

Since March 27, 1916, he has been in charge of the afternoon clinic at the Dental School.

Dr. Rice is an officer in the Massachusetts Dental Society, and also in the American Academy of the Dental Science: he is a past president of Boston and Tufts Dental Alumni Association and President of the Board of Publication of

the Journal of Allied Dental Societies. Those who know Dr. Rice best and have been associated with him in the performance of the duties of the various positions he has filled, feel that the quality of what he does is as important with him as the fact of it, and that both these are what they are by reason of the high principles and motives from which they spring.



CANADIAN ARMY DENTAL CORPS IN FRANCE.

By Capt. J. W. Hagey.

I left Canada in June, 1915, with the first C. A. D. C. officers and men proceeding overseas. I was in England until March, 1916, serving the dental necessities of Monks Horton Convalescent Hospital until it was closed in October, 1915. I was then transferred to the Granville Canadian Special Hospital, one of the largest Canadian hospitals in England, where I remained until I was attached to the 10th Canadian Field Ambulance, under orders for France. We arrived at the front about the 12th of April, and since that time I have not been out of sound of the guns except when on the move with the ambulance, or while on one short leave in England. In a Field Ambulance I do not have anything to do with jaw cases. These are given first aid only in a field ambulance and are rushed to the Casualty Clearing Hospitals, where the wounds are given careful attention before being sent to the Base Hospitals. My work consists wholly in keeping the mouths and teeth of the officers and men at the front in as healthy a condition as I can. The men report any dental defects to their medical officer at the morning sick parade, and he arranges to send as many as I can attend to my clinic (usually not more than 5 or 6 a day from any one unit.)

I try to do as good work as I can under the circumstances, but I am afraid that a great many of the fillings are not any too well polished. Still so long as the teeth are placed in such a condition that they can be again used for masticating food and do not pain, I feel that I have done my duty. When you consider that 20 to 50 patients are often attended in one day you will understand that I cannot dally over the finishing touches. I usually insert De Trey's synthetic in front teeth, and amalgam or copper cement in posterior teeth. Badly abscessed teeth are extracted unless the patient is willing to carry on while undergoing treatment. Unfortunately men are too badly needed to allow a man to be a wastage for weeks, perhaps a month, where the extraction of a tooth will make him again fit for duty in a few days. Where the pulp is exposed I seal in an arsenical dressing for such time as it is convenient to allow the soldier to return for a second visit. As soldiers carry on their usual routine while undergoing dental treatment, sometimes several weeks intervene before the arsenic is removed. I have yet to see a case of arsenical poisoning either from my own or other dentists' dressings. The dressings are sealed into the cavity with either cement

or gutta percha. Just the other day I took out a dressing inserted by Captain Trudeau during last August. The pulp was dead and was easily cleaned away.

On the second visit I cleaned out the pulp chamber and the root canals using drills. I may say that I always cut away the tooth tissue until I can put a drill at least 1-32 inch up each root. After that I use barbed broaches. When I consider the root clean I insert a temporary treatment and seal in with temporary gutta percha stopping. At a third sitting I put in paste and then force a gutta percha cone as far up the root as I can. I then heat the cone and apply pressure. I do not use the rubber dam, I use cotton rolls, either my sergeant or batman assisting by holding the rolls in place. I may say right here that I have very good results with De Trey's synthetic using cotton rolls to keep the cavity dry. I have often built up facings that have been broken owing to having to chew the hard army biscuit, and may add that the only facing that will stand army strain is the heavily reinforced one. The porcelain pin crown should be used very conservatively as far as soldiers are concerned, and only where the strain can be met by natural teeth. There are altogether too many broken roots in the army. The same may be said of large gold and amalgam restorations. The tooth splits under the unusual strain. Heavy reinforced gold crowns may not look pretty, but they stand the strain as nothing else does. I do not mean your one ply shell crown, I mean a heavy crown, heavily reinforced inside with solder. There are too many worn thru bridges to make the army dentist's life a very happy one, especially as the Government does not see fit to pay for repairing this work. Besides there is sometimes a great deal of work underneath one of these loose bridges. If a man presents himself with a tooth, the pulp of which is in a putrescent condition, I first cleanse the cavity and shape it so as to

gain direct access to the root. Then I proceed as I would with a devitalized tooth. I can usually fill at the second sitting. Sometimes the tooth is too tender to thoroly clean out at the first sitting, when a third is necessary.. I always aim to have the tooth comfortable under a temporary filling for a week before inserting permanent work. My crown and bridge work is limited to absolutely necessary repairs and then only if time allows.

Whenever several teeth are lost at convenient intervals to allow for partial plates, such plates are made and inserted.

I usually take an impression in Stent's compound, my sergeant pours the impression and prepares the bite after it is placed on the articulator; the Sergeant waxes it up and the waxed up case is sent to the Corps laboratory to be vulcanized and polished. Clasps may be a matter of personal taste, but I find them very useful.

Full upper or lower dentures are also very frequently made. Just a short time ago one of our Canadian captains, who unfortunately has lost all of his teeth was obliged to have new teeth and he swears the army teeth are the best he has ever had, and they were given no special care as I well know.

We are frequently consulted regarding a very aggravated form of pyorrhea. I call it trench mouth. The gums are badly ulcerated, sore and tender. The first treatment is to syringe the slough away with warm salt solution. I then wipe the gums with iodine, and after an interval, apply a mixture of wine of Ipecac and Ponler's Sal-Arsenic to the gums, working it well into the pockets. This is repeated every day for several days. Of course I scale the teeth as soon as I can, but first I must relieve the pain. The third or fourth day usually finds the man free of pain and ready for duty. Of course it takes longer for the wounds to heal, but you must remember that the

duty of an army surgeon or dentist is first to relieve pain, second get a man back to duty as soon as possible, and a soldier cannot be excused from duty for trivial affairs that are not causing any pain or inconvenience.

I usually sterilize instruments by boiling them, but I always keep a bottle of bichloride of mercury dissolved in alcohol handy. I can place instruments into this and have sterilization very quickly, especially when there is no boiling water handy or when my sergeant is busy.

The outfit as supplied by the Canadian authorities is a very good one. Some improvements might be suggested, but the authorities know of them and doubt-

less they will be authorized in due time. We must show that dentists are of use to maintain the strength and comfort of the army. Once that is well proved our necessities will be well supplied.

There is one dentist with each field ambulance, and there are three at the corps laboratory and officer's clinic, making 15 dentists with the Canadian front line troops. They are all busy and I feel safe in saying that all are trying to do their bit for the welfare of the troops to the best of their ability. I may add that personally I have had very considerate treatment from my brother officers in the Medical Corps.— *Dominion Dental Journal*.



PRURITUS IN ORAL SEPSIS.

Evidence in favor of mouth cleanliness is rapidly accumulating. Almost daily we hear of old and baffling ailments yielding to skilful dental surgery. We hesitate to add more testimony to that already accumulated lest its reading become wearisome, yet there is a case that deserves mention because of its uniqueness. It is a report of a case presented by Dr. W. G. Smith (see the *British Journal of Dental Science*, Jan., 1917.) He says: "Shortly before Christmas of 1915, I was consulted by a gentleman whose sole complaint was of an itching of the skin. The itching would occur in any part of the body, but was generally worse on the flexor surfaces of the upper and lower extremities and across the chest. It might occur any time during the day, but was invariably worse when undressing at night and after getting into bed. He was a commercial traveler by occupation, and while his home was in one of our larger cities, his territory lay within Northern Ontario. He could scarcely

sleep at night, and in almost every place where he would stop over night he would have to go to a local physician to try and obtain something to enable him to sleep. He had followed out various lines of treatment without improvement. He called at my office one evening on his usual errand to get something to make him sleep. The most careful examination of the skin did not disclose any lesions excepting those produced by scratching; he was most particular about his person and his clothes; did not use liquor or drugs, but did use tobacco moderately. The urine did not show sugar or albumen." Dr. Smith says he then examined the mouth and found a most septic condition. He was sent to a dentist for treatment, and soon his condition, which must have been caused by an altered condition of the blood, due to the absorption of septic material, cleared up and he was able to enjoy natural refreshing sleep.— *Oral Health*.