Clinical and other Notes

Some Suggestions for Dental Surgery on Active Service.

By Major B. W. Longhurst.
Royal Army Medical Corps.

Many letters have been written and many suggestions made for the efficient dental treatment of British troops, but these new schemes do not deal with the all-important question of active service.

How can dental surgery be carried out on active service? and what equipment should be carried? are the questions I will now endeavour to answer.

A dental surgeon who has never been on active service or one who has never been farther than the base hospital, is not likely to appreciate the difficulties on the line of march, nor the impossibility of finding transport for the equipment he would require at a stationary hospital. In dealing with this subject it appears best to start with a description of the work which can be carried out at a base hospital and the necessary outfit required, and then to describe the work which could be easily managed on the line of march and what equipment should be carried to perform it.

Base or Stationary Hospital.—At a base or stationary hospital, of course, ordinary amalgam and osteo-plastic fillings could be made, and exposed nerves treated effectually, but to do this the following equipment would be necessary: One S.S. White portable dental chair, packs in box 39 inches long, 13 inches wide, 7½ inches deep, and with the chair packed for transportation weighs 88½ lbs.; one student's dental cabinet, which contains all the filling instruments, appliances and fillings necessary, and measures 12 inches long, 9 inches wide and 10 inches deep; one S.S. White dental engine packed in case 35 inches long, 15 inches wide, and 5 inches deep.

Field Hospital.—In a field hospital, or combined unit, temporary fillings could be done in camp and exposed nerves treated without extraction as a temporary measure, but the following equipment would be necessary for this: A small case of hand instruments 2 inches wide, 8 inches long and 2 inches deep, or a leather pouch 8 inches long and 8 inches in circumference; a few small bottles containing osteo-plastic fillings, gutta-percha, oil of cloves, pulp spot or pulp chamber paste, for the immediate treatment of exposed nerves.

Line of March.—On the line of march very little conservative dentistry can be done, but something more than extraction of teeth can be carried out. A dressing of oil of cloves made into a paste with acetate of morphia can be inserted into the cavity of a decayed and aching tooth and kept in situ with a small piece of cotton wool dipped in gum mastic or gum sandarac, which will set hard and last for a month or more. Pulp spot or
pulp chamber paste can be applied direct to an exposed nerve and a piece of gutta percha placed over it, which may alleviate the pain altogether. To arrest pain and put in a temporary filling or dressing, the following instruments only would be required, and take up very little space in the medical pannier: Two excavators, one pair of tweezers and a small mirror. The tweezers and mirror are already contained in the tooth pouch supplied, and there are only the two excavators to add, which would not increase the size of the case, as they take up no more room than two probes. To put in a gutta percha filling a plugger, in addition, would be required; there is already a spirit lamp in the medical pannier for the field sterilizer, so very few extra appliances need be carried. I would suggest the following drugs as most useful and most easily used on the line of march: Acetate of morphia made into a paste with oil of cloves as an obtundent to relieve pain at once, cotton wool dipped in gum mastic, as the filling, to be placed on the top of this.

With regard to extraction, this can be carried out anywhere, under fire if necessary, and the pouch of tooth forceps supplied is sufficient for everything; but I would suggest that a medical officer in charge of cavalry be supplied with a single pair of "bayonet-shaped" upper stump forceps, to carry in his haversack, as with these he could, in case of emergency, remove any tooth in either upper or lower jaw with the patient lying down. These I found most useful and quite sufficient for all cases of emergency; the pouch of tooth instruments can thus be dispensed with for the time being and left behind in the pannier with the transport. It is quite necessary for the medical officer with the advance guard to have a pair of forceps such as I have described, carried in his own haversack or in the saddle-bags carried by his orderly; he may be five or six miles away from his panniers, cut off from the transport and rear guard at any moment, and remain without access to his panniers for perhaps days.

THE TREATMENT OF SCABIES BY BALSAM OF PERU.
BY LIEUTENANT W. G. AVISS.
Royal Army Medical Corps.

The use of balsam of Peru in the treatment of scabies is frequently urged in the columns of the Journal. It certainly cures the scabies, but in many cases the results of the application are much worse, for the patient, than itch. I have recently had under my observation three cases, not without interest.

One, after one application of the balsam, developed an intense erythema, followed by desquamation, albuminuria (no blood), and general oedema. It was not a case of scarlet fever, and is still in hospital.