

MISCELLANEOUS
FRANCE
INSTITUTION OF A MINISTERIAL COMMISSION FOR
DENTAL HYGIENE.

We are pleased to learn that on April 10th 1925 a Commission for *Dental Hygiene* has been instituted at the Ministry of Labor, Hygiene and Social Assistance and Care in France.

Said Commission is composed as follows:

Chairman: The Minister of Labor and Hygiene.

Vice-Presidents: Messrs. Strauss, Lancien, Senators; Cayrel, Marquet, Deputes.

Members: Mr. Blatter, Chairman of the Society for Dental School and Dispensary in Paris.

M. Brodhorst, President of the General Syndical Association of Dentists in France.

Dr. Boudon, Ancient Chief of Clinic at the Medical Faculty in Paris. Inspecting Doctor of Schools.

M. de Croes, Chairman of the Federal Association of Dental Syndicates in France.

Dr. Dreyfus, Professor at the Dental School in Paris.

Mr. Ferrand, Reporter for the Hygiene Commission of the International Dental Federation.

Mr. Fourquet, Assistant-Manager of the Odontotechnic School.

Dr. Frison, Manager of the Odontotechnic School.

Dr. Frey, Medical Faculty of Paris.

Dr. Friteau, Chief-Editor of the *Presse Dental*.

Mr. Haloua, Dental Inspector of the Lycee Louis-le-Grand.

Dr. Klein, Manager of the Dental School Clinic of Strasburg.

Mr. Lebeau, State-Councilor; Manager of Hygiene and Public Care.

Dr. Pont, Manager of the Dental School of Lyon.

Mr. Raton, Professor at the Dental School of Lyon.

Dr. M. Roy, Professor at the Dental School of Paris. Dentist of the Hospitals.

Prof. Sebilleau, Professor at the Medical Faculty, Member of the Medical Academy.

Dr. Solas, Joint-Professor of the Dental School Paris.
 Mr. G. Viau, Honorary President of the Dental School Paris.
 Mr. G. Villain, 2nd Secretary of the International Dental Federation.
 Mr. H. Villain, President of the Odontological Society of Paris.

Secretaries:

Mr. Chaleix, Office-Manager of the Department of Public Hygiene and Care.
 Mr. Pujo, Assistant-Office-Manager, in charge of the Administration at the Ministry of Labor and Hygiene.

In consequence of a ministerial decision the Commission has been completed by the following nominations in June 1925:

Members: Dr. Vichot, Chairman of the Board of Managers of the Dental School of Lyon.
 Dr. Sauvez, chairman of the Society of Hospital Dentist.
 Dr. Herpin, Chairman of the Stomatologic Society.
 Dr. Bozo, Manager of the School of Stomatology.
 Dr. Gires, Manager of the Syndicate of Stomatologists.
 Mr. Billoret, Chairman of the French Association of surgeons-dentists.

According to a decision of August 15th. the Dental Hygiene Commission has been enlarged by the following members:

Drs. Lenglet, Humbel; Jayle, members of the Union of Medical Syndicates of France.
 Dr. Mabile, member of the Syndicate of Doctors of the Seine Dept.
 Dr. Boudin.
 Dr. Fargin-Fayolle, member of the Syndicate of Stomatologists.
 Dr. Rousseau-Decelle, of the French Stomatologic School.
 Dr. J. Tellier, of the Stomatologic Society.
 Dr. l'Hirondel, of the Hospital Stomatologic Society.
 Dr. Pietkiewicz, of the French Association of Stomatologists.
 Dr. Chompert, of the International Stomatological Association (French sections).
 M. Seimbille, of the French Association of dental surgeons.

Finally a fourth decision of september 2nd 1925 (Journal Officiel of September 6th.) appointed again M. George Viau, professor at the Dental School in Paris, as a member of the Commission, although he had been nominated already on April 10th.

In the „Revue d'Hygiène Dentaire de France” we found a ministerial circular letter, a free translation of which is given below.

From the Minister of Public Health to the Prefects.

On various occasions, but more particularly in my circular letter dated July 11, 1924, I emphasized the importance of dental assistance in hospitals, sanatories and cancer combating institutions.

From information during a number of years at congresses and from associations or institutions dealing with public health care in most of the European countries and America, we have become familiar with the dangers for which affections of the teeth are responsible; this not only refers to the mouth cavity, but to systemic diseases as well.

Attention was likewise drawn to the influence of contagious diseases, more particularly tuberculosis. At the present time 95 % of the schoolchildren are suffering from caries. Therefor dental care is being seriously propagated abroad, where municipal authorities have established numerous clinics in which poor schoolchildren may receive dentists of by dental associations in Paris and but few other towns,

In fact institutions of such a nature in France were only founded by dentists of by dental associations in Paris and but few other towns, but the number of clinics is by far insufficient.

In the interest of public welfare this state of affairs should be discontinued, and the Minister of Public Health shall see to it that action be taken.

A bill is now being discussed in parliament for the purpose of procuring dental as well as medical assistance to the poor, also at elementary schools.

However, before these provisions will be assigned the place they deserve in our legislation, it is desirable to draw the attention of the mayors to the necessity of procuring assistance to the needy.

A certain number of municipalities, viz. the 8th and 15th districts of Paris, Strasburg, Colmar, St. Etienne Montlucon, Dijon, Chaumont etc. have taken a praiseworthy initiative, which may serve as an example to their colleagues.

According to this we wish to urge the necessity of inaugurating

dental care in every hospital and clinic, at the expense of municipal funds. In such places where institutions of said character are in existence, but no dental staff is available, assistance may be required from an adjacent town or from dental organizations. In towns such as Paris and Lyon the dental colleges do not charge for dental assistance. In such communities where there are neither hospitals nor barracks nor clinics in existence, but sickfunds only, dental treatment may be procured in premises especially fitted up for this purpose, in the same manner as some mayors have carried out previously at the expense of school funds. Propaganda lectures may make this organization more complete. Means of transportation nowadays are abundant and quick and will present no difficulties. During the war objections were of a far more serious character, but in the trenches the problem was solved by dental department cars, which covered the most advanced lines.

Needless to point out again the importance of the indications outlined; they will certainly not escape your notice now that public health and consequently the welfare of the nation as a whole is at stake.

I request, same as I did before, to keep me posted by a short report as to what is going on in this respect in your district and as to the results. Your report to be submitted before July 15th.

The Minister

JUSTIN GODART.

Paris, March 6, 1925.

From the hand of Mr. F. Ferrand we found in the „Revue d'Hygiène Dentaire” a report from which we extract:

During the Congress of the „Association Française” in Grenoble on July 28th. 1925, the following motions have been adopted by the Section for Odontology after discussion on the papers read by Messrs. Haloua, Paris; Cros, St.-Etienne; Ferrand, Paris.

10. Introduction in the Social Insurance Act of such clauses proper to assure dental prophylaxis by the Parliament.

20. Organization of dental treatment and dental inspection in elementary schools.

30. Invitation to the municipalities to organize dental services in the schools with the aid of the local professional societies.

40. Obligatory inspection and dental treatment for all children of elementary schools.

50. Exclusive attendance to dental school service by practitioners who have made complete and special studies.

These wishes, which no doubt will be approved by the entire profession, have been communicated immediately to the Board of the „Association française pour l'avancement des sciences” who have approved same at once and who will take care to address them to the competent authorities (Minister of Public Education, Minister of Labor, Hygiene, Assistance and social Care) with the important support of their authority.

I SOCIAL PART. —

CORRESPONDENCE — INQUIRY — PUBLIC DENTAL CARE.

616.314 (079) (481)

Below we publish a delayed answer on our enquiries on public dental care in relation with public health and sickfunds. We beg to remind the reader that a first investigation was organized by the secretary of the H. C. in 1924. (See *Compte-Rendu F. D. I. Luxemburg 1924*), and reports thereon in 1925. (*Bulletin of the H. C. F. D. I. 1925. Vol. I. page 37—83 and *Compte-Rendu F. D. I. Geneva 1925**).

*Mr. Secretary J. S. Bruske,
Amsterdam.*

Dear Sir,

The papers to the delegates of the H. C. F. D. I. have been sent to us for reply, but unfortunately rather late, so that it has not been possible to answer in proper time.

In connection with our replies to the questionnaire for 1925 we beg to give the following particulars, which will also answer some of the queries for 1924.

In accordance with the resolution of F. D. I., Berlin 1909, The Norwegian Dental Association took the initiative to the foundation of *The Norwegian Association for Combating Dental Diseases* (N. F. M. T.)¹⁾. This association is thus affiliated to F. D. I., and its secretary, Dentist Jonn Nilsen, is a member of F. D. I.

We fully agree to the „Thesis” put forward and on the whole give our support to the proposal respecting „Principles”. We will go through the separate points.

I. a. Our association has made efforts in that direction.

b. & c. We refer to our answers to Questions 1925, 3 & 4. We may add that as soon as the matter (Public dental treat-

¹⁾ Norsk Forening for Motarbeidelse ar Tandsygdomme.

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ment for adults) shows itself possible of realisation, our association will seek to promote it, while The Norwegian Dental Association on its side will take the question up for discussion. In this connection we would mention that dental treatment of children at school, which began in Norway 1910 is secured by law of 14/12—17; — relative to the towns and the rural districts will follow in time. The State affords to all Dental Treatment at school, in towns as well as in the country, a contribution of 25 % of the salary to the attendants.

II. We subscribe to it.

III. a & b. Our association tries to operate on the authorities and organisations in question through its organ „Mundpleien”. Special things are sought promoted through circulars and are on the whole met with benevolence and understanding.

c. & d. The Norwegian Dental Association claims this of its members, and follows these principles.

V. 1. a. We agree.

1. b. I suppose the meaning of this is to apply pressure to the members of the cash to meet for periodical examining, eventually treatment. We understand that the dental treatment must be carried out systematically according to the rules for the dental treatment at school, if it is to be made effective. We are however, supposing that the mentioned direction alone scarcely will be accomplished.

We may imagine necessary a direction to the effect that members of the Health Insurance, neglecting their duty to appear for continued examination and hereby because of the decay of their teeth entailing augmented expenses on the cash, lose the right to dental treatment, until they have restored their mouths to a hygienic condition with a private dentist. Such a direction is for the benefit of the patient, necessary to the economy of the cash, and the effectuation of the principle: Dental care an integral part of Public Health Care.

We agree, but it may have its difficulties to settle the question through the fixing of the number of patients and hours

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and though we are seeing the good sides of the principle, we are also doubting whether a free choice of dentist let itself be carried out where a complete public dental treatment — in a greater way and scale — is in question. We believe that such a reform, let itself scarcely anywhere be carried out, unless clinics, like tooth clinics at school are set up, where the treating dentists become public functionaries, — this also in consideration to the necessary control of patients working.

Thus we are of opinion that the reform is not easily carried out in bigger towns in a satisfactory manner, if not clinically subject to the Health Insurance, and if not dentists are employed with a fixed salary proportionally to the number of hours of labour. We shall, however, add that the Norwegian Dental Association has not discussed nor made up its mind as to this question.

We dare point to one side of the matter, not touched under „directions”, the work of enlightenment among the clientèle. Experiences from the school dental care show that it is needful, that the clinical surveillance goes hand in hand with the clientèle's attending to daily mouth care. Directions at such work among the adults will be in their place. We believe that we here reach far through organs already existing, the institution of sick nursing sanitary associations and the Red Cross.

In view hereof our association has put itself in communication with these institutions. We ought to take care that these nurses and sisters through their education get the necessary information in to relation the doctrine of nutrition to the physiology of teeth and the common mouth care at the same time as it is recorded as truth that this work of enlightening is an integral part of their activity.

Yours truly,
 JONN NILSEN, *Sekr. to N. F. M. T.*
 Oslo.

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AD QUESTIONES 1925.

1. A. According to law on Health Insurance of 6/8 1915 all workers and functionaries subordinate are liable to be insured in the public Health Insurance, having filled 15 years and their yearly income not surpassing a definitely fixed sum.

The members can continue as volunteers, when they have ceased to be due members.

1. B. Private Health Insurances — associations of business and industry — have same rules and obligations as the public sickfunds.

2. Impossible to answer, but in reality all those less than well off, capable of working, get free health care. Moreover, we have the public „poor rates”.

3. No, not „complete treatment of the mouth”, through the Health Insurance mentioned above, only some yieldings: Extraction of teeth in case of toothache, operative treatment of cysts and root amputations.

4. Want of a sufficient number of dentists educated and trained has prevented that the matter has been realized to the full through the National Health Insurance mentioned above, though the separate sick funds through the law on sick funds have an opportunity to do so and also have treated the question.

5. The military men on land and sea have, while serving as soldiers, their teeth treated, to the extent allowed by time, by dentists, in this way serving their time and fulfilling their duty to discourse on dental service.

II.

SCIENTIFICAL PART

MOUTH HYGIÈNE PREVENTIVE DENTISTRY

Editorial note.

This section will be devoted to communications of scientific researches. It is understood that exchange of thoughts will be accepted for any subject pointing into a definite direction or liable therefor.

It is the idea to stimulate exchange of thoughts with respect to oral hygiene and preventive dentistry. If reseachers of all countries join, they will contribute materially towards solving these problems.

If the material appears suitable, those leading men from whom it is known that they are engaged in certain subjects, may be invited to pay a tribute devoted to the same subject. Along these lines of exchange of thoughts, problems will be illuminated from all sides and their solution will be brought about.
