Editorial.

REJECTIONS ON ACCOUNT OF DEFECTIVE TEETH.

The rejections observed among men presenting themselves for enlistment and the wastage arising from invaliding on account of loss and decay of teeth, are showing a tendency to increase. So much is this the case, that attention has been for some time attracted to the prominent position which this cause of rejection has come to occupy. The question has been still further accentuated by the fact that it has also become common to make bad teeth a cause of rejection when men are being examined as to their fitness to serve abroad, or as to their being fit for extension of service.

Examination of the recruiting statistics for the years 1891 to 1903, shows progressive increase in the numbers of men rejected for defective teeth, of from 10.88 per 1,000 in 1891, to 49.26 in 1902, and 63.26 in 1903. The rejections had risen to 26 per 1,000 by 1898, after which the figures remained fairly steady for the next three years; then came the large increases in 1902 and 1903, when about 5 per cent. and over 6 per cent., respectively, of the men examined were rejected for loss and decay of teeth.

Whether the progressive increase in the rejections is an indication of increasing prevalence of defective conditions of the teeth amongst the population generally, it is impossible to say. But although there is little exact evidence, there appears to be a very general impression that the prevalence of dental caries is on the increase; and the fact of its widespread extent is abundantly evident from our recruiting returns, and from the observations which have been made regarding the state of the teeth among school children. The large prevalence of dental decay amongst the classes from which recruits are mainly drawn may be partly due to the greater inflow of the population in recent years to town life, and partly also to the more common use of farinaceous articles of food which readily undergo acid fermentation, and probably partly to the use of foods which require comparatively little mastication. Separately from this it must be remembered that a very considerable part of the increase in the number of rejections observed in the recruiting statistics is almost certainly due to medical officers having gradually come to place a higher and higher value on soundness of teeth, as a matter of much importance in its relation to the maintenance of the physical efficiency of the soldier on service.
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There is considerable divergence of opinion as to what the chief factors leading to early decay of the teeth really are. Poverty, with insufficient food, dietetic errors, inherited disease, and the unhealthy environment which poverty usually entails, e.g., defective housing, overcrowding and insanitary surroundings, must all be factors powerfully influencing the growth of the body and actively antagonistic to the healthy physical development of its tissues and organs. It would therefore seem reasonable to suppose that the development and growth of the teeth must suffer in proportion to the general malnutrition of the body resulting from the operation of such conditions. On the other hand, while recognising that soundness of teeth is mostly to be looked for as an accompaniment of health and vigour, the available evidence favours the view that decay of the teeth is chiefly the result of local influences, and that malnutrition plays but a small part in the production of dental caries, and that it is neglect to keep the teeth and mouth clean that is principally responsible for the present widespread prevalence of early dental decay.

There is no fixed standard laid down in the recruiting regulations as to the number of lost or decayed teeth which should entail rejection. The decision as to the acceptance or rejection of a recruit depends on his possessing a sufficient number of teeth for efficient mastication; on the relative position of the defective teeth; on the presence or absence of opposing teeth; and on the robustness or otherwise of his appearance. The freedom of judgment given to the medical officer in this matter must be regarded as adding proportionately to his responsibility. It is rare to find a man with every tooth sound, and it is not uncommon to observe that men with very imperfect teeth show no evidence of either dyspepsia or malnutrition. Rejection should, therefore, never be decided upon without careful examination of the defective teeth from the point of view of determining the possibilities of dental repair. In the past, many men have probably been rejected for decayed teeth who might have made good soldiers had suitable dental treatment been available. The recent appointment of army dental surgeons has now made it possible to have the teeth of recruits dealt with from the time they enter the service, and doubtless the recruiting medical officer will be able to accept some of the men who, under former conditions, would have been rejected.

The care and preservation of the teeth of the serving soldier is another most important matter. As it is rare to get men with perfect teeth, so it is essential that early measures should be taken to
prevent caries spreading from unsound to healthy teeth. The men should be encouraged to seek early dental treatment, so that conservative measures may have the best chance of being successful. With the same end in view, recruits should have their teeth examined by the dental surgeon, as a routine measure, as soon as possible after they join. Further, the importance of the care of the teeth and of systematic cleansing should be impressed on all ranks.

While much may be done in this way to preserve the teeth of the soldier, and so lessen the number of rejections within three months of enlistment, and of invalids at a later period, it is obvious that the only way to materially lessen the number of rejections amongst the men presenting themselves for enlistment, is to take every opportunity of advocating the adoption of early measures for the preservation of the teeth, and that these measures be commenced in childhood and steadily continued afterwards. Decay of teeth has very commonly advanced far beyond the possibility of repair by the time the recruiting age is reached. Dr. Leslie MacKenzie in his book on the “Medical Inspection of School Children,” states that “by the age of ten or eleven the proportion of children with decayed teeth had risen to nearly four-fifths; but it did not show a material increase at the later ages. The proneness to decay of teeth was, therefore, of early origin. Decay of the permanent teeth was usually associated with decay of the first set” (report on the children attending certain schools in Aberdeen). The child should be taught to bestow the same care on his teeth as he is usually taught to bestow on his face and hands, and it should be commenced from the earliest years, because decay in the milk-teeth may originate decay in the permanent set. The teaching of the elements of hygiene should be made compulsory in schools, and in this teaching the care of the teeth should receive special attention. Daily cleansing of the teeth should be enforced by both parents and teachers. Systematic examination of the teeth of children by competent dentists, employed by school authorities, should be practised, where possible, to prevent caries extending, to stop carious teeth, and to remedy defects of the teeth.

Good might also be done by spreading abroad a knowledge of the laws of health and the elements of sanitation amongst the working classes. This might be accomplished by means of special lectures and by distribution of leaflets and pamphlets. Here again the care of the teeth should be an important part of the instruction.

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