

Medical Matters.**REPLANTATION OF TEETH.**

AN excellent case in which teeth were successfully replanted after injury has just been published. The patient, a boy aged 11, was balancing himself on a bicycle by means of a polo club resting on the ground; the club slipping, the boy fell so that the handlebar of the bicycle struck his front teeth outwards (his mouth being open as he fell); the lateral incisor on the left side was knocked out, and the adjoining central was forced almost into a horizontal position. This occurred about 80 miles from London. His mother immediately brought the boy and his tooth up to town. With finger pressure, a dentist forced the central incisor back into its original position; he removed about 1-8th inch from the apex of the lateral incisor with a fret saw, withdrew the pulp, filled the canal and replaced the tooth in its socket, taking every precaution to ensure a thorough asepsis. Unfortunately the four permanent incisors were widely separated, so that it was impossible to secure the teeth in position with ligatures; he therefore moulded some gutta percha around the replaced tooth and the two teeth adjoining, and tied it in position with floss silk. Contrary to his expectation there was no subsequent pain or inflammation. The temporary splint was removed two days later, with the intention of substituting a more permanent one, but the teeth seemed firm and as they were quite free of the bite of the lower teeth, it was decided to let them alone. A week later, they were quite firm. This occurred in August, 1898, and in October, 1899, the teeth were stated to be perfectly firm and comfortable, and were keeping a good colour. Similar cases to the above have been frequently reported, but this case is quoted as medical practitioners must occasionally have cases presented to them when a tooth or teeth have been knocked out or dislocated by injury, or when a wrong tooth has been extracted by mistake. If a tooth has been completely removed from its socket, it should be immediately and gently rinsed in an antiseptic solution, such as Hydrarg. Perchlor. (1—2,000), and replaced in its socket by firm pressure, at the same time moulding the alveolus around it with the fingers. In such cases, the pulp frequently recovers its vitality. If, however, the tooth has

been removed from its socket for some hours, the pulp should be removed and the nerve canals filled before being replaced. The tooth should then be held in position to its neighbouring teeth by means of floss silk, passed in a figure of 8 manner, till union is complete. If a tooth is only partially displaced, the treatment is to simply replace it with the fingers to its normal position, and then fix it with ligatures.

EYE AFFECTIONS AND THE TEETH.

Considerable attention has recently been devoted to the close association which undoubtedly exists between affections of the eye and of the teeth. A typical case for example was recently published in a French medical journal. The symptoms noticed on attempting to read were heat and pain about the internal and external angles of the lids, which gradually spread to the whole orbital cavity and thence to the superior maxilla, causing such irritation in the teeth that the patient (a medical student) had to stop reading. There was also contraction of the lids, eyebrow, and forehead. Ordinary glasses and nerve sedatives gave no relief. On fixing with both eyes a pencil at a distance of a foot, all the symptoms above detailed came on; a tendency to divergence could also be elicited. Prisms of 2 degrees, bases in, were ordered for near use. These have been used for more than a year without return of the symptoms. In a similar case severe dental pain came on when the patient had to play from music at the piano; after some time it happened that insufficiency of the internal recti was found to exist, and on correcting this with prisms, bases in, the teeth symptoms entirely yielded. Some few years ago, another case was reported showing the close reflex relationship. The patient, a middle-aged man, had for some months been suffering from conjunctivitis in the right eye, which presented the usual symptoms, pains, photophobia, etc., and which had resisted all the usual remedies. On making an examination of the teeth, there was found considerable periostitis in connection with a carious upper canine tooth of the same side. It was decided to remove it. The extraction was unusually difficult, and when the tooth eventually came away, the adjoining first bicuspid came away with it, its root being firmly exostosed to that of the canine, a process which had been set up by prolonged irritation at the root of the latter. From that time, the eye symptoms quickly abated, and there was complete recovery.

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