DENTAL CASES AMONGST SOLDIERS.*

BY

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Of those men who have received dental treatment at this hospital 16 per cent. were suffering from gastritis or other digestive disturbances, and nearly every one of these had been sent back from the front for this cause alone. In every instance a rapid improvement was shown after the diseased roots were extracted and the mouth and teeth cleaned, although in many instances no artificial teeth were supplied. We have never had so many grateful patients. Man after man came back to us and told us how much better he felt after even the limited treatment we were able to give. Where the man was in other respects capable of going back to the front we have supplied artificial teeth when it was necessary and possible. Our rule has been that when a man had two upper and two lower molars which occluded fairly well, and also useful incisors and cuspids, not to make plates. We are forced to omit many cases that might be greatly improved; but we have treated the aching tooth, and treated and filled many that we felt sure would suffer if not treated. We have noted a condition in many mouths which we rarely see at home. In many teeth which have enormous cavities the dentine has hardened and the pulp receded far beyond its normal position. These we refrain from touching when there is no history of pain and no sign of abscess formation, because the time of the average patient in these hospitals is not sufficient properly to treat and remove the pulp and fill the root canals; the patients' chances are seemingly better if we soak the hardened dentine in a saturated solution of silver nitrate and omit further treatment. A few cases of pyorrhoea alveolaris have come to us in which the mouth was so sore that the patient could not chew. These patients were sent to the hospital for no other reason, and to our great surprise yielded quickly to treatment. In more refined circles this so-called Riggs's disease is a much more difficult disease to cure, and differs in many respects from the cases we have seen in the army. All of the cases among the soldiers are characterized by enormous deposits of tartar around the necks of the teeth, which deposits, however, do not seem to push their way down upon the periodontal membrane surrounding the roots, so that there are few deep incurable pus pockets, and the characteristic odour of advanced Riggs's disease is rarely present. There is usually pus at the gum margins; but with the removal of these great concretions, and very few treatments with iodine, the mouth clears up wonderfully.

I have come to the conclusion that the cleansing of the teeth of most hospital patients would be a most profitable undertaking, for invariably the patient comes back in a day or two and tells us how much better his appetite is, and how much better his food tastes. Nearly all of these patients have great tartar deposits, usually quite easy to remove, and nearly all are swallowing with each meal an appreciable amount of pus. The youngest graduate, or even well-trained three-year students, could do this work under a competent superior, and I am sure it would be a great economy. Many of the nurses could be trained to do much of this work. In some of the States at home we are beginning to employ dental nurses for just such treatment. Of course it would be better still if the men could be started with a reasonably sound and clean set of teeth; but I realize that we are dealing with a great emergency, which must be met in the most efficient and at the same time most economical way.

Some of the cases of rheumatism are undoubtedly due to mouth conditions, while the progress of other cases toward improvement must be retarded by the absorption of these mouth toxins. At the present time at home, if a physician has a rheumatic patient, that patient is immediately sent to a dentist for an examination of his mouth, and, if necessary, x rays are used to discover if there are any pus pockets at the ends of the roots of teeth. Perhaps the pendulum is just now swinging too far in the direction of

the teeth as causal factors in this and other diseases; but it has been proven beyond doubt that blind abscesses and other diseased mouth conditions are responsible for a very large number of cases, and the removal of these foci of infection marks the beginning of the cure.

The same is true of some of the heart and kidney irregularities; but because of the brief stay of the patients at these neighbouring hospitals it is not possible in many cases to see the bearing of the mouth conditions upon these diseases. Here, too, repair work and mouth cleansing could be practised with great profit.

Another point which is of great economic value is the lowering of a man's resistance to disease because of the absorption of mouth toxins, and the derangement of his digestion because of his inability to chew. The unclean mouth harbours the germs of many diseases. The pneumococcus is present, so far as I know, in all mouths where Riggs's disease is present, and in many apparently healthy mouths also. The staphylococcus, streptococcus, streptothrix, and several forms of amoeba are found there in great numbers. In fact, the uncared-for human mouth is the prize bacterial garden of the world, and mouth-to-mouth infections are more common than we dare believe. Therefore—I say it with all seriousness—a supply of toothbrushes, and perhaps fine pumice, and a toothbrush drill at every training station, would be a most profitable investment of time and money. A number of us in the United States have started a dental hygiene movement; and because we know how impossible it is to teach an old dog tricks, we are confining ourselves to work on the children.

It is interesting to know the cost to a country of poor teeth, and these figures may give a rough idea. In the State of New York it costs 36 dols. a year for each child in the public schools; 40 per cent. of absences from school are caused by toothache; 67,000 children fail each year to pass their examinations, and cost the State an additional 36 dols. for an extra year's work; 40 per cent. of these fail because of wretched mouth conditions. A little simple arithmetic will show that the diseased teeth of her school children cost the State of New York nearly a million dollars a year; and I ask, simply as an economic problem, Does the care of the teeth pay?

DEFORMITIES OF THE JAWS RESULTING
FROM OPERATION OR INJURY.

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ANALOGOUS types of deformity are occasioned whether the injury be accidental or, as in operations, deliberately planned. As, however, in the case of operation, the question of expediency and other modifying factors must necessarily be raised, it will be convenient to consider separately the deformities produced thereby. The method of treatment, however, depends on the type of deformity irrespective of the cause producing it. A survey of these deformities will give opportunity for the enunciation of certain fundamental principles of treatment and for the demonstration of methods adapted to giving them effect.

Traumatic deformities of the jaws fall naturally into two groups, according as they are, or are not, associated with loss of substance. Loss of substance may be the sole deformity, or be complicated by displacement of the remaining part or parts. In cases in which it is necessary only to replace a mass removed or lost, the problem is one of purely mechanical prosthesis. It is not our purpose to discuss at any length the technicalities of dental prosthesis, but rather to deal with those cases in which preliminary treatment is essential for success, or in which other than prosthetic apparatus is necessary.

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