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# CARE OF THE MOUTH AND TEETH

IN

## INFANCY AND CHILDHOOD.

(A paper read before the Homeopathic Medical Society of Philadelphia.)

BY CHARLES MOHR, M.D.



MR. PRESIDENT, AND FELLOW-MEMBERS: The subject I here introduce, certainly commands our most serious consideration; not to be given at this hour alone, but during the whole course of our career as physicians. This essay is by no means exhaustive of the subject, but only suggestive, and if it will but open up to us some avenues of thought, which, finally developed, shall be the means of promoting perfect "dentures," we shall be abundantly satisfied.

What is more beautiful and rare than a clean mouth, with thirty-two sound teeth? What is more common than an unclean mouth, with, frequently, no teeth at all? And, for this state of affairs, who is so much to blame as the physician? True, there is a widespread neglect of the mouth and teeth, on the part of parents, but only, I think, because the family doctor does not give timely directions to secure the necessary attention. Later in life the dentist's aid is sought, but all his skill,—and the skill of the American dentist is something of which Americans may well be proud,—is not such as to produce a denture as good as a natural one; his effort to secure comfort, usefulness, and durability (and even the harmony of expression demanded by æsthetics), is in most cases successful, but still, "the best set of artificial teeth that ever was made is so far inferior to an average natural denture, that the two can only be contrasted, not compared."—(J. W. White, D.D.S.)

That the mouth is an expressive and characteristic feature, the teeth maintaining a natural symmetry of the face, you need not be reminded; but, let us for a moment consider what the mouth involves. What portion of the human organism has a more complex structure? Think of its wonderful combination of bones, muscles, arteries, veins, nerves, glands, and membranes. What organ, physiologically, has such di-

versified functions? Think of gustation, of mastication, of insalivation, and of deglutition! Let us also remember what service the mouth renders in speech and song, and how the teeth, as conservators of the lungs and organs of voice, prevent the breath in speaking or singing from being exhausted too rapidly. Let us bear in mind the direct relation, by continuity of its lining mucous membrane, with the pharynx, œsophagus, stomach, and bowels, as well as with the larynx, trachea, and bronchi; and of its relation by contiguity, as well as by continuity, to the ears, eyes, and nose; and finally, of its relations to all parts of the body, by the nerves.

Of these complex anatomical structures, these various functions, and these depending relations, laymen, as a rule, are ignorant, and physicians too often inconsiderate. Until teeth decay and ache and are lost, little attention is given; prevention has not been sought, and now the only thing left is to repair, and repair is often a difficult matter. Repair not only requires a careful dentist, but an observing physician. What is to be accomplished? Symmetry of form must be restored; vocalization must be improved; pain must be relieved; dyspepsia and headache, and sometimes protracted derangements of sight and hearing must be cured. The reflex nervous phenomena are legion, and before we pronounce a not well-understood neurological case, "neurasthenia," let the mouth, teeth, and their connections be carefully examined for a possible explanation of symptoms.

Very many of all these troubles may be avoided if the physician will conscientiously do his duty. Remembering that the tooth-pulps are distinguishable in the jaws as early as the seventh week of foetal life; that at the tenth week, the germs of all the temporary teeth are in position; that at the fourth month, the germs of the permanent teeth are already distinguishable; and that, at birth, the jaws contain the deciduous teeth all in a forward state, and the germs of twenty-four of the permanent set in various stages of development, he need not be reminded that much can be done to avoid future mischief, if the child is treated in utero. It is known that medicines given to the pregnant woman will act on the foetus. If, then, the history of the father or mother, or of former children, shows faulty dentition, the homœopathic medicine, administered to the mother, will correct all abnormalities, and we may have a reasonable hope that, all other things being equal, the child will be born with a fair show for a normal mouth.

I have had some experience in this line, and I speak with

certainty. My success has been largely due to the aid furnished by a repertory, published in 1851, by Carl Mohr, of Eisleben, Germany. The title of the book is *Specielles Repertorium der Symptome bei den Zahnkrankheiten, mit Angabe der Homœopathischen Heilmittel*, which I am at present engaged in translating and enlarging, and at no very remote period I hope to be able to place before the English-reading profession a work on the homœopathic treatment of the diseases of the mouth and teeth, that shall assist materially in combating a formidable array of annoying, and oftentimes serious affections.

After the birth of the child, the mouth requires careful attention. One of the first things to do is to examine for tongue-tie, cleft palate, or other abnormal development, and to give a few teaspoonfuls of cold water, in order to see that the child swallows well, and to begin to teach it to like water as a beverage. If the mouth is kept clean, it will, as a rule, remain healthy, much to the advantage of the teeth to be erupted. The mouth should be washed with cold water several times daily, and each time this is done let the infant swallow a teaspoonful of water; but if, notwithstanding this treatment, sore mouth ensues, besides treating the mother's nipples, if necessary, employ water quite warm for the mouth-wash, or cold water alcoholized. The indicated remedy should be given internally. The usual ones are well known to you, but I desire in this place to call attention to *Kali brom.*, a remedy that is probably as often indicated as the much-abused Borax. In colicky babies, when the intestines under the examining hand seem to roll up into a ball, that can be moved about the abdomen; when constipation or diarrhœa, or no special bowel trouble exists; when the mouth is hot and covered with aphthæ, or thrush, and the swallowing of liquids causes choking, *Kali brom.* will cure speedily. In cholera infantum with similar symptoms this remedy has proved very efficient. Feeding has very much to do with a healthy mouth. There is such an interdependence between the alimentary canal and the mouth, that if stomach or bowel indigestion results from bad feeding, the mouth is certain to suffer sooner or later. Until after the eruption of the first incisor teeth, the mother's milk is all that is necessary in the way of aliment, excepting cold water, and until the ninth month even, *milk* should be the exclusive diet, except in some special cases.

From the very outset the bad habit of thumb and finger-sucking should be discountenanced. It will certainly result in deformity of the upper jaw.

I need not here give the order of eruption of the teeth.

With this every physician is familiar, but he should keep the mother posted, and explain to her, as dentition advances, how the teeth support each other, like the staves of a cask, and how each tooth is met by portions of the surfaces of two teeth. This latter arrangement is a wise provision of nature, so that if a tooth is lost in either jaw, the antagonistic tooth is not rendered useless. And just here it would be well to ask, ought not we, with our God-given intelligence, which enables us to reason, direct, and control, be very zealous in preventing any thwarting of nature's designs? Tooth after tooth is extracted, irrespective of the anatomical arrangement, and in time the grinding surfaces of a whole set is destroyed, much to the detriment of the general health. This is too often the case, and sheer ignorance is the cause. Every deciduous tooth should be retained as long as possible for reasons already intimated, but also because each one exerts some power in the development of the jaw to provide room for the permanent set. How often does an infringement of this rule occasion the loss of crowded-out permanent teeth, sound in every respect, but destroying the line of the two arches.

While many mothers are careful to keep the mouth of the infant at the breast clean, they think it of no import when the teeth have put in an appearance and the child is weaned. As long as the child is too young to clean its own teeth, it should be done by the mother. A soft piece of linen, wetted and soaped with old Castile soap, must be used every morning, and at evening, before putting the child to bed, the teeth should be carefully cleansed with precipitated chalk, to which a small quantity of the finest sugar of milk has been added, applied with a moistened rag. This will afford so much comfort, that when the child is old enough to cleanse its own mouth, it will never neglect to do so. Then a soft tooth-brush, with long elastic and uneven bristles, may be given it, with directions as to its proper use. From the very beginning prohibit *scrubbing*, so common with adults, who erroneously think the harder the brush, and the more vigorous the application, the better. Teach care, and patience, and gentleness. As dentifrices, old Castile soap for the morning, *Oreta præcip. cum sacc. lact.* for the evening, may still be employed; perfumed dentifrices must be avoided. Have the child taught to brush the upper teeth, on both labial and lingual sides downward, and the lower teeth upward, thus preventing the pushing of the gums away from the neck of the teeth. The articulating faces of the teeth must be carefully brushed from side to side, backward and forward, so as to insure a removal of every

foreign particle from the depression of the bicuspids ; and the same rule will hold good later in life, when the depressions and fissures found in the grinding surfaces of the molars need the most careful attention to avoid discoloration and decay. A careful rinsing of the mouth after each meal is all that is necessary, if the above rules for the morning and evening cleansing are carried out. This care is not only preventive of caries, but conduces to a healthy condition of the gums and tooth-sockets, by preventing sponginess and recession of the gums, and absorption of the alveolar processes.

About the sixth year, when the first molars are erupted, especial care must be given. Most people suppose them to belong to the milk teeth, and they are generally sacrificed by neglect ; being more liable to decay than any of the permanent set, arising from the fact that frequently there is a non-union of the enamel edges, the dentine being thus exposed to the action of acids and decomposing food, these sixth-year molars should be examined by a dentist as soon as erupted, and if the dentine is exposed through a fissure, should at once be filled.

It will do no harm to repeat that the deciduous teeth must be retained as long as possible, not only for the part they play in the development of the jaws, but also for the reason that the more healthy they are kept, the more healthy will be the succeeding teeth. Acidity of the mouth must be corrected ; if not produced by uncleanness, look to the stomach. Tartar, if it has accumulated and made inroads on the integrity of the structures, must be carefully removed by a dentist, and the cause of its generation be sought, so that the needed remedy can be duly applied. Carious teeth must be carefully cut out and filled. For the deciduous teeth, expensive gold fillings need not be used. The judicious dentist can supply cheaper, but good, fillings.

During the active teething process, careful feeding will be of inestimable benefit. Milk may still be given abundantly ; but cracked wheat, oatmeal, and especially lentils, will be needed. These supply the earthy materials of which the teeth are constructed. Of lentils I can speak in the highest terms. Like other leguminosæ, they are difficult of digestion unless properly prepared and cooked. They should be soaked in cold water twelve hours before putting on to boil, and then boiled long enough to become thoroughly softened. Dressed with butter and salt they make a very palatable dish. Lentil flour may be used, made into a soup, when it is a good substitute for beef tea. I have had pregnant women, and women who were

nursing infants, fed on lentils, with the effect to produce in the offspring, sound teeth, though all the previous children suffered with caries of the deciduous and permanent teeth very early in life. It is not improbable that the hardening of the dentine and enamel is due to the fluoride of calcium, besides the other lime salts, in lentils. It is known that Fluoric acid, after the Calcareæ, has often acted admirably in assisting the calcifying process in bone diseases and rachitis.

I have said the deciduous teeth must be allowed to remain in the jaws as long as possible, yet occasionally, extraction of a tooth becomes necessary, and if for any reason a dentist cannot be had to perform the operation, the medical practitioner should know how to do this. The indications for the extraction of temporary teeth are as follows: (1.) When a tooth of replacement is about to emerge from the gums, or has actually made its appearance, either before or behind the corresponding milk teeth. (2.) When the aperture formed by the loss of a temporary tooth is so narrow as to prevent the permanent tooth from acquiring its proper position without the removal of an adjoining temporary tooth. (3.) When dead teeth act as irritants, or have become so loose as to be annoying. (4.) Alveolar abscess, necrosis of the walls of the alveolus, and incurable pain in a temporary tooth.

Two sets of forceps should be among the instruments of the physician: one set (two) adapted for the incisors and cuspids, and one set (two) for the bicuspid and molars. An ordinary, strong, straight forceps may be added, and in most cases these will suffice. I have seen physicians endeavor to remove teeth in children with the ordinary dressing forceps found in surgical pocket cases, much to the annoyance of the child. "What is worth doing at all is worth doing well," and therefore the proper instrument should be employed. The claw of the forceps is usually sharp enough to separate the gum from the neck of the tooth; if not, detach the gum and operate as follows: Grasp the tooth to be extracted firmly at the alveolar edge, but do not compress the handles of the forceps too much, and move the tooth outwards and inwards, in quick succession, until it is loosened, and then draw it from the socket in a line with its normal axis.

Scoring of the gums is, I think, never necessary, but lancing may be. In saying this, I am aware that I may be treading on dangerous ground, but I do not wish to be misunderstood; I do not recommend lancing as a rule. The Hahnemannian has a horror of the knife, and well he may, since homeopathy

has replaced the lancet with Aconite. But cases do arise when neither Aconite, nor any other medicine, can do so much good as the knife in the hands of the skilled and intelligent surgeon; and this is sometimes true in cases of faulty dentition. Quite recently I had a case in point. A boy, at ten months, was brought to me from out of town. For two months he had been suffering with pain, evidently in the mouth, associated with fever, restlessness, crying or screaming out in sleep, alternate constipation and diarrhœa. His head was abnormally large, and though hydrocephalus had been diagnosed, there was no bulging of the fontanel nor any separation of sutures. The prognosis of the attending physicians was not very encouraging. Latterly he had had treatment from a homœopathist, but notwithstanding, the child grew worse. At the time I saw him the symptoms were not clearly defined for any remedy, in my judgment, though *Belladonna* seemed the nearest similar; but I could not trust it in so grave a case, as it had been prescribed, both low and high, by my predecessor. On examining the mouth I found the upper gums very much tumefied and extremely sensitive. Over the advancing incisor teeth the gums were tense, shining, seeming almost cartilaginous in color and hardness. This condition had been noticed by the mother for some days, and the boy was peevish and fretful, requiring to be carried about or rocked constantly, and on two days prior to consulting me he had several convulsions. I might have given *Chamomilla*, or perhaps, *Dolichos*, often useful in these conditions, and I doubted whether the latter had been prescribed, but I dared not depend on it, as the child was to be taken sixty miles away, and could not be seen again for a couple of days. I concluded, therefore, to lance the gums over the incisor teeth, and did so, and before the child left my office he smiled for the first time for weeks, and that night, as I learned afterwards by letter, slept well, and there has been no more trouble up to the present time. The lancet was the remedy for that case. No medicine could have done the work more speedily or more safely. I believe if this boy had received homœopathic treatment during the earliest manifestations of illness the knife would not have been needed.

Allopathic medication has much to answer for in the destruction of teeth, the impairment of the general health, and the inevitable spoiling of cases for successful treatment by the homœopath afterwards. Often symptoms of disease and drug are so intermingled that it is next to impossible, aye, sometimes

impossible, to find a remedy to cover the totality, and then it becomes necessary to do the best one can.

I mentioned this case to the late Dr. Hering, who promptly said: "You did right, but never tell it; for if you do, doctors, too lazy to study their cases, will lance gum after gum, simply because a Hahnemannian found it necessary in one case." There may be some truth in this, but my article is not written for the *lazy* doctors, but for those who are honest, who work and can reason, and therefore nothing is hazarded in relating the case. Besides, even the allopaths speak of indiscriminate lancing as barbarous empiricism (West), and state that the circumstances in which the use of the gum-lancet is really indicated are comparatively few. But, admitting, that lancing *sometimes* is a *sine qua non*, how may the operation be performed best? On this subject I know of no teaching better than that given by J. W. White, M.D., D.D.S., editor of the *Dental Cosmos*, in an article on "Pathological Dentition," published April, 1878, in the American Supplement to the *Obstetric Journal of Great Britain and Ireland*. He says: "The operator should be seated directly in front of the assistant, the knees of the two parties corresponding in height. Some direct the child to be held crosswise on the lap of the assistant; others prefer to be behind the head of the child to operate on the left side, and in front to operate on the right side of either jaw; others take the head on their knees when operating on the upper jaw, and placing the head on the knees of the assistant for operations on the lower jaw. In any case, the child should be held with such relation to the window or to the artificial light that the parts to be operated upon may be illuminated to the best advantage. The instrument employed

FIG. 1.\*



FIG. 2.



FIG. 3.



should be a curved double-edged bistoury, so protected by wrapping the blade as to avoid injury to the tongue, lips, or cheek. The left hand of the operator should separate the jaws and protect the tongue and lips of the child in such manner that any

\* The cuts illustrating this paper have been kindly provided by Dr. White.—MOHR.



unexpected movement may result in injury to his own fingers rather than to the child. In the case of a child disposed to struggle, the insertion of a small cork between the jaws will be of service. This can be held in position by the assistant.

“The manner in which this trifling operation is performed has much to do with its success or failure. . . . The object is not merely nor chiefly to induce a flow of blood, but to remove tension. The cuts should, therefore, be made with special reference to the form of the presenting tooth. The incisors and cuspids need only a division of the gum in the line of the arch. The molars require a crucial incision, thus  $\times$ ; at once easier of performance and more effective than a right-angular division—the centre of the crown, as near as can be determined, indicating the point of decussation. The cuts should, of course, be sufficiently deep to reach the presenting surface, and extend fully up to and a little beyond its boundaries, so as to insure the entire liberation of the tooth. (Fig. 1.) Only an *undue* force will be likely to injure the incompletely solidified enamel of the erupting tooth, or endanger the germs of the developing permanent teeth. It is well always to direct the lance toward the labial instead of the lingual surface of the jaw in lancing over the front teeth, as there is thus less liability to injure the crypts of the permanent teeth, if from any cause the cut should be made deeper than is intended.

“Partial eruption of a tooth is frequently accepted as a solution of the problem—the slightest presentation being considered as definitely deciding against the necessity for lancing. This is generally true in the case of the incisors; far from true of the cuspids and molars. The cone shape of the cuspids insures a persistence of the trouble from pressure of the inclos-

FIG. 4.



FIG. 5.



ing ring until fully erupted, as will be seen by reference to Fig. 2. A complete severance of this fibrous ring (on the anterior and posterior as well as lateral surfaces) is indicated, as in Fig. 3, and is even more necessary than before its partial eruption. A cuspid is, indeed, rarely the cause of irritation

until after the eruption of its point. All the cusps of a molar may have erupted, and yet strong bands of fibrous integument maintain a resistance as decided as before their appearance, as in Fig. 4. In this case either the boundaries of the tooth should be traced by the lancet, and all such bands surely severed around its outline, or a crucial incision, as in Fig. 5, should be made, so as to insure perfect release from pressure."

I need hardly say that under no circumstances should the gums be lanced during diphtheritic or erysipelalous inflammations, or when children are subjected to the influences of these poisons.

Finally, let me briefly allude to the necessity of using the utmost care to keep the mouth and teeth clean in children who may be ill with any eruptive fever, notably with measles or scarlatina. Children who contract these diseases, between the fifth and seventh year, unless this precaution is observed, have the permanent teeth, erupted after the illness, disfigured by a furrow across their face (exanthematous necrosis). Where the mouth has been properly attended to, however, and homœopathic remedies only administered, I have never found such a sequela.

In closing, let me ask for my paper your earnest consideration. If any of you have been negligent heretofore, let the suggestions herein contained profit you, as well as the little ones placed in your care, and you will lessen suffering and illness, and promote comfort, beauty and health.



