DENTISTRY

Toothbrush Wins Out

Six dental authorities agree that no dentifrice yet developed can prevent tooth decay or gum disorders. They recommend proper use of toothbrush.

➤ THE TOOTHBRUSH, properly used, does more to keep the teeth and gums healthy than any medicine or chemical put into tooth pastes and powders, from enzymes to penicillin.

This sums up the opinions of six dental scientists at the meeting of the American Dental Association in Cleveland. Among the scientists were some who have been working on dentifrices with special chemicals in them intended to check decay.

All agreed that a dentifrice that has been proved to prevent tooth decay or gum disorders has not yet been developed, although some are being tested with the hope that they may prove effective.

Here, briefly, is what the experts said:

Dr. Leonard S. Fosdick, Northwestern University Dental School, Chicago, who has been studying enzyme "inhibitors":

"During the past 10 years, the American public has been led to believe that by brushing the teeth with various types of preparations, dental caries could be prevented. Unfortunately, the expectations as aroused by clever advertising have not been fulfilled. Before any final conclusions (on the anti-enzyme approach) are reached, clinical tests must be performed wherein the actual incidence of carious lesions (decay) is determined. Actually, clinical experiments of this type are now under way, but as yet no information is available to indicate the effectiveness of these compounds against clinical caries."

Dr. John W. Hein, School of Medicine and Dentistry, University of Rochester, N. Y., on chlorophyll dentifrices:

"Never has a substance been so exploited and prostituted by ridiculous applications. It is evident that the use of chlorophyll derivatives as caries preventive agents is still very much in the laboratory stage. Any inference that these agents are effective against human tooth decay is pure speculation. Since salivary flow rapidly decreases the concentration of agents in the oral cavity, claims which suggest that chlorophyll derivatives give a protective deodorizing effect in the oral cavity of several hours duration should be viewed with suspicion."

Dr. Robert G. Kesel, University of Illinois School of Dentistry, Chicago, who has worked on ammoniated dentifrices:

"The work being conducted and other work which is contemplated are designed to bring out more fully the role of these agents in relation to other potentially caries-inhibiting substances and dentifrices."

Dr. Helmut A. Zander, University of Minnesota School of Dentistry, on antibiotics such as penicillin and aureomycin:

"Unfortunately, I cannot state in the affirmative that any dentifrice ever will be a therapeutic agent. At present penicillin dentifrices are sold only on a prescription basis and are recommended primarily for cases of rampant caries or for use under a strictly supervised regime."

Dr. Albert H. Kniesner, Western Reserve University School of Dentistry, Cleveland:

"Both positive and negative reports concerning the effects of medicated dentifrices on dental caries appear in the literature. Until corroborated clinical evidence from several reliable sources is forthcoming, 'prescription pad' control of dental caries cannot be accepted as an established office procedure. The judicious use of the toothbrush rather than the type of dentifrice will contribute to the maintenance of healthy gingiva (gums)."

Summing it all up, the moderator of the discussion, Dr. Thomas J. Hill, Western Reserve University School of Dentistry:

"It is not definitely established that the dentifrices as used by the public materially decrease the dental caries (tooth decay) rate because of any specific therapeutic substance incorporated in them. It would appear that the present advertising claims of dentifrices are inclined to lead the public to put too much faith in some incorporated ingredient rather than on the prophylactic (cleansing) value of the dentifrice."

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DENTISTRY

Use Anesthetic for First Cavity Filling

➤ TO PREVENT nervous shock when a child has his first tooth cavity filled, the dentist should use a local anesthetic, Dr. George W. Teuscher, dean of Northwestern University Dental School, Chicago, advised members of the American Dental Association meeting in Cleveland.

This is the rule in the children's dental clinic of one school, he said.

The patient's need, rather than his age, should determine whether a local anesthetic is given when a cavity is filled. In many cases, Dr. Teuscher said, it is best for the child never to experience the "discomfort" of having the cavity drilled to prepare for filling it.

"One such experience is enough in these cases to upset the patient permanently," he declared. "A careful introduction to local anesthesia, even in the very young child, would prove less dangerous than operating without anesthesia."

SILENCE MADE-TO-ORDER—Sound absorbing wedges of glass wool are installed in a new echo-free chamber at Indiana University by Prof. James P. Egan of the psychology department. Completely lining the room, they will "soak up" all but a thousandth part of sound striking them.