

It would afford me much satisfaction if Mr. Wilson would inform me what motives he conceives could induce me to wish to throw discredit upon his testimony; or, if I was really mean enough to attempt a mystification of the truth for any purpose, why I did not at once raise the question whether the muscular change was or was not merely the result of natural decomposition—a subject upon which I had been most closely questioned. However, I will not for a moment suppose that Mr. Wilson really charges me with having been influenced, or biased, by any improper feelings; and I am sure he will admit that the evidence I gave was strictly in conformity with what we had agreed upon at our first meeting. I think it very possible the muscular injury might have escaped the detection of a less experienced anatomist, and perfectly agree with him as to its existence, and its novelty of appearance. There were some points connected with the inquest on which I should like to make a few observations, but fear they might be considered ill-timed, in the present letter especially, as they were alluded to in a letter which appeared in the *Times* of the 15th of August.—I have the honour to be, Sir, yours most obediently,

HORATIO G. DAY.

Isleworth, Dec. 15th, 1846.

EFFECTS OF CAMPHOR ON THE TEETH.

LETTER FROM A SURGEON-DENTIST.

To the Editor of THE LANCET.

SIR,—The announcement, through the medium of one or two letters in THE LANCET, that camphor becomes a destructive agent when applied to the teeth,—a theory so totally at variance with the long-received opinion, which has induced it to become a very favourite ingredient in tooth-powders,—seems, instead of instigating an inquiry into the truth of the assertion, to have caused a panic among individuals who have the habit of using the same.

That there is a disease which affects the teeth in the peculiar position referred to by Messrs. Tearne and Hunt, that has not yet been satisfactorily accounted for, must have attracted the attention of every individual who has made the diseases of teeth his study; but the assertion, that it is caused by the action of camphor on the teeth is based upon a most egregious error, since precisely the same character of disease is to be found in the mouths of individuals who never (perhaps in the course of their existence) put a brush, much less powder, inside of their mouths.

Nor has the camphor, in experiments upon the teeth, the effect that has been asserted; in fact, I can discover not the least perceptible alteration upon the enamel of certain sections of teeth, which I have placed under peculiar experiments since the subject has been noticed in THE LANCET. Truly, this may barely be sufficient time as a test, yet I believe that the action of the daily application of the camphor dentifrice for years to be much less than the continued action from a fortnight's immersion in the material. Then, if it is not camphor, the inquiry is suggested—What is it?

It has long been my belief, and under all cases I can (I think) make my argument hold correct, that this peculiar disease originates from an external injury inflicted upon the periosteum of the tooth, in which it originates, produced either from the continual friction of a hard toothbrush, from the use of metal toothpicks, or some other hard material injudiciously applied to the teeth; and also may be, and I have no doubt often is, produced by the incautiousness of the use of the instruments during the operation of scaling the teeth.

If we just notice which teeth are most commonly afflicted with this disease; moreover, the peculiar position in which it occurs in teeth; I think you will see that it adds force to my opinion, while, at the same time, it equally tends to overthrow that of the camphor theory.

The teeth in which I have most commonly, in practice, noticed the disease, is first, and by far the most numerous, the canines, both upper and lower; secondly, the front upper; thirdly, the bicuspid, both upper and under, as well as the first and second molar: the front under teeth are seldom affected. In the canines, I attribute the more than equal share to liability to accident from their prominent position, and the safety of the front under teeth from the common deposit of tartar which is thrown upon them.

This disease is always upon the outer surface; for upon the palatal and lingual surfaces I do not remember ever having seen it but in one or two cases. Now if camphor were the exciting agent, it would be as liable to act upon the internal as upon the external surface, and more likely than either

to act at the interstices, where a deposit of the deleterious matter might take place; but it is not so.

I am further borne out in my own theory by the observation, that in those individuals to whom I have attributed it as originating from the application of a hard brush, I have invariably found that most of the other teeth have, more or less, their fangs denuded of their natural covering, and that the time of life is past maturity; but this is not the case either when the disease takes place in youth, or in the mouths of those adults who do not make use of a toothbrush; and in these cases it is that I attribute the disease to have originated in an injury upon periosteum, caused by picking the teeth with pins, toothpicks, or any hard substance.

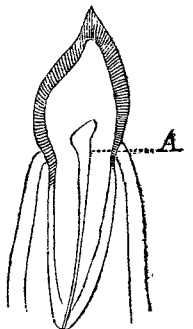
The exact position of the tooth in which the disease originates is where the dentine of the tooth approaches nearest to the cortex, the crown being covered by an enamel which ends just where the cortex which covers the fang commences, and both gradually decreasing, unite at this point, A, where also the periosteum originates; and I presume it is not improbable, that in the mouths of those persons most liable to the disease, the natural cortex is peculiarly deficient.

Consequently, the disease does not progress through a deterioration of the enamel, but arises below, and eats beneath it; and I feel assured that any dentist who ever operated on a tooth will bear witness to the truth of this statement, that the enamel which is contiguous to this class of disease, is as healthy and perfect as that in the neighbourhood of any other species of decay found in teeth that is friable only from want of support, caused by the diseased dentine beneath.

I am, Sir, your obedient servant,

C. SPENCE BATE,
Surgeon-dentist.

Dynevor-place, Swansea, Nov. 1846.



PREMATURE DENTITION AND SUPERNUMERARY TEETH.

To the Editor of THE LANCET.

SIR,—Some time since I was asked by a medical friend to see a female infant, born with two central incisors of the lower jaw, particularly as she suffered from great local irritation. When we called, the child was not very ill, but very fretful; the mouth was hot; there was an extreme secretion and flow of saliva, but the parents objected to the teeth being then extracted. At the end of six weeks from my first visit, the symptoms became more alarming. There was a violent attack of diarrhoea, with indications of a general affection of the mucous membranes of the alimentary canal. The child looked thin, pale, and somewhat emaciated, from constant pain. Having explained that the disturbance was clearly attributable to the continued irritation of the teeth, (which were extraneous bodies,) the mother consented that they should be removed. It was almost marvellous, the improvement in a few days. All the above-mentioned symptoms left her, and she acquired plumpness, colour, and strength.

Some writers on premature dentition assert that such teeth are generally very defective in their composition; that the dentine is but imperfectly formed; that there is not a vestige of enamel; and that it is very doubtful whether there is any substance analogous to the crista petrosa. These statements are generally correct; but in the one mentioned above, the teeth are not only in a normal state, so far as the dentine is concerned, but the whole of the crowns and the fangs are covered with a beautiful, highly-polished enamel, very dense, and of a brilliant white colour. The fangs of each were perfectly formed, being of the usual length of such, and similar to those which make their appearance at the ordinary period.

It would appear that the vital energy of the vascular nervous pulps of these kind of teeth is so vigorous, as to cause their formation and rapid development; but, as if from this very circumstance, the vitality of the nervo-sanguineous pulp, with its secreting powers, seems to be by such means exhausted; for it is rarely that such premature teeth are completely formed. The two I have just described are the most perfect of any in my possession, yet they are not tapered to a point. In each tooth the pulp could be seen (by means of a microscope) somewhat contracted, and somewhat tapering, but still within the bony cavity; so that from being thus within the bony envelope, they became, to all intents and purposes, merely extraneous bodies.

My infantile patient was healthy and well formed, with black hair on her head at her birth, in a rather larger quantity than is usually the case. Her parents were healthy, and about thirty years old. They had married early, and had many other children, whose teeth were not developed before the usual period.

Some of our dramatists have attributed evil tendencies to children who are born with "teeth," but my little patient was subsequently amiable and tractable. Nor could I find any solution from any preternatural growth of other organs, having particularly examined the osseous structure, but without detecting any marked difference when compared with other infants of a similar age.

Supernumerary Teeth.—I would also call your attention to another curious fact in the dental system—the formation of supernumerary teeth, which can only be regarded as a connate variety, similar to the occasional development of six fingers and six toes.

Supernumerary teeth are found of various shapes: some conical, some pear-shaped, some resembling other teeth, with some modification of structure. They are usually formed between the central incisors, or between the lateral incisors, and in some instances in the palatine bones. There is one great peculiarity—they have usually a greater thickness of enamel than any other teeth in the same mouth. In some instances they are connected with the posterior or the lateral surfaces of incisor-teeth, and appear as offshoots of one of the tooth-pulps. I recollect one instance where the supernumerary tooth connected the two central incisors. In the numerous instances in which I have extracted them, I do not remember more than one exception in which they have been found before the development of the second or permanent teeth. Lately, I removed one from a young lady of a delicate form, with a nervous temperament, the shape of which resembled a lateral incisor, very thickly coated with enamel, particularly on its posterior surface, in which that substance was in thick masses, and ribbed. There could not be any difficulty as to its being a supernumerary tooth, as there were two large central incisors, (one forced in an oblique direction,) with two beautifully-formed lateral incisors on each side; the cuspidate, bicuspidates, and molares, being of the usual number and character.—I am, Sir, yours respectfully,

Devonshire-place, Brighton, Dec. 1846.

J. L. LEVISON.

ON THE UTILITY OF COUNTER-IRRITATION BY FIRING.

To the Editor of THE LANCET.

SIR,—In the number of THE LANCET for December 5, (of this year, 1846,) I observe a paper of Dr. M'Cormack, of Rathmullen, Donegal, in which reference is made to the *Dublin Hospital Gazette* for April 1, 1846, as containing a recommendation by Dr. Corrigan, of what this gentleman calls "Firing;" being the application of a heated firing-iron to parts affected by rheumatism, neuralgia, &c. Dr. Corrigan's paper I have not seen, but I observe that Dr. M'Cormack, who has made some trials of the effects of the firing-iron, prefers it to most other forms of counter-irritation, such as the moxa, blisters, issues, &c., as being effectual yet free from pain.

In a work published by me in 1840, I announced the mode of counter-irritation recommended by Drs. Corrigan and M'Cormack, in the following terms, which I beg your leave here to quote:—

"Although some authorities of the highest kind have, for such cases," (atonic dyspepsia,) "advised the moxa over the epigastrium, and the holding of a lighted candle close to the part, until pain be experienced, I have never adopted either of these suggestions, though far from doubtful of their efficacy. But the following I have tried with extraordinary advantage, as a substitute for the means now referred to. It consists in the application of a relay of clothes-irons, heated to the highest degree the patient can bear, and pressed on and passed over the epigastrium and abdomen for a long time, twice daily. Heated iron possesses electrical properties; whether these are influential, or whether it is to the very effectual application of heat which can be accomplished in this way, and to the stimulation of the vital power thence resulting, I know not; but the fact is, that this method will be found wonderfully efficient in many forms of muscular debility and atonic apathy of the stomach, with which chilliness, partial or general, is often associated." (See pages 174, 5, of "Derangements, Primary and Reflex, of the Organs of Digestion.")

Bentnck-street, Manchester-square, London.

ROBERT DICK.

IMPOSSIBILITY OF STUDYING SYPHILIS AT THE LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—I am not going to enter on the subject of syphilis in a philanthropic point of view; but I will ask how the medical student is to become acquainted with that disease in those hospitals where venereal affections are not admitted. It is true, that as out-patients they are treated; but such cases are, for the most part, either simple gonorrhœa, or the ordinary forms of chancre, since when the disease acquires an aggravated form, the patient ceases to visit the hospital, (though then most requiring its aid,) and goes to more charitable institutions, where he is certain to be received into the house. Wherever he goes, we lose sight of him, and, that at a time when the case becomes most interesting and instructive. It is all very well for the lecturers on surgery to give us symptoms of syphilis, in all its various forms; but may I be allowed to ask, how they become acquainted with these themselves? Is it by reading merely? or have they gained their knowledge in other institutions?

We have always regarded THE LANCET as a guide-book to the student about entering on his London course of lectures and hospital practice, and I regret it should have omitted pointing out to the uninitiated those hospitals in which it is impossible for him to acquire a knowledge of a disease which he will so frequently meet with in private practice. Will the examiners of the College of Surgeons make an allowance for the ignorance, on this subject, of pupils educated by Messrs. Andrews, Luke, and Hamilton, surgeons to the London Hospital? or are they content with merely a theoretical knowledge? Hoping you will agitate this question until we have the same means afforded us of studying syphilis as the students of other large hospitals possess, I have the honour to be, your obedient, humble servant,

December, 1846.

A STUDENT OF THE LONDON HOSPITAL.

QUACKERY EXTRAORDINARY.

To the Editor of THE LANCET.

SIR,—Delighted with the information disclosed to me by the annexed advertisement, taken from the Supplement to the *Times* of Nov. 24th, I beg to offer you the same means of increasing your store of scientific knowledge, and am your obedient servant,

C. B. G.

"VEGETABLE-OXYDE of BEES'-WAX for PURIFICATION of the BONES, as liquifying the chilled marrow through flame-light electricity, causing reflow of joint-oil lubrication, for stiffened joints, ossific gout-rheumatism, cancer'os' and ulcer'os' contractions, without confinement or alteration of diet. Sun-like, opening, as in plant animal physiology, the nervous fibrils: these respirative tubes, being intercorporeal for aereal circulation, giving cartilagen'os' expansion, for sleep at will. Consultations, 6 to 8 a.m., and 11 to 12, at 5, Swallow-street, Quadrant."

** If the notice of the editor of the *Times* had ever been called to this advertisement, it never could have appeared in the columns of that paper.—ED. L.

DRUGGISTS' PRACTICE.—REGISTRATION BILL.

To the Editor of THE LANCET.

SIR,—In a former letter I endeavoured to show that the Registration Bill is necessary to the well-being of the medical profession. I will now, with your permission, instance one or two cases to prove my statement correct; for though it appears to me that nothing but the Bill will meet the evils we have to contend against, it may not be equally clear to others, unless the fact be brought home to individual experience.

In the year 1837, I was sent for in haste to attend a child, described as dying. I found the patient (three years of age) highly excited, throwing about its legs and arms violently; face flushed; eyes bright and scared; breathing hurried and panting. Having applied my ear to the back, and finding no signs of inflammation, I proceeded to examine in the sternal region; when lo! sufficient to account for the little sufferer's distress, a large blister covered the whole of its chest: this was at once removed, and a warm bath prescribed. The measles, as I anticipated, shortly after declared themselves, and the patient was soon comparatively well. Upon inquiry,