

Practical Points.

The Mouth and Teeth.

Dr. G. Norman Meachen, lecturing at the Institute of Hygiene, 34, Devonshire-street, W., on February 27th, on "The Mouth and Teeth," said that few cells of the body were more discriminating than the minute "taste buds" imbedded in the investing membrane of the tongue. Certain flavours—for instance, bitter and sweet—were best appreciated at the back of the tongue, while salts and acids could be equally well tasted by the sides and tip. That the sense of smell contributed materially to the recognition of taste was rendered apparent when the lining membrane of the nose became inflamed in an ordinary catarrh; and without the moisture provided by the salivary glands we should not be able to taste at all.

The saliva, said the lecturer, was primarily a digestive fluid intended to act upon starches by converting them to some extent into sugar; but few gave it the opportunity of doing its proper work, owing to the pernicious and common habit of "bolting" food. The dog bolted his food with impunity because his economy was differently arranged, and he was not provided with an active ferment in the salivary secretion. Saliva is a true reflex secretion, the pouring forth of which is stimulated by thought, sight, or taste of food, and one of its functions is to moisten the particles so that they can be easily swallowed. Nature has, in fact, said Dr. Meachen, provided a fluid already to hand with which to soften and lubricate the bolus of food so that, in theory at least, there is no need for copious draughts of liquid to wash our food down. He mentioned that the rolling of a pebble inside the mouth would bring a refreshing moisture to the lips of the weary wayfarer, and would prove most grateful when cycling on a hot summer afternoon.

Speaking of the teeth, Dr. Meachen said a perfect set was the best of all mincing machines, and included units to serve for cutting, for tearing, and for grinding, which appeared to him to afford conclusive evidence that man was fitted for a mixed diet. The digestion of food in the stomach depended to a large extent upon the preparation it received in mastication—a function, when properly carried out, both pleasant and enduring, as well as capable of bringing good digestion to wait upon appetite. If the ordinary busy man would not give the traditional thirty-two bites to each morsel he could at any rate spare time for one-quarter or one-half of this ideal.

Nothing is so common nowadays, said the lecturer, as decayed or defective teeth, and he was of opinion that this could not be entirely due to improper feeding, but was to a great extent due to heredity. When he considered that 14 per cent. only of school-children were reported, by a committee of the British Dental Association, to constitute all that could show sets of teeth free from decay, he felt the urgency of the demand for inquiry into the causes. Of these, rickets is responsible to a very large extent, for the trouble often begins in

the temporary teeth, to be afterwards handed on to the permanent set.

But neglect of the teeth, especially in childhood, is responsible for most of the dental caries, and to properly protect them against the inroads of one or other of the one hundred and more species of germs that are found in the human mouth, nothing is more effective than mechanical friction with a tooth-brush.

Hydrotherapy in Pneumonia.

Dr. Charles E. Page enters a strong protest against what he terms the non-curative, not to say killing, treatment of pneumonia, which is the prevailing one and includes drugs and forced feeding plus the mischievous effects of hot poultices on hot lungs. The essential features of his own plan (*Medical Record*, December 23rd) consist in the use of cool applications to the chest and abstinence from practically all nourishment except water. In this way the disease when taken early is frequently aborted, and the normal death-rate becomes 5 per cent. for private and hospital cases combined, while in private practice alone it is about 2 per cent. For pneumonia the procedure recommended is as follows: large towel, coarse linen or cotton, is folded lengthwise in the middle, then folded crosswise in the middle, and one-half the length of this four-ply towel is wrung tightly from ice water, or the coldest water obtainable, and again folded crosswise, so as to give four thicknesses of damp towel next the skin, and the same, dry, outside. The damp folds should be freshened as often as they become at all hot, whether this be in ten, twenty, or thirty minutes. At first, in severe cases, the changes will be as often as every eight or ten minutes, the intervals lengthening more and more as the inflammation subsides, and breathing consequently becomes deeper and easier. When the patient is able to breathe naturally, and the compress no longer becomes hot, and before it is felt to be an uncomfortable treatment, this local cooling should cease. In some cases hot applications are also made to the legs.

The Fear of Being Buried Alive and Its Prevention.

The fear of being buried alive, says the *Medical Age*, is a spectre that continually haunts certain individuals. Burial of the living is something of the greatest rarity, although in times of epidemics and after a battle such a thing is not impossible. Recently a Marseilles physician has published a method devised by himself for the detection of life if it persists. He proposes as an infallible test the hypodermic injection of a solution of fluorescein. If the blood of the supposed dead person is still circulating the dye is absorbed and the body rapidly turns an intense yellow, while the eyeballs become an emerald green. The test requires only a few moments to apply, and the results are too striking to pass unnoticed. The general adoption of this simple method of deciding between apparent and real death would forever eliminate any possibility of any one ever being buried alive.

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