to Harry James to temporarily alleviate the discomfort from Harry's gum problems. Bunk John-
son, a trumpeter from the 1920s to the 1940s, lacked his two front teeth. Fellow trumpeter Henry Pott-
er said that Bunk "would take a piece of string and tie it real good to fill the gap. Tie it to his teeth, you know...then he would blow his horn like no other trumpet player ever heard." Once while Bunk was playing, a jealous husband stabbed the bandleader and in the confusion, Bunk's trumpet and teeth were damaged. Unable to play, he quit jazz. Eventually, a jazz researcher named Bill Russell tracked him down and sent him to a New Orleans dentist, Dr. Leonard Bechet who was the brother of Sidney Bechet. Russell paid for Bunk's treatment, and bought him a new horn. Bunk then returned to playing, joining Sidney Bechet's band.

Bix Beiderbecke broke one of his front teeth as a boy while wrestling with a friend. A dentist from his hometown of Davenport, Iowa, constructed a removable false tooth, slotted at the sides so that it fit into place. The crude prosthesis functioned well except that Bix kept playing with it, removing and inserting it until it became loose and kept falling out of his mouth. He called it his "pivot tooth" and when it fell out he was unable to play at all. Once it fell out of his mouth as he leaned out the window of his hotel and he had to cancel that night's engagement. Buck Clayton had a poorly made bridge that cut his lips to the point where he could not play his horn. He went to Boston to a dentist and would sit in the dentist's chair with his trumpet attempting to play in order to get the new bridge just right. Unfortunately this was still unsuccessful and Clayton was forced to quit playing, causing him to concentrate on arranging and composing. Chet Baker's career was twice interrupted by dental problems. In 1954, dental neglect resulting in advanced periodontal disease, led to tooth loss and a new embouchure. "I play the horn as if I was pulling it away instead of pressing it." Drug addiction, which Baker had, certainly is a contributing factor in destruction of the dentition. In 1968, Baker lost most of his teeth following a severe beating. It is said that when the assault began his girlfriend begged the attackers not to hit him in the mouth because he was a trumpeter. Of course this caused the opposite affect. Several years later Baker made another short-lived comeback that ended after he fell or was thrown out his hotel window.

Miles Davis suffered from many ailments including drug addiction and diabetes. His father was a prosperous dentist and may have helped Miles out early in life but couldn't save his son's teeth later on. Miles' habit of binging on sweets, smoking, drugs, and diabetes eventually took its toll on his teeth.

Another trumpeter who lost his teeth and was forced to quit due to periodontal problems was Blue Mitchell. There is also a theory that the real reason clarinetist Artie Shaw quit playing was because he had lost so many teeth that he could never play again to his satisfaction. Embarrassed he instead blamed the pressures of stardom and commercialism for his desire to quit.

Louis Armstrong was one of the few musicians who recognized the importance of maintaining his teeth and was metic-
ulous about it. Armstrong said: "I've been playing 37 years. When I was 13 years old I was developing my lip and playing in street parades. A man who's been playing his horn that long—not like some of those young trumpets today, they blow for two years and they're through—figures to have some good advice to offer on the care of the lips and mouth. Look at Bunk—always had those teeth protruding, but just a year's dental work would have fixed him up. But he never paid it any attention, and there were a whole lot others like him. I watched all that and profit by those peoples mistakes.

Every time I have two weeks off, the dentist is doing something to my chops. I've got a good dentist and by now the danger's gone; no more chance of Pyorhea or anything."

In summary, oral health has played a big role in the history of the lives of musicians in the past. Fortunately with greater public awareness, improved technology, and access to dental care, today's artists can avoid the problems of their predecessors and enjoy playing for the rest of their lives.

Source materials

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