

ON IRREGULAR TEETH.

An abstract of the proceedings of a meeting of the Odontographic Society of Pennsylvania, held in July last, and reported fully in the Philadelphia Dental Cosmos of August.

Dr. Flagg, in an able essay on this subject, remarked that the most frequent cause of malposition was the extraction of the deciduous teeth, either for the purpose of "making room," as it is called, or for the relief of children suffering from tooth-ache. There was no practice so surely conducive of deplorable results as this, no treatment more indicative of ignorance of dental therapeutics.

There were, however, two conditions, he said, that demanded prompt removal of the whole of the deciduous superior or inferior incisor teeth, whether they were or were not decayed, or whether loose or firm, and these were:

1st. Where the upper permanent incisors were making their appearance *behind* the upper temporary incisors, when the whole of the latter should be abstracted.

2nd. Where the lower permanent incisors were protruding themselves *in front* of the lower temporary incisors, when the whole of the latter should be taken away.

After removal, in either case, the permanent teeth should be guided in their proper direction by occasional pressure on them with the fingers whilst growing.

When the permanent teeth in front are presenting properly, the deciduous teeth should never be removed or even loosened, so long as they can possibly be retained with comfort, as they act so beneficially in giving the right inclination to the permanent ones.

All the deciduous teeth, except under the circumstances named, should be left until they can be readily removed with the fingers, or by gentle traction with a light pair of forceps; for they not only serve to keep the jaw expanded for the second set when most needed, namely, between the seventh and eleventh years, but also act beneficially by preventing protrusion of the lower jaw, and subsequent irregular closure.

Removal of any of the first permanent teeth in young persons likewise produces irregularity, therefore the least appearance of decay in them should be carefully watched and attended to.

For the correction of irregularities, he employs metallic ligatures, by which the front teeth can be drawn backwards towards the molars, or forwards to a wire placed in front of them, as occasion may require.

Dr. Fitch said that the previous speaker had given a good practical, common-sense view of the cause and treatment of irregularities of the teeth, but that in his management of deformities, he had obtained the best results from the employment of silk ligatures, and recommended that, after tying, they should not be removed until a proper deposit and organisation of new tissue has taken place around the roots of the teeth.

Dr. Wardle appreciated the valuable paper of Dr. Flagg, and thought it of incalculable value. He too had had some experience in irregularities and knew their difficulties. He had treated the protrusion of the lower jaw caused by premature abstraction very successfully, by means of bandages applied to keep it back. That he had a case then in hand, of a young lady of eighteen years of age, whose lower jaw protruded three-eighths of an inch in front

of the upper one, and that in six months time it was drawn back even with it; she was still under treatment. In another case of irregularity produced by sucking the thumb, when the projecting upper teeth presented a fan-like appearance; these were drawn into place by means of ligatures and India-rubber springs, attached to a plate fitting the hard palate and molar teeth.

Dr. Georges remarked that he preferred linen thread for ligatures as it contracted powerfully on being wet, whilst silk scarcely possessed any such property.

Dr. McQuillen said that having irregular teeth was hereditary in many families, and showed even of a grandmother's, father's, and child's mouths, & having similar displacements: that sucking the thumbs was a prolific source of irregular upper teeth; and that children should be given care to eat in order to properly develop these organs, to cause them to be healthy, and to expand and enlarge the maxilla. In cases of accident where the teeth have been lost, they should be replaced and kept in position until they become fast, giving soft food in the meanwhile. As to premature extraction, it was not necessary to say more than the impropriety of such procedure was now universally recognized.

Dr. Wardle described a case in which he was engaged in moving the molars and bicuspid backwards by means of wedges, in order to gain room for an irregular bicuspid.

Dr. Kingsbury dwelt upon the importance of the preservation of the first permanent molar teeth, they contributed so much to the proper position of the remainder, and that all parents should be apprised of this fact. Dr. Wardle said that he did this, by impressing upon their minds the number of temporary teeth, by telling them that they were exactly the same in number as all of the fingers and toes, and that he has often obtained from this trifling suggestion, most valuable and timely warning concerning them as they became aware of their appearance and premature decay.

PUNCTURING THE LIVER FOR HEPATIC ABSCESS.—In the June and August numbers of the London Lancet for 1863, it has been shown, by surgeons of great experience from India, that the liver may with safety be deeply and repeatedly punctured with a trocar in cases of abscess or enlargement, provided its larger vessels and gall duct be avoided, and that the sooner it is performed after the formation of matter, the greater chance there will be of recovery from the disease. The cannula is to be kept in the wound for several days, when it is to be substituted, and morphia and perhaps a few leeches around the wound be employed to ease the after pain from the operation, the patient the while being sustained by liberal diet, wine and porter.

Abscess of the liver causes loss of health and strength, frequent shiverings, obstinate diarrhoea, and when terminating unfavourably, death by peritonitis or hectic. It produces intercostal fulness, and frequently superficial oedema opposite its nearest point to the surface, and should be punctured at the spot thus indicated; or better, that operation which causes catching of the breath on pressure during deep inspiration.

Being a rare affection here, we will not enter into further particulars, but refer our readers about to operate to the papers above mentioned.—Ed.