

## OUR PRIZE COMPETITION.

WHY IS THE HYGIENE OF THE MOUTH IMPORTANT? HOW SHOULD IT BE APPLIED (1) IN THE CASE OF AN INFANT? (2) IN THE CASE OF A CHILD OR AN ADULT PATIENT? WHAT CONDITIONS REQUIRING SPECIAL CARE MAY OCCUR IN SICKNESS?

We have pleasure in awarding the prize this month to Miss Elizabeth Divens, R.G.N., M.B.C.N., Royal Infirmary, Dundee.

### PRIZE PAPER.

*Mouth Hygiene* is very important in the healthy, but infinitely more so in the sick.

The tongue should be kept clean; mouth-washes and gentle rubbing will help.

The teeth and gums should be carefully attended to. Pyorrhoea, or pus in the gum margins, is nowadays blamed for many conditions such as rheumatism, gastric or duodenal ulcers, one type of heart disease, bloodlessness, digestive upsets, and general ill-health due to the absorption of germs and germ poisons into the blood-stream.

Occasional visits to the dentist, proper cleansing of the teeth and a diet rich in vitamins and minerals will prevent these misfortunes.

*Mouth Hygiene of an infant:* A thin strip of cotton-wool is wrapped round the nurse's finger, dipped in a mouth-wash such as boro-glycerine, or glycerine and water, and the child allowed to suck for a few seconds, the natural sucking movements helping in the cleansing, make this habit practical only in infants.

The cotton wool is then passed carefully and repeatedly over the tongue and every corner of the mouth, paying special attention to the roof of the mouth and crevices between the gums and cheek, changing the cotton-wool frequently.

*Mouth Hygiene of a child or adult:* Where they are capable of doing so, they should brush the teeth at least morning and evening.

In cleaning the teeth, certain points should be observed: the bristles of the tooth-brush should not be too hard—if they are, not only will the gums be lacerated, but germs may actually be forced between the gums and the teeth, there to hide and multiply; the tooth-paste or powder should not be gritty, for hard rubbing with such material will break the protective enamel of the teeth and decay will result.

The actual cleansing is done to remove all particles of food which would otherwise lodge until decomposed by the germs always present in the mouth; especially is this important after starches and sugars have been eaten, for in their decomposition acids are formed which tend to erode the enamel.

Cleaning should be performed in five stages:

*Firstly*, the mouth should be thoroughly rinsed with tepid water, containing a small pinch of baking-soda, or a few drops of a good mouth-wash; this removes large particles of food from the crevices and recesses of the teeth and mouth; the alkali dissolves the mucus secretion which forms a film, tending to hold germs, and increases the flow of protective saliva.

*Secondly*, the bristles of the tooth-brush, moistened in tepid water, and covered with a thin layer of tooth paste, are gently inserted between the teeth, working

from the gum up to the cutting margins, first from the front, then from behind the teeth.

*Thirdly*, the teeth are brushed from side to side.

*Fourthly*, they are brushed along the tops, and *lastly* the mouth is again rinsed. This process should be gone through after every meal and last thing at night before retiring.

In almost all forms of illness, and frequently in patients on a purely liquid diet, the tongue will be found covered with a "coating" or "fur" which is largely composed of food particles, epithelial scales from the mucous membrane of the mouth, and bacteria, mixed with secretions of the mouth. If the mouth is not kept sufficiently clean, the fur accumulates and spreads to the teeth, gums and lips in the form of a thick, tenacious, brown deposit, difficult to remove, known as "sordes," and found in pneumonia, and other febrile conditions.

In severe illness the tongue may become intensely dry and dark in colour, while deep cracks or fissures appear, difficult to cleanse or cure.

In typhoid fever the mouth requires great care, as many cases of reinfection are considered attributable to a neglected mouth, while the frequency with which adjacent glands to the middle ear become infected in illnesses associated with abnormal conditions of throat or mouth, such as in diphtheria, scarlet fever, etc., is a familiar example of the necessity for vigilant cleanliness.

Where the mouth is ulcerated, or where there is an open wound, aseptic measures must be carried out, all gauze, cotton-wool and applicators must be sterilised. Where the tongue is brown and cracked, marked improvement is shown if the patient is induced to drink water freely.

Fever patients, who from the beginning have had plenty of water to drink, much less frequently develop the brown, dry and fissured tongue.

A mouth-wash should be antiseptic, cleansing and have no unpleasant taste or property injurious to the mucous membrane.

Strong antiseptics or powerful drugs are not suitable, owing to the danger of absorption, and, if necessary to be used, should be followed by thorough rinsing with sterile water.

In a paper read at a meeting of the Californian State Nurses Association, Ortan K. Bullard, D.D.S., maintained that oral hygiene for the infant should start at its birth and be maintained by the trained nurse, who in turn should teach the mother to carry out instructions for keeping the mouth in a clean condition. Milk whether from the mother's breast or the cow, readily ferments in an exposed warm place, such as the child's mouth. Nearly all cases of stomatitis in young children are due to an unclean condition of the mouth. The particles of milk left in the mouth furnish a most fertile field for the growth of micro-organisms, which readily attack the soft and tender mucous membrane. The child with an infected mouth cannot nurse properly.

If correctly done, nothing but good can result from washing a baby's mouth.

### QUESTION FOR NEXT MONTH.

How would you render first-aid to a case of fractured spine? Describe the nursing of such a case and the dangers to be guarded against.

[previous page](#)

[next page](#)