

I SOCIAL PART.

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**THE SYSTEMATIC SANITATION OF GROWING
YOUTH THROUGH THE DENTAL SCHOOL CLINICS**

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by

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He, who has taken a lively interest in the development of dental surgery of nowadays, from the very beginning, has every reason to rejoice in its progress. In Germany we may safely take the year 1884 as the beginning of this progress, when the first dental academic institutions were founded in Berlin and Leipsig. Primitive as these institutions were in comparison of those nowadays, even more difficult it was for Licensed lecturers to found such institutions from their own means. The latter naturally were in their earliest stages still more primitive, did not get the support of the medical faculties and had to face long and severe struggles, until they were able to hold their own, and could be changed into national institutions.

The superficial dental training, which was required for the dental study, by the government at the time, the amalgamation with the technique and the shorter study, were the reasons why the university did not take the dental study seriously, only tolerated same, and why dental surgery was treated as a step-child of the medical study.

¹⁾ Compare L. R. 1920 No. 50. For the VII Intern. Congress at Philadelphia 1926.

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Unanimously the whole dental profession joined forces, required from the government a thorough training, a longer study and more difficult examinations, until its full recognition and equality with every special branch of the medical study was reached. That to-day this equality has been reached, prove the richly equipped government institutions founded at all universities, with for the several branches numerous exceedingly capable teachers, who were appointed as real university professors of the medical faculty, which formerly nobody even dared to hope for. A further proof of this is the appointment of a special doctor for dental surgery, the love of working which never existed to such an extent, and the generally recognised social importance of all this, which expresses itself in the foundation of dental school clinics or public dental clinics. Only he, who has taken an active part in the troubles of the beginning and has conquered, is in a position to highly appreciate the result obtained. He is also firmly convinced that this result creates a guarantee that dental surgery cannot be pushed back to its former level owing to an increase of the dental coming generation and by returning to an inferior training and a shorter time of study, and should principally be looked upon as a technical profession.

The scientific training of young dentists is of the greatest importance for public hygiene, because nobody is any longer at the mercy of untrained dentists but can find help at a trained dentist. That the number of dentists is not sufficient, is generally recognized. By taking exact measures their number will increase gradually, so that one day a time will come, when the German nation will be sufficiently provided with dental help.

We need not be afraid of the future of dentistry. The spirit which is generally living in the whole dental profession, which inspires teacher and pupil at the university, will try its aims at the perfection of dentistry, and at developing it into a science, called upon to serve humanity. The sanitation of a

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whole nation with the dental conditions of nowadays is a Sisyphus-labour, which requires the utmost exertion and which cannot reach its goal owing to the insufficiency of the means. This goal however is so great and fine that one has to try to approach it as near as possible. *This much, is a certain fact, that the dental sanitation of the growing generation is temporarily the only way, and when carried out systematically and thoroughly, will succeed in making the aim come gradually nearer.*

When as far back as 1885 after long preliminary work the first municipal school dental clinic was opened at Strasbourg i/Alsace in the year 1902, it was with respect to its halls, its installation and its means, proportionally just as primitive, as the first dental institution. It had to make such modest propositions, because the municipality flatly refused to bestow more on it. Its social importance was not yet taken seriously and recognised by the authorities, it had to prove its reason of existence by serious work and dogged fight. It proved its reason of existence judging from the increasing development of the first dental school clinic and the expansion of the movement not only in Germany but in many other countries.

The way in which it was proved, was naturally different from the demands made by dental care nowadays. It had to be like that, because still too many difficulties had to be surmounted. The opposition came from some authorities, from doctors and last not least from dentists themselves. On the other hand we may not forget to mention with gratitude the fact that in those places where the first dental school clinics were founded, at Strasbourg and Darmstadt the school physicians, the authorities of the town and schools, gave our efforts energetic support.

Competent representatives of those authorities pointed out enthusiastically the importance of same at international congresses, and at meetings in the country itself and took an active part in fighting the opponents.

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The teachers, the parents but in the first place the children themselves, had to be won for the new institution. Therefore are necessary regular examinations, elucidating lectures, discussions at the meetings of teachers and meetings of the parents. The treatment in the clinic itself could only be policlinical in consequence of the great number of pupils and the general want on the one side and the insufficient help and limited means on the other side. It held good for the individual but not for the whole class. Those conditions were the same in every newly founded dental school clinic of each town. In relatively short time enormous work has been done. Dental care at school is no longer a matter of dispute, nowadays. Its importance is recognized everywhere, its general introduction only a question of time. Undoubtedly this success may be attributed to: „Das Deutsche Zentralcomitee für Zahnpflege in den Schulen”.

But also among the school dentists themselves, vivid scientific and organized attempts are to be perceived, which could not come sufficiently into the foreground, because, owing to the extensive task and its practice solution, no time was left for scientific work, and which could not be reconciled with the requirements which town and school demanded and had to demand from their dental clinics. A systematical after-treatment of children was just as well impossible in consequence of the above-mentioned reason. It was already proposed at Strasbourg a long time ago and was wherever possible, carried through, for Kindergarten, children's homes for the holidays, elementary schools and for children who have left school. Even the pupils of continuation schools got free treatment in the dental school clinic. Also painter's and compositor's apprentices were ordered by the authorities of the town, to come every sixth month, to the clinics in order to be examined and treated in case of their suffering from lead intoxication. No child was taken up in the children's home for the holiday if it could not produce a certificate of a healthy

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mouth. In the Kindergarten no child was tolerated whose parents did not agree with a treatment in the clinic.

Dental care was practically taken in hand here, for every child got, if necessary, a new toothbrush, provided by the town and had to use it daily at school, under the guidance of the teacher and the assistant.

A classical examination without after-treatment was done away with, being a fruitless waste of time and strength, and repeatedly opposed by other dental school clinics. On the other hand the regular sixmonthly examination of the children who were cured, was seriously carried through. If they did not come back out of their own free will, they were ordered to come on compulsion.

That the above-mentioned is the beginning of a systematical sanitation, nobody will contest.

Everywhere it has been emphatically pointed out that only the municipal dental school clinic with gratis treatment of the children will be in a position, with the support of the municipality, of the school authorities, of the school physicians and of the teachers, to carry through its task viz.: to create healthy conditions of the mouth and to sanitize the children systematically.

Public schools belong to the municipality, they are institutions of the town and consequently most towns have followed the only right way of bringing the dental school clinics under the authority of the town.

The principal work of the dental school clinic takes naturally place during schoolterms and not during the holidays. Notwithstanding this, the school holidays may be used for long treatments if the above-mentioned factors, co-operate purposefully. At any rate such was the case at Strasbourg, where on free afternoons, there was the greatest attendance — as can be read in the annual reports.

At Strasbourg it was proposed and planned a long time ago, to decentralize and it should be executed in new school-buildings.

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It is the duty of every schooldentist to consider a child's mouth cured only then, when didicious and permanent teeth are treated and quite sound.

You will allow me, in order to elucidate these problems, to refer to the 6 theses, which were composed for the international congress in London:

The conform treatment of the dental schoolclinics of all countries. 6 theses of Prof. Dr. Ernst Jessen (Strasbourg i/Alsace).

1. It is desirable that children from the age of 2½ are taken every sixth month to the dental school clinics for examination, in order to have their milkteeth filled before they get a toothache and in order to have the children come to the public school with a healthy mouth.

2. It is desirable that every child at the age of 2½ gets its own toothbrush and learns to use it daily in the morning and in the evening, in order to make people familiar with it from their earliest childhood.

3. The mouth of those children who are found at an older age in the dental schoolclinics must be treated as conservatively as possible. Decayed teeth which cannot be filled any more and as hotbeds of filth have a destructive influence, must be extracted. Dry milktooth roots must remain in the interest of the growth of the jaws, until the permanent teeth appear. The decayed crowns must be chipped off in such cases and the roots must be filed down but must not be removed.

4. The six years'molars must be treated as conservatively as possible just as the other teeth.

5. In all conditions and in any case the confidence of the children must be won. Recalcitrant children who do not wish to be treated, must not be compelled, but must be received kindly as soon as they come back. Capacity for mastication, dentition and the general condition of the body have to be taken into consideration with every treatment.

6. Every treatment must be individual. It must be guided

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by the age, constitution and the character of the child. This treatment of the milkteeth has to be taken up so early, that there may not be a question even of a root-treatment. Owing to a regular control and aftertreatment the milktooth is kept sound until the child goes to school. The treatment of school-children is consequently enormously simplified. For this is necessary a timely interference by systematical sanitation of the children of the Kindergarten. As long as this cannot be reached through family insurance, it is and remains a prophylactic measure of the dental schoolclinic, because owing to this, its later work will be limited and simplified. Only in this way we approach the set task to limit teeth diseases in all the layers of the populations as in those circles which have taken care of their teeth from their earliest child-hood and have gone regularly to their dentist for examination and treatment.

We all agree on this point.

I should like to recommend for every dental school clinic the treatment-card, proposed by Prof. Kantorowicz at Bonn, because having different colours for boys and girls, it saves the time of much unnecessary writing, owing to its simple and surveyable method, it makes the keeping of lists superfluous and consequently unburdens the teacher of much work, it is of use during all the school years and gives a clear view of all former methods of treating and revisions and also shows when the latter were executed by the different colours, in which they are written down. In a word it gives an immediate readable anamnesis of every tooth.

These cards are kept according to the different schools and forms and have to be arranged again, in accordance with the class-lists, with the beginning of every term. They give for every year the most simple elements for the making of sufficient statistics.

If this card-system should be introduced into all the dental school clinics, the question of the much disputed conformity

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of statistics should be solved in the easiest way. Those statistics proposed from other quarters, are much too complicated and detailed to be fit for a general introduction. They require too much writing, too much unnecessary demands of time and energy, which might be spent in a better way. All our time and energy must be directed towards our aim and every unnecessary work of secondary importance which might hinder us in the fight for our purpose, has to be avoided at all cost. The systematical treatment of the classes, to begin with the lowest forms, the fissure-treatment of the molars, the timely filling of the carious holes with a regularly repeated examination and after-treatment will lead us towards our aim.

But this will not be so soon, as might be supposed. Too many difficulties have to be overcome. The precautions taken for the infants will be a help, but they will not be able to reduce the amount of work, their influence will never be so great as to make on the whole, the material of the milk-teeth better and stronger, and will never protect the latter against early caries. Family-insurance as well will be able to help us enormously with the treatment of the children too young still for compulsory education. And, in my opinion a wide field of labour is opened here for the dental school nurse. A woman is much more fit for the treatment of little ones than a man, who has not got enough patience and love for it, and feels himself justly called to higher things, as an academically certificated dentist.

The thoroughly trained dental school-nurse has to limit her work, in my opinion, to the hygiene of the mouths of the children coming to her for treatment, to the treating of the simple carious holes of the milk-molars of the little children and to the treatment of the fissure-caries of the remaining teeth. The treatment of any graver caries, in which there is question of the pulp, and every extraction, should be forbidden to her. On the other hand hers is the important task of keeping a vigilant eye on the dental care in Kindergartens and

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on family-insurance, the timely treatment of little children, by her visiting the insured families. In the first place it is her task to enlighten the mother, to examine the children, to start their timely treatment, to introduce and to supervise dental care in the families. By this she will enlighten the people, and will school them not only with respect to mouthhygiene but to the hygiene of the human body. When carrying out those measures thoroughly, the sanitary conditions of the mouth of the people will be really improved and will work as no other means to elevate public health.

When it should be compulsory that the young dentist, after having passed his matriculation examination, should spend a year working practically, in a school or public dental clinic then there would be no longer any question of a lack of assistants and consequently a step further should be done in the direction of sanitation of the people, partly owing to a decrease of dental diseases and partly owing to an increase of dentists.
