

Editorial**“A Rose Is a Rose Is a Rose”**

A student in Gertrude Stein’s literature seminar at the University of Chicago asked for an explanation of her famous line, “A rose is a rose is a rose.”¹ She answered:

“At different times when the language was new and the poet could use the name of a thing, it was really there. Now after hundreds of years, they are worn out words. We know that you have to put some strangeness, something unexpected into the structure of the sentence in order to bring back vitality to the noun. Now it’s not enough to be bizarre, the strangeness in the sentence structure has to come from the poetic gift too. Now you all have seen hundreds of poems about roses and you know in your bones that the rose is not there. Now I don’t want you to put too much emphasis on that line, because it’s just one line in a longer poem. But I notice that you all know it; you make fun of it, but you know it. Now listen! I’m no fool. I know that in daily life we don’t go around saying “is a . . . is a . . . is a . . .” Yes, I’m no fool, but I think that in that line the rose is red for the first time in English poetry for a hundred years.”²

Periodontal pockets are not roses, but it seems that there are similarities when the word, *pocket*, like the word, *rose*, loses much of its meaning through age, habit, and constant repetition. We become jaded and almost blind in the constant use of a word, be it *rose* or *pocket*; subsequently, most of its real essence and quality is lost.

Pockets are, and, at the same time, are not, what they used to be. By definition, a pocket is: “A pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited at its apex by the junctional epithelium.”³

A pocket, therefore, connotes disease that is identified and differentiated from a normal sulcus not only histologically but also by deviations from normal anatomic tissue relationships. The word, *pocket*, however, does not identify its depth or configuration, the osseous response, the quality and quantity of the gingival component, or the number and type of pathogenic organisms, and it certainly does not describe the presence or absence of disease activity. Pockets have traditionally reflected only a historical-path-

ologic event that resulted in increased probing depth, but few of the above-mentioned facets of the problem have been addressed.

Researchers and clinicians are now examining many of these interesting aspects of pockets, especially the exciting concept of disease activity, its diagnostics and its implications, and, subsequently, a variety of treatment alternatives that may flow from their findings. These evolving diagnostics, such as the measurement of temperature gradients in healthy and diseased sites, enzyme tests, DNA probes, gingival fluid analysis by biochemical markers, immunologic assays, and others, may eventually guide us toward treatment approaches completely different from the traditional treatment techniques when a pocket is encountered. This in no way means that periodontal surgery for pocket elimination will not continue to be a necessary and important treatment procedure to control the progress of periodontal disease. However, with the new diagnostics and the expected new therapeutic modalities that advanced technology will undoubtedly introduce into clinical practice, it may well be that a "pocket" will no longer be just a "pocket."

Gertrude Stein also said, when describing her hometown, that "there is no there there." She apparently meant that once you get there, there's nothing there you expected. She may have been prescient about pockets, also, if she had been a periodontist.

G. M. K.

1. Stein G: "Sacred Emily," 1913.
2. Wilder T: Introduction, in *Four in America*, 1947.
3. Hurt WC, Dahlberg WH, McFall WT, et al (eds): Glossary of Periodontic Terms. *J Periodontol* 1986;57(suppl):23.