

## THE CARE OF THE SCHOOL CHILD.

### CARE OF THE TEETH.

A lecture on the Care of the Teeth, by R. Denison Pedley, Esq., F.R.C.S., President of the School Dentists' Society, was given under the auspices of the National League for Physical Culture and Improvement, at the London Day Training College, Southampton Row, W.C., on Wednesday, June 7th.

The child's temporary teeth, he said, were five in number in both upper and lower jaw. It was easy to remember this, as the number corresponded with that of the fingers and toes. The first molar or permanent tooth made its appearance about the sixth year. At twelve years there should be none of the temporary teeth remaining. In the transitional stage it was most important that the child should be free from dental disease.

The lecturer here showed a chart illustrating the percentage of dental disease taken from careful statistics of a large number of children. It was shown that in the transitional stage six to ten the evidence of disease was greatest. It dropped between the ages of eleven and thirteen and a-half and again rose, till at the age of sixteen the percentage of disease was as high as that shown in the temporary teeth between the ages of six to ten. Something should be done to remedy this serious evil.

A diagram was shown illustrating the structure of a tooth, with its nerve chambers, artery and vein. The enamel, he said, was like armour plating, and when chipped off left the softer structure and nerve chamber liable to the invasion of bacteria from fermenting food. The lecturer then explained the cause of toothache.

The nerve chamber being infected caused an increased flow of blood to the part. There was no possible means of expansion in a tooth, and the extreme pressure caused by so much blood being pumped in which could not escape, brought about the very severe pain of toothache. Following this condition, the pressure of mastication was sufficient to pump the septic material into the structure of the jaw. This was often the cause of an abscess being formed.

A remarkable fact was that out of a thousand children found to be suffering from dental caries, not one complained of toothache. Pain was not the most important symptom, and he wished to impress upon his hearers the vast amount of dental disease that existed in which there was no evidence of pain. Even adults neglected bad teeth which were not painful.

Some of the evils arising from dental disease were imperfect mastication, which led to imperfect digestion and malnutrition, and this was specially injurious to young growing bodies.

Next, poison in a modified form was introduced into the system, and would in some degree neutralise the effect of the best food. Next, one imperfect tooth made another. A large number of school children thus started life handicapped.

If pain were present it meant that vital energy was going in the wrong direction, and was thus diverted from the child's studies. He spoke of certain Poor Law schools where there was a dental surgeon in constant attention, and every mouth there was in a healthy clean condition.

### PRACTICAL POINTS.

#### The Aseptic Operating Room.

From a French journal, the following description of an aseptic operating-room is quoted by the *American Journal of Nursing*: "It is to be ventilated exclusively with sterilized air. The spectators stay in an adjoining room with a glass front, a short distance from the operating table. The surgeon's remarks are transmitted by a telephone and megaphone to the auditors. There is a protecting zone around the operating room, in this the sterilizing service is installed. This, in turn, is protected by an outer zone, containing the anesthetic room, and the surgeons' and nurses' toilets. The doors, when closed, present an absolutely smooth surface continuous with the inner wall."

#### Pediculicide.

The same journal gives a prescription for destroying pediculi. Fluid extract of stavesacre, two drams; dilute acetic acid, six ounces. Apply externally three or four times a day until the nits have all been hatched.

#### Inadequacy of Ordinary Methods of Disinfecting Typhoid Stools.

Dr. Edgar M. Green states in the *Journal of the American Medical Association* that reports received from about thirty hospitals throughout the State of Pennsylvania show that most of the institutions are disinfecting stools with chlorinated lime or phenol carbolic acid, or some of the composite commercial disinfectants; while the period of time allowed for disinfection varied from a few moments to an indefinite period. Pathological experiments show that such disinfection is useless. Steam sterilization can be made complete in a typhoid stool in from twenty to thirty minutes. The method is both thorough and economical, and should be insisted on in all hospitals. At present not more than fifteen per cent. of the hospitals are using this method. In private practice where steam is not available, the well-broken-up stool should be exposed to a five per cent. solution of commercial formaldehyde for at least two hours, or else the stool should be treated with a cupful of commercial unslaked lime and hot water. This will generate enough heat to kill the pathogenic organism.

#### Artificial Eczemas.

A French surgeon states that eczema may develop around a wound from too prolonged or needless use of iodine or hydrogen dioxide. No efforts need be made to heal it; if the skin is left alone it will recover.

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