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e.g., saline application, peroxide of hydrogen and eusol, flavine leads much more rapidly to the extinction of infection as evidenced by the disappearance of suppuration; at the same time the processes of repair in the form of granulation tissue growth and superficial extension of epidermis occur with a degree of rapidity which we have not seen equalled under any other circumstances. A further practical outcome which is of the greatest consequence is that the use of flavine shortens very naturally the stay of patients in hospital—a most important factor, when large numbers of cases have to be dealt with. In our opinion flavine constitutes an exceedingly valuable addition to the armamentarium of the surgeon in the treatment of septic wounds, and as a therapeutic agent is much superior to anything of which we have had experience.

ARMY DENTAL TREATMENT IN WAR TIME.

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In dealing with this subject it is not my intention to discuss Army dental treatment in its highest form as it could be practised when time was no great object, but to do so with the knowledge that just now it is essential to render all men fit in a dental respect with the least possible delay. A broad view has to be taken of the situation, for the average man of service age has not had the advantage of school dental clinics in his younger days, with the result that most of the men at present in the Army have been totally neglected in that respect. It is well known that if a list is required of men in almost any unit who have some kind or other of dental defect, practically all that would be necessary would be the preparation of a nominal roll of the unit. With such a state of affairs, and bearing in mind the fact that, in spite of dental defects, men go about their work and eat heartily in normal times, it would obviously be wrong to propose such a perfection of treatment as would not only cause a considerable delay in the training of each man but would also have a very serious effect in the timely production of drafts. At the same time sufficient should be done for the men to obviate as much as possible the risk of toothache and to eliminate such septic conditions of the mouth as are likely to be detrimental to health; and lastly, in those few cases where they are absolutely necessary for efficient mastication, to supply artificial dentures.

In carrying out treatment it would be well to remember that general disturbances due to or aggravated by dental conditions are those in which oral sepsis is prevalent and are not to any great extent dependent on deficiency of teeth. In the first place, the dental officer should thoroughly realize that his work is to ensure men being able to masticate efficiently, and to disregard the "beauty specialist" aspect of his profession. He
must take a firm stand in this respect and not be too much influenced by the wish of his patients. We all know that half our patients care about very little else than the appearance of their front teeth and are very apt to disregard those that “do not show,” and it is no uncommon thing for medical officers to be influenced by like considerations and appeal to our sentiments in this respect. The question now arises as to where we must draw the line. The men who are fit and liable for general service or garrison duty abroad must be our first care. It is quite within our power to render all these men dentally fit, but the urgent need of men limits considerably the time we are justified in expending upon them. If the supply of dentures were undertaken to any large extent, it would be impossible for a whole army of dental surgeons to deal with the men satisfactorily in a reasonable time, for we would then have to wait patiently for what is commonly called the “setting of the gums,” but what is really the absorption of the alveoli. This absorption is a process which may take any time from two months to two years to complete, and goes on long after the gums have healed. It has been usual in the Army to fit dentures within three months after the extraction of the teeth—a proceeding which very often results in the plates having to be remade when further absorption has taken place and, consequently, additional work given to the dental staff. It is quite obvious that the provision of dentures should be avoided wherever possible, and it is here necessary to say that it is not possible to make any definite rules as to the number of teeth a man must have lost before he can be recommended for dentures. This depends entirely on his state of health. If a man is physically fit in all respects I cannot imagine that the cleansing of the mouth is going to make him any less fit. We too often make the mistake of feeling that it is our duty to replace the teeth we extract although we know that the operation is performed because the teeth extracted are detrimental to health. We daily find men who are practically edentulous the picture of health and able to digest all kinds of food. The sole reason is that the mouths are clean. Efficient work can be done by three or four sound opposing teeth, not necessarily molars, in each jaw in a clean mouth. Another point which is also apt to be overlooked is the great use of the tongue in mastication. One is generally quite unconscious of the power of this organ against the hard palate in the trituration of food and its great use in the thorough mixing of saliva with the food.

As regards treatment the dental surgeon should in each case first ask himself “is it essential for this man to be fitted with a denture, or can I make him dentally fit by judicious surgical treatment?” I am convinced that in very few cases are dentures absolutely essential, and that the physical condition of a man should always be the sole guide to their supply.

Functionless septic stumps should be removed without hesitation, as their removal does not lessen the masticating area and they are the greatest cause of oral sepsis.
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As regards functional teeth and stumps everything possible should be done to treat them and render them healthy if we are able by so doing to prevent the delay incident on the provision of dentures. It is far more economical in all ways that a dental surgeon should spend a whole day if necessary in the treatment of the mouth of a man, than that the man shall be kept back from service for dentures which may not be satisfactory. Where dentures are quite essential too much time should not be spent in the attempt to save "dead" teeth, unless they are absolutely necessary to hold up the plates, and obviously no stumps of any description should be retained in such cases.

Whatever treatment is undertaken it is essential that men should be urged to take an interest in their own mouths and use their toothbrushes regularly. This should be impressed upon the men by company officers and by the medical officers attached to units, who should see that their instructions are properly carried out. Dental officers always do their best in this respect as they realize how hopeless dental treatment is without the co-operation of the men, and company and medical officers could do more as they are in closer touch with the men and consequently have much more influence over them.

To summarize I would give the following rules for dental treatment. These I consider are a guide to essential treatment at a time when delay is a very serious matter.

1. Decide at once whether a man can be made fit without dentures, always bearing in mind his physical condition and the fact that cleaning up his mouth is going to improve his health whether he has dentures or not.

2. Get rid of functionless septic stumps and teeth. Remove tartar, debris, etc.

3. Treat wherever possible functional teeth and stumps in all cases where dentures are not essential.

4. Remember that ill health caused by or aggravated by dental conditions depends much more on the prevalence of sepsis than on actual deficiency of teeth. This can be observed daily.

5. Do not be influenced by a patient's loss of front teeth if he has sufficient other useful ones. Efficiency is aimed at. If dentures are supplied when they are not absolutely essential they are often a positive hindrance, and tend to make the wearer "bolt" his food. Also, under service conditions it is not always possible to keep these appliances as clean as is desirable, with the result that they often become foul from the accumulation of particles of food, and so not only increase the possibility of caries occurring in the remaining natural teeth but, almost without exception, cause a more or less severe form of diffuse stomatitis.

6. Aim mainly at the cleansing of the mouth. In this the co-operation of the patient is quite necessary and I consider company and medical officers could do very much more than they now do in seeing that men under their care do not neglect the use of the toothbrush.