

Rhein (M. L.)

Compliments.

ORAL HYGIENE.

BY MEYER L. RHEIN, M. D., D. D. S.
NEW YORK.

Read before the First District Dental Society, State of New York,
May 6, 1884.



Reprinted from THE NEW ENGLAND JOURNAL OF DENTISTRY, October, 1884.



Compliments.

ORAL HYGIENE.

BY MEYER L. RHEIN, M. D., D. D. S.
NEW YORK.

Read before the First District Dental Society, State of New York,
May 6, 1884.



Reprinted from THE NEW ENGLAND JOURNAL OF DENTISTRY, October, 1884.

ORAL HYGIENE.

This evening I propose to say a few words not concerning some new disease or remedy, but rather to illustrate and enforce that old adage, "an ounce of prevention is worth a pound of cure," in its application to ORAL HYGIENE, the subject to which I desire to call your attention.

The greatest difficulty is that we consider this a hackneyed subject, and feel that every one understands all about it. I grant you that we all have very fair views as to the manner of maintaining the sanitary relations of the component parts of the oral cavity, but do the public at large understand any of the principles of oral hygiene? Aye, I may even ask how many of our patients have well defined ideas as to how the healthy condition of their mouth is to be maintained. Those few who have any knowledge on this subject are only notable examples of exceptions to the rule.

This subject, commonly considered so simple as to deserve only a passing notice, assumes, in my eyes, a position of vital importance; and the frequency with which it has been considered in other societies during the past year indicates that we are at least awakening to the value of prophylaxis in our department of medicine, with the full hope and expectation of avoiding many dreaded diseased conditions.

ORAL HYGIENE may be summed up in one word, *cleanliness*. Keep the mouth in a perfectly clean condition, and the number of those terrible diseases would decrease; maintain the normal condition of the secretions, and the number would be still further reduced. How much rarer the cases of pyorrhoea alveolaris and pericementitis we would meet if people would keep their teeth as clean as their faces! How rare would be the cases of exposed pulp if food was never permitted to ferment between the teeth! I shall not, however, consume time by repeating all the evils that can be either prevented or at least alleviated by this seemingly simple prescription. To keep the teeth

clean sounds like such a simple thing that it often deceives doctors as well as patients.

When we consider the close juxtaposition of the teeth to each other, oftentimes the irregular position they assume in the arch and, most important of all, the frequency of taking food or other articles into the mouth which may become lodged around the teeth, and the resulting fermentation proceeding upon its work of destruction—then we see that the rule is not so *very* easy to follow, and sooner or later the patient must have his prescription amended, to read, *Keep your teeth as clean as possible.*

It is our duty, then, to take some of our valuable time and show people by careful manipulation, how very little they know about this sanitary measure. How many of us do this, and if we do it for some patients, why do we not the same duty for all who intrust themselves to our care? Too often, in the hurry and strife of our daily life, do we neglect this all-important duty. The principal article necessary, and the one for which we have not yet discovered a substitute, is the tooth brush.

At a discussion of this subject before the Odontological Society last October, one of the members said (*Dental Cosmos*): "Everybody knows more or less about brushing the teeth; every person understands it; it is an established thing, like washing your face and brushing your hair." My experience, and it has been substantiated by that of much older men, is, that however established may be the practice, everybody knows *less* about brushing the teeth correctly and *more* about brushing them improperly.

Upon making a careful and extensive examination of the brushes retailed in the largest stores in New York city, a feeling of dismay came over me at the ignorance displayed by the general public in their choice of this most necessary adjunct to the paraphernalia of the toilet. Wherever I asked which was the most popular brush, I was shown brushes of such huge dimensions that, before they were shown to me, I supposed they were intended for cleaning the hands and nails. Some of you may doubt this, but you only have to go, ascertain and be convinced. One of this class of brushes is "Dr. Scott's Electric Tooth Brush," the dimensions of which are simply immense. The cross motion is the only one that can be made with a brush of such magnitude. To quote from Dr. Abbott on this subject: "The consequence is, the gums are irritated and recede, the necks of the teeth become cut or grooved, and sometimes even the

enamel is brushed off; besides, when the brush gets half way back in the mouth, its excessive size prevents it from going further, and the back molars are not touched at all."

So the first thing necessary is to prescribe a *suitable* brush for your patient. Concerning this, I will speak later; but supposing we have the proper brush, it should be passed in every direction across the grinding surfaces or crowns of the teeth to insure the bristles reaching every depressed surface or fissure, and upon the inside and outside of the arches, passing it in the direction of the length of the teeth from the gum toward their cutting edges, by slightly turning the hand upon the wrist so as to cause the brush to move from *side to side*. The necessity of brushing behind the wisdom teeth and the insides of all the teeth should be given careful attention. The brushing should never be severe, but always a delicate operation—to merely remove the effete material of a few hours' standing. The dentifrice used should be of the finest quality, so as to produce the least possible amount of friction. The time to brush the teeth is after every meal and before retiring, so as to always leave a clean and polished surface, with no opportunity for fermentation to be instituted in food entrapped between or around the teeth during each meal.

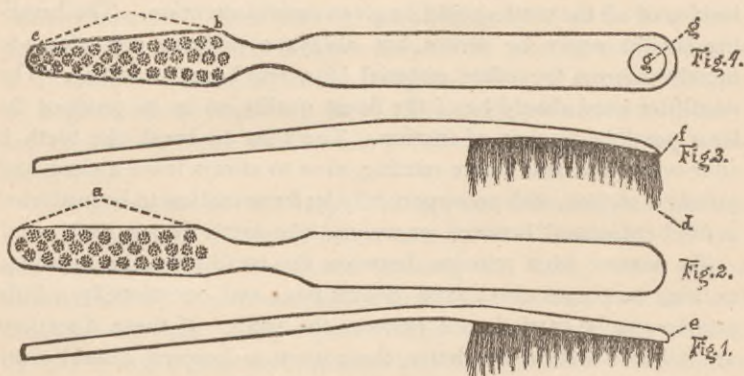
To remove what remains between the teeth after the brushing, nothing surpasses the waxed dental floss, and occasionally a little powder can be carried on it between the teeth. If these directions are followed out to the letter, the patient is keeping himself from many hours of dental torment under our hands.

Of course, there are a large number of patients, business men more especially, who will not follow our instructions very closely. My motto in such cases is, "A half loaf is better than none." If they will not cleanse them after the noon meal, why, insist on their attention to this matter subsequent to breakfast and the evening meal. Nothing is more instructive to the patient than for the dentist, having first handed him a hand-mirror, to carefully brush the patient's teeth for him, explaining at each change of position the method and direction in which the force is applied.

One of the most difficult things of accomplishment for the human race is the formation either of a new habit or the breaking of an old one. It is for this reason that the inculcation on the mind of a child of this practice of cleanliness cannot be commenced too early. As soon as their first teeth appear, make the cleansing thereof part of their regularly recurring duties. They will soon grow to like it, and

will be proportionately uncomfortable until it has received attention; and thus, when the child is still very young, a habit of the greatest benefit is being formed—one which will grow firmer as the child grows older, and prove a boon and blessing to them in later life.

For a long time I sought in vain for a tooth brush that came up to my ideas on this subject. In turn, I discarded the Windsor and Palmer brushes. About this time, Dr. T. J. Thomas, of Paris, presented me with a few of the style of brushes he had been using. They suited me better than any I had yet met, and I concluded that, with certain modifications and improvements, it could be transformed into *the model tooth brush*. In setting out to improve the brush, three facts were impressed upon me :



Figs. 1 and 2. Brush received from Dr. T. J. Thomas.
Figs. 3 and 4. The Prophylactic Tooth Brush.

First, A brush that would reach every exposed portion of the teeth, in small mouths as well as large ones.

Second, One that would accomplish its work as automatically as possible.

Third, If possible, construct the brush so as to prevent the patient passing it across the teeth.

The brush that has been evolved from these three principles I have named THE PROPHYLACTIC TOOTH BRUSH. (Figs. 3 and 4.) The slab of bone is curved, with the bristles on the concave side. On the brush, as presented by Dr. Thomas (Figs. 1 and 2), the bristles were divided into three rows, running in parallel lines to the end of the brush. They are widely separated and trimmed to different lengths, to pass as far as practicable between the teeth. The bristles were

very high next to the handle and gradually decreased in size, until at the end they were very short. The head of the brush was one-half inch wide at any point (Fig. 2, a). My first step was to give the brush a decided taper, so that while the bone next to the handle was one-half inch wide (Fig. 4, b), at the apex it was less than one-fourth inch in width (Fig. 4, c), and the bristles at the apex are not more than one-eighth inch wide (Fig. 3, d.) The next step was to change the concavity of the bristles. Instead of having them very short at the apex, after passing the center of the brush, the bristles commence to rise in height, and at the apex there are three converging rows of bristles forming one narrow tuft (Fig. 3, d). The trimming and separation of the bristles were left the same.

On the original lot of brushes, and on every brush that I have ever seen, the bristles are set back some distance from the end of the brush, leaving a projecting piece of bone from one-sixteenth to one-eighth inch in length (Fig. 1, e). In a great many mouths this portion of bone prevents the proper brushing of the wisdom teeth, as in attempting to cleanse them it is poked into the soft parts of the mouth. In my brush, this protruding portion of bone terminates close to the bristles (Fig. 3, f), the apex at the back being beveled off, so that the brush passes with the greatest ease around all portions of the wisdom teeth, even in the smallest mouths.

Another improvement in the brush consists in an aperture near the end of the handle large enough to pass over an ordinary tack (Fig. 4, g). The idea of drilling a small hole in the handle of a brush and passing a string through it was one I received from Dr. F. M. Odell some years ago, but the enlarging of the aperture so as to do away with the string is a considerable improvement. The advantages to be derived from hanging up a brush after using, are a more speedy drying of the bristles and additional ventilation, and consequently the brush remains much sweeter and cleaner than by a number of other methods.

Each brush comes enclosed in an envelope, upon which are printed directions for the intelligent use thereof, and the following caution: "Never pass the brush **ACROSS** the teeth, as this movement destroys the delicate membrane which attaches the gum to the teeth, causing recession of the gum, and ultimate loosening and loss of the teeth."

The brush has been used by a number of our best known dentists in New York, Philadelphia, Chicago and Boston during the past few weeks, and it has received the heartiest endorsement of all of them.

Having reached the conclusion that THE PROPHYLACTIC TOOTH BRUSH comes nearer to the general approval of the profession than any other brush, I determined to present the brush to the general public through the regular channels of trade, not as Dr. Rhein's brush, but merely as THE PROPHYLACTIC TOOTH BRUSH. For some time the question of professional dignity harassed me, and I was averse to entering into any commercial relations; but a careful consideration of the premises showed me that the fact of my presenting this article to the public need bear no relations to my professional calling. Public hygiene has been a factor of discussion in every medical society, and for the same reason I deem the subject of *dental hygiene* as relating to the *general public* a fit subject for us to consider. Any efforts that we make for improving the general sanitary condition of mouths, and for instilling some useful knowledge on this subject, will certainly tend to nothing less than the elevation of our professional standing.

