

ORAL HYGIENE.

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(From *The Nursing Times*.)

RECENT discoveries in dental physiology point to the fact that the future of the teeth of the community will depend less upon the dental surgeon than upon the nurse.

Sir Leslie Mackenzie, of the Scottish Board of Health, in his address to the British Dental Association last July, summed up the present state of knowledge in these words: "A Dental Service must be related to the work of general medicine. It must take account of the pre-natal nutrition of the child. It must also take account of the nutrition of the suckling; and this means also care of the nursing mother. With these basic problems well provided for, a Dental Service could work marvels in our community within a few years; but let it be laid down with emphasis that the care of the teeth involves the care of the whole organism from conception to adult life. Consequently a Dental Service must work from a general science of nutrition, and work back to a science of nutrition. There cannot be good teeth unless the nutrition of the child is good from conception onwards; there cannot be good nutrition of the individual unless the teeth are kept good."

Working, therefore, from first principles, the whole problem which faces dental surgery is one of nutrition; theoretically it is a problem no longer; practically the difficulty lies in the application of the measures which are to bring back to us that freedom from dental disease, which has been receding further and further away the more we have advanced upon the path of evolution.

To regain our freedom, not only from dental trouble but from all the other ills which beset us, we shall have to go back a little way upon the path of civilisation. It will mean the scrapping of many theories, the exercise of more self-control, and a ruthless war upon habit. Modern medical science now clearly perceives that we must get back to sunlight, fresh air, exercise and natural rational food to save ourselves from extinction.

There is a great deal to bar our way: social factors, ignorance and intolerance; economic factors, tremendous but not insuperable; but worst of all is passive indifference.

We have one great hope, the mother. She is the beginning of all things, and the future is in her hands. What of the one on whom she relies in her hour? The autocrat of her home; the one who must order her, humour her, instruct her; the one who decides what she must eat and how it should be cooked and served; her counsellor and friend—the nurse! Knowledge,

technique, manner, experience, all these are essential and excellent qualities but the greatest of these is knowledge. And supreme in her knowledge must be a complete understanding of modern dietetics.

The subject of this paper is oral hygiene. For a general knowledge of dietetics the modern literature upon the subject should be consulted. But the principles which will be laid down regarding the diet to be observed to preserve a state of oral hygiene will be found to be in conformity with modern general dietetical principles. There is no special diet for the formation and preservation of good teeth alone. Good teeth are built up along with, and not at the expense of, the other tissues. The food which goes to form and maintain a healthy body will form and maintain healthy teeth. It is proposed to show the measures to be adopted to preserve perfect oral hygiene in the mother, from conception onwards, through confinement, until the calcification of the child's teeth is completed; to show the necessity to the mother of such a state of perfection and the influence of both pre- and post-natal diet upon her child's teeth. It is to be remembered that vigilance must never be relaxed. There must be no gap during which this state of oral hygiene which has been created may relapse; it must be maintained through childhood, the dangerous stage of puberty, when the resistance of the teeth is at a low ebb, and on through adolescence until the cycle is completed.

ORAL SEPSIS.

Apart from hospital or maternity home practice it is revolting to notice when the nurse is called the extent of oral sepsis in the mouths of women who ought to know better. Decaying teeth, blackened stumps, abscessed roots and chronic general periodontitis (pyorrhea) are noticed every day. Doctors are at last warning women against the dangers of oral sepsis during pregnancy, but it is in the more intelligent cases only that the warning is heeded. In some cases it is that women are too much occupied with the thoughts of the future to bother about the present, too much and too blindly centred upon the child to consider themselves, or more often the reason is that a woman loses a great deal of her pride in her personal appearance at this time. Another factor which intervenes is the well-known procrastination to which we are all subject when it comes to "seeing the dentist." They put it off and put it off, and then comes the time when they consider that it is too late and they will "wait until it is all over." This must not be permitted. Until the end of the sixth month of pregnancy extraction of teeth is perfectly safe. If there are any decaying teeth temporary fillings can be inserted without any "drilling" or resultant shock, which will stay in and prevent any further decay for ten months or so.

When extractions are performed under local anæsthesia novocain, or some similar non-cocaine anæsthetic, must be used. Cocaine is toxic, dangerous, and quite unnecessary. If there are any immediate extractions to be performed after the sixth month a general anæsthetic, preferably gas and oxygen may be given to avoid shock. The doctor will, of course, decide this question. If it

is inadvisable for the teeth to be extracted at the time, and there is considerable oral sepsis present, a mouth wash, such as eusol or hydrogen peroxide, must be prescribed for regular use. Do not get the idea that you can sterilise the mouth in this way—you cannot. You will remove a very little of the products of putrefaction and inflammation, and any degree of asepsis that you have created will disappear in a few moments, but you may make the patient's mouth feel a little cleaner, and the moral effect of that is not to be despised. But the danger from abscessed teeth, pyorrhea, or septic roots, comes not so much from the ingestion of their products into the alimentary canal as from the absorption of toxins from the septic focus by the blood stream. Mouth washes will not penetrate into the rarefied areas of bone around the roots of teeth suffering from pyorrhea, nor will they have the slightest effect upon the bacteria in septic root canals, or upon the course of a chronic dental abscess.

It is prevention that every branch of medical science is aiming at, and in no other condition are the results of prophylaxis more patent or more satisfactory. An intelligent and confident nurse has a tremendous influence upon her patients. She can impress the necessity for strict oral hygiene upon all of them. Some of them are very stubborn, but if a nurse realises the dreadful consequences of oral sepsis she has the whip hand.

Mr. St. John Steadman has established a definite connection between chronic oral sepsis and cancer. He does not say that oral sepsis causes cancer, but he points out that in a multitude of cases examined suffering from cancer of the alimentary tract and its branches, over 90 per cent. had suffered from chronic oral sepsis. This will usually convince the most stubborn patient.

The pernicious effect of oral sepsis upon the nursing mother is very marked. Dr. Waller, in a series of cases at the Popular Child Welfare Centre, has shown that in many cases where a mother had a plentiful supply of milk, and the child refused to take the breast, the whole trouble was due to decayed stumps in the mother's mouth. When the stumps are removed the child takes to the breast as before.

(To be continued.)

OBITUARY NOTICE.

Members will hear with great regret of the death of Miss E. M. Petty, of S. Stephen's Hospital, Delhi. She passed away after five months' illness, on April 24th, in Delhi.

Miss Petty was buried in the little Hindustani Cemetery which is in Raisina. The first part of the burial service was held in S. Stephen's Chapel and was in Urdu—the latter part, by the grave side being in English.