

BOTTLE BABIES.

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One reason why the children in the public schools have such defective teeth is because many of them were bottle babies.

It was recognized very early in the study of carious teeth that the child who was raised at the mother's breast had better teeth, better shaped jaws, and was probably freer from adenoids and enlarged tonsils than the bottle-fed baby.

It remained for the dentists practising exclusively for children to discover the very serious results that may be traced to bottle feeding.

First of these is early decay of the teeth, and the second is the deforming of the jaws.

That the teeth break down early is shown by the records of a children's dentist, where many children, from eighteen months to two and one-half years of age, are brought with one or more teeth decayed and broken off. The child cannot eat, and sickness and often death result unless relief can be obtained.

This sudden decay is found where artificial food or condensed milk containing too much sugar is fed. Condensed milk remains between the upper teeth and lips, and sours. The lactic acid that forms cuts into the teeth, which quickly blacken and break off. After the tooth is broken, the pulp, which is composed of the nerve and blood vessels, dies, and the pus which forms mixes with the food and poisons the child. The pus often burrows into the spongy bone around the roots of the teeth, and causes the death of the bone. This is called necrosis.

A few treatments sealed into the tooth will heal the abscess, and the tooth can be filled and remain in service until the proper time for it to be shed.

If the tooth is extracted the child suffers because it has less masticating surface, and the space is lost by the moving together of the other teeth, so that when the successor to the tooth appears, there is no room for it. If the teeth are not filled nor extracted, the cavities hold the decaying food that fill with disease germs which multiply rapidly and spread through the body. It is now believed that because of this condition in the mouth during childhood the seeds of tuberculosis are planted in the body, which later in life may suddenly develop and cause the person's death.

The prolonged use of the nursing bottle causes the upper arch to grow high and narrow, which results in a permanent lengthening of the face. The upper front teeth may

project and prevent the closing of the mouth. In such cases the child breathes through the mouth, and is subject to inflammation of the throat and tonsils. The air passages of the nose become smaller, and the growth of the adenoids is induced.

If the upper teeth are broken off very early, the lower jaw, having no support, may sag forward and remain in the protruding position.

Where artificial feeding cannot be avoided, the watchfulness of the mother may do much in the prevention of these troubles. The nose must be kept clean, so that there is no obstruction to free breathing. The bottle must be taken from the child as soon as empty, and pacifiers must never be used. The mouth must be kept very clean, and as soon as the teeth appear they must be kept free from stain. If the food is sweet, magnesia will counteract the acid, and keep the stomach more healthy.

—From the *Pacific Coast Journal of Nursing*.

DIAGNOSIS OF TYPHUS: THE SIGN OF THE TONGUE.

The Paris correspondent of the *Lancet* states that a medical man with a large experience of typhus through long observations in Morocco, Dr. Remlinger, has described what he terms the "sign of the tongue." This he has observed especially at Tangier, and it is essentially as follows: When a patient with typhoid or paratyphoid is asked to show his tongue he obeys without difficulty, and the tongue can be drawn forward for adequate inspection. But the same request addressed to a typhus patient has a different result. He cannot do so, or only partially and after great effort. The movements of the tongue are not well under his control. The greatest difficulty is experienced in protruding it, and to do so beyond the dental arches is a matter of impossibility. Often even the tongue is retained within the roof of the mouth, and appears drawn towards the pharynx. Contracture of the genio-glossus is suggested. Sometimes a slight trismus is produced at the same time, provoked by contracture of the masseters, which tends to increase the difficulty in protruding the tongue beyond the dental arches, as these are less widely opened. Special difficulty in speaking, nearly comparable in intensity to that present in tetanus, arises from the conditions described. The sign is of service in the differential diagnosis of typhus from typhoid and paratyphoid.

OUR PRIZE COMPETITION.

We regret that there was no prize competition paper of sufficient merit sent in this week to permit of our awarding a prize.

QUESTION FOR NEXT WEEK.

Describe the methods principally employed to apply artificial heat to a collapsed patient and how you would proceed.

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