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## Indian Medical Gazette.

JUNE 1893.

MR. PEDLER'S interesting letter on the neglect of children's teeth, which we publish in this issue brings into prominence a subject that must have frequently engaged the attention of medical men. The topic is not a new one in England. Indeed for the past few years the British Dental Association has been doing good work in investigating the condition of children's teeth, and recording the results of these examinations. In a preliminary report of the Committee appointed by the British Dental Association to conduct the collective investigation as to the condition of the teeth of school children, communicated to the International Congress of Hygiene and Demography in London, some very startling revelations were made as to the prevalence of dental caries.

It appears that of 2,333 children examined, their ages ranging from five to nineteen, but mostly between eight and fifteen years, the average age being eleven years and ten months, only 159 dentitions were marked as complete. In another report it was found that amongst 1,861 children under twelve years of age, there were only 104 with normal or perfect dentitions, that only 26 per cent. of infants at five years of age had teeth free from caries, and that every 1,000 children at twelve years of age had amongst them 2,543 teeth affected by caries. Sir James Crichton Browne, in an address last year to the British Dental Association, refers to the observations of Dr. John Livey who, after examining the teeth of 4,000 children attending schools in Bolton, declared that it was the exception to find a perfect set of teeth in children over ten years of age, and he further mentions the experience of Mr. Fisher of Dundee, who stated that, amongst 400 boys on the training ship *Mars* in the Firth of Tay, drawn from a part

of the country where bone and muscle are of the best description—boys who are kept clean, well housed, clothed and dieted—he found only eighty sound sets of teeth. It is a significant fact that ten millions of artificial teeth are used in England annually, and yet these can represent but a small section of the population who are able to afford to buy luxuries of this kind. In another enquiry recently made by Mr. Denison Pedley, F.R.C.S., L.D.S., it was discovered that out of 3,145 children's mouths inspected, there were only 707 which required neither fillings nor extraction. Even this number would have been much less had not 148 children, between the ages of nine and seventeen in one school, had 256 permanent teeth removed by the medical officer. As observed by Mr. Pedley, this treatment was beneficial under the circumstances, but had these teeth been carefully stopped in the early stages of decay, extraction in nearly every case would have been unnecessary. It is an interesting fact also that numbers of recruits for the army are frequently rejected on account of "loss or decay of many teeth," but it is to be feared that, after this examination, the teeth of the soldier are never subject to further inspection with the object of preventing decay and loss. Mr. Pedler, in his letter states that, on examining the mouths of several soldiers in The Buffs, he found some young men with all their teeth out. Sir Crichton Browne is strong on the point, that it is not an edentulous race that will finally possess the world. Whether we agree with this opinion or not is of small importance, but there can be no doubt that loss or decay of many teeth in soldier, sailor, or civilian is a serious disability, involving as it does loss of grinding and masticating powers, followed by disordered digestion with its train of nervous sequelæ and permanent impairment of health.

The facts already gathered demonstrate that it is during childhood that preventive measures must be taken. In England since attention was drawn to the importance of the subject in relation to the future public health, the necessity of a systematic care of the teeth is recognised by appointing, to public institutions for the maintenance and education of the young, a qualified dental surgeon to periodically inspect the children's teeth and check by proper treatment caries or deformity. We should like to see a similar movement on the part of the authorities who have charge of the schools in the hill

stations and towns of India at which European and Eurasian boys and girls are being educated. For we are informed that the teeth of the scholars under their charge is in every way as bad as those recorded in England. Dentistry has made wonderful strides within the last few years. Greater attention has been paid to tooth-powders and washes. The art of successful filling at the commencement of caries, to prevent loss of tooth substance, has become much more exact, and the old-fashioned practice of extracting teeth, instead of preserving them, is fast disappearing. It is this improvement in knowledge and mechanical skill however which has led to the conclusion that prevention here, as, in other things, is better than cure, and that it is during the ages of six to twenty years that the teeth are more predisposed to caries than at any other age. It is between six and twenty years of age that the enamel is much softer and hence in these younger days require watchful care. In the interests of the children then, and of their future health and well-being, systematic inspection by a qualified dentist is of the highest importance. Apart from the medical aspects of the case it is not uncommon to see many a young girl disfigured, having lost her beauty and prettiness of face through the neglect of parents, or of those who stand *in loco parentis*, a misfortune which could easily have been prevented by a system such as is now advocated.

IN 1768, Sigault, a Paris medical student, suggested symphysiotomy, and after being performed a few times the operation lay dormant everywhere except in Italy, it never being discussed in English obstetric works except to be condemned. Italy never abandoned the operation, and Prof. Morisani of Naples, after preaching its advantages for a long time to deaf ears, now sees the fruit of his work in the remarkable strides made by symphysiotomy in the past year. The year 1892 has been a remarkable one for symphysiotomy. The operation has spread all over the world, and twenty-six operations have been performed by fifteen operators without a maternal death.

During the past few years the profession has also seen with surprise how, owing to the perfection of modern antiseptic surgery, the maternal mortality of Cæsarean section has

been reduced in the hands of Prof. Leopold to 8 per cent. These excellent results are owing to the earnest desire of all obstetricians to reduce infantile mortality as far as possible, and at the present time the denunciation of embryotomy is being heard on many sides. The improved Cæsarean section holds its own when the conjugate of the pelvic brim measures below  $2\frac{3}{4}$  inches, and other special circumstances obtain, such as obstruction in the soft parts, bony tumours, etc. But it is with a conjugate diameter between  $2\frac{3}{4}$  inches and  $3\frac{1}{2}$  inches that symphysiotomy holds a place, and there it bridges over the gulf fixed between the case where the improved Cæsarean section is imperative and the case where the use of the forceps is possible. Symphysiotomy also restricts the use very materially of the induction of premature labour, for the statistics of this latter operation, even with strict antiseptics, show a maternal mortality of 5 per cent., and an infantile mortality of over 45 per cent. Symphysiotomy, on the other hand, promises to entail hardly any loss of mothers, and less than 10 per cent. of the children. This excellent result makes the operation encroach on the ground where hitherto in cases of contracted pelvis, version and the forceps held their own. Morisani advises the use of the forceps before symphysiotomy, but not with the application of much force, which may succeed in bringing into the world a dead child, or one with a bruised skull or meningeal hæmorrhages, which dies in a few days or survives to be an idiot. The same dangers surround turning in a contracted pelvis, and it is therefore that the upper limit of symphysiotomy is placed where the conjugate diameter measures below  $3\frac{1}{2}$  inches. Information, with regard to the possible separation of the pubic bones, has now been collected from a large number of experiments on the cadaver. These experiments have been performed on women who have died at or near term or a short time after delivery. It is found that in the lithotomy position, when the symphysis pubis is cut, that the pubic bones separate spontaneously from  $1\frac{1}{4}$  to  $1\frac{1}{2}$  inches, this being due to the weight of the pelvis in front of the sacro-iliac joint and of the lower extremity. By pulling on the iliac bones, this distance can easily be increased to  $2\frac{3}{4}$  inches. If the separation be carried from  $3\frac{1}{8}$  to 4 inches, one or both sacro-iliac joints crack and open. By this means the increase in the conjugate diameter is found to bear