Correspondence.

THE IRRITATING SUPPLICATIVE.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—I ask for space to protest against the excessive and senseless use of the supplicative "Please," which has crept into our present day official correspondence. Each day brings to my office a series of minutes all sprinkled freely with this word. Its use is obviously legitimate and proper when expressing a request, but it is difficult to justify its use in connexion with mere statements of fact. "For your information, please," or "Captain Jones proceeded to —— on December 2, please," are common instances of the misuse of the word. To-day, this gem arrived, "This is not a difficult matter in the case of a Division, please." I hope that I am not a crank, but I do think that officers who sign minutes have a definite responsibility that the communications to which they subscribe are couched in logical and correct phraseology. In many cases, the introduction of the word "please" makes the sentence in which it occurs to be quite without sense. With apologies to "Mr. Punch," who has protested on similar lines against the overworked imperative "must," I would express my views as to the supplicative "please" in the following verses.

There are various words much in need of a rest,  
They've been horribly hackneyed, remorselessly stressed;  
But there's one that's so worn that it's bare to the knees,  
'Tis the sadly misused monosyllable "please."

It's the pet of the clerk, that slave of the office  
Who uses the word without thought or real malice;  
And there's never a day we're not fretted and teased  
By some foolish request that we deign to be "pleased."

Supplications addressed by the wisest or sane  
Don't always appeal to the average brain;  
But it makes my feet cold till I'm ready to sneeze  
When statements of fact always end with a "please."

Official correspondence often excites  
Words of critical remarks more frank than polite;  
But writers of minutes would give us more ease,  
If they strictly tabooed this provocative "please."

I am, etc.,  
December 10, 1916.  
R. H. Firth, Colonel.

DENTAL TREATMENT IN THE ARMY.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—An important aspect of Army Dental work does not appear to have received the attention it merits. I refer to the modifications of dental treatment that have been the result of experience in the treatment of troops.

All of us, commissioned dental officers and civilian dental surgeons,
Correspondence

commenced our work with the idea that every savable tooth should be filled, and every unsavable tooth should be extracted and, if necessary, dentures provided to fill the gaps; some of us even went so far as to extract on a large scale for the cure of pyorrhoea.

At the present time the views of the authorities are clearly laid down and it is for us to give effect to the instructions in the most intelligent manner we can. The latest instruction points out that stumps are often more useful than dentures. It is stated that only efficient mastication is necessary, but it is not always easy to decide what constitutes efficient mastication. Further, we are told to pay more attention to the cleaning of mouths, but according to our preconceived ideas this constitutes extraction in preparation for dentures in most cases.

My experience has led me to adopt certain principles which I believe are in accordance with the views of the authorities and which may be of interest.

(1) **Scalings.**—Every scaling is necessary. The reason is not so much a surgical as a military one. The soldier is taught habits of cleanliness and the cleaning of his teeth is one of the most important. He cannot keep his teeth clean if they require scaling, and therefore, apart from the surgical aspect, scaling is a necessity. There is reason to believe that scaling is appreciated by the majority and that it is the foundation of regular habits of cleanliness.

(2) **Fillings.**—It soon becomes clear in treating soldiers that to fill every savable tooth is unnecessary, even if it were possible. When, however, the soldier has lost so many teeth that further extraction would render dentures necessary, any cavities that exist must be filled.

Sometimes it is possible to select one side of a man’s mouth for filling, and give the soldier a comfortable masticating surface; the other side can then be entirely neglected. It is very important to fill teeth supporting dentures. I have been impressed by the large number of teeth in which the caries has become naturally arrested, and advantage of this tendency can often be taken.

(3) **Extraction.**—In examining, it becomes apparent that there are large numbers of useless stumps whose removal would still leave efficient mastication. A feeling of dissatisfaction is created in the mind of the soldier by the extraction of such stumps, because he thinks he is entitled to have them replaced. It should always be explained, therefore, that substitutes will not be allowed, and the soldier will usually prefer to leave the stumps until they give him trouble. In cases, however, where there are symptoms of general ill-health probably caused by oral sepsis, such extraction has to be insisted upon.

Extraction in preparation for dentures forms the greater part of our operative work and is by far the most important part of our work. It is to be regretted that in so large a proportion of cases the teeth are beyond saving. Such, however, is the case and we are faced with the problem.
Correspondence

149

as to whether the teeth must be extracted and dentures provided, or the soldier allowed to continue using his stumps for mastication.

It is impossible to lay down a sweeping rule and each case has to be judged on its merits.

The following points concerning dentures have to be considered. I am aware that they are not in accordance with text-book reading, but from a military point of view I am convinced of their soundness.

(a) As a mechanical contrivance dentures are inferior to stumps, provided the stumps are not tender.

(b) From a surgical point of view dentures are a greater abomination than stumps, under active service conditions, unless there is some incentive for the soldier to keep his dentures clean. It must be borne in mind that the soldier under fire lives in a state of tension, his daily habit of cleaning his teeth tends to be neglected. Even officers neglect their teeth-cleaning, sometimes because clean water is scarce but generally because they forget.

If we could follow the men for whom we have provided dentures out to the Front a fortnight later, and could examine their dentures, in a large percentage of cases we should find the dentures in a far more septic condition than the original stumps. Even in the training camps at home, my experience shows that the men with dirty tongues and offensive breath are the men who wear dentures, whilst the men with stumps have clean tongues and breath.

The soldiers who take care of their dentures at the Front are invariably those who have reason to be grateful for the provision on account of improved health and greater comfort.

(c) Dentures are liable to be broken or lost, the gums may shrink and the dentures become loose, and the loss of a tooth supporting a denture may render the denture useless. In any of these circumstances, a visit to a base at the public expense is necessary, besides the loss of a fighting unit for a week or two.

The vast majority of men whose teeth are mostly stumps are enjoying good health. A parade of a large number of such cases leaves no doubt. In civil life under the social conditions that existed before the War, their daily occupations tended to lower their resistance. When they enter the Army, their habits of life become regular, in most cases they are better clothed and fed than ever before, and they are put through a graduated course of training and exercise, especially designed to make them fit. Surely if they enjoyed good health before, they will do so now. Their dental condition was neglected before, and now if the mouths are scaled and cleaned the habit of the tooth brush acquired, and essential teeth carefully filled, nothing more is needed to ensure continued health in the vast majority of cases.

There remains, however, a proportion of cases whose dental condition is responsible for ill-health in one form or another. Such men are classed
as category "A," which does not mean they are physically fit for the Front at the time of enlistment, but that they are likely to become fit as a result of the training. Some of them become fit in spite of their dental condition, but for most of them dental treatment is absolutely necessary.

It is therefore essential that the Dental Surgeon should see the men when they are first drafted to the training centre, so that, in consultation with the Medical Officer, the history of each case can be gone through where the teeth are mostly stumps, and it can be decided as to what extent the condition has affected the general health, whether the training is likely to eliminate the symptoms, or whether extraction in preparation for dentures would not only be genuinely appreciated by the soldier himself, but would be the determining factor as to whether or not he would ultimately become fit for the Front.

I am, etc.,

23, Brunswick Square, Hove. W. L. COCKER, Captain.

November 21, 1916.

TREATMENT OF SEPTIC GUNSHOT WOUNDS.

TO THE EDITOR OF "THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Dear Sir,—I should be greatly obliged if you would kindly publish the following note in the Journal:

I take this opportunity to bring to the notice of officers of the Royal Army Medical Corps who are interested in the treatment of septic gunshot wounds with Ichthyl and glycerine, the importance of substituting Subitol for Ichthyl on the grounds of expense and the present difficulty of obtaining Ichthyl. Subitol is obtained from Japan and is sold by Messrs. Zimmermann & Co. (a British firm) at 5s. 6d. per lb., about one-fifteenth the price of Ichthyl.

I use it in the strengths of twenty per cent and fifty per cent in glycerine painted on the wound with a camel-hair brush once or twice daily.

I cannot too strongly emphasize this method of treatment; it saves septic limbs from amputation and if applied at the time of injury will, I am convinced, prevent gas gangrene; the possibility of the prevention of tetanus is also a subject well worthy of consideration.

The dressing should consist of antiseptic gauze, cotton wool and a bandage—impermeable material such as oiled silk should not be applied to a wound.

In conclusion I may add that extension of sepsis and secondary haemorrhage do not occur with this method of treatment.

I am, etc.,

Military Hospital,
Lincoln,

December 28, 1916.

C. W. DUGGAN, Major R.A.M.C.