

ON THE CONDITION OF THE MOUTH AND TEETH DURING PREGNANCY

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On the Condition of the Mouth and Teeth During Pregnancy by Oakley Coles

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BY
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*On the Condition of the Mouth and Teeth during
Pregnancy.* By Mr. OAKLEY COLES.

MR. PRESIDENT AND GENTLEMEN,—There is an old-fashioned phrase, common amongst a large section of the female community,—“for every child a tooth.”

I believe that the accuracy of the statement contained in this old woman's fable may be fairly doubted, but it is nevertheless true, that the period of pregnancy is one in which the oral secretions are subject to considerable alterations, whilst the teeth are peculiarly liable at this time to decay, or to undergo other pathological changes.

In the artificial life of the present day, the teeth are less able to resist the strain made upon them, in common with the other parts of the organism; hence we have during pregnancy an increasing liability to caries with each generation.

The interest of the subject, rather than my own qualification for writing on it, must be my excuse for treating of a matter in connection with which I would sooner have listened to some of the older members of this Society.

I propose in the following paper noticing,—

1. The changes and general condition of the teeth during pregnancy.
2. The condition of the gums.
3. The oral secretions, with their changes and influence upon the teeth.
4. The neuralgia of pregnancy.

And lastly, The remedial agents useful during pregnancy.

1. *The Changes and general Condition of the Teeth during Pregnancy.*—In a large number of cases the period of pregnancy passes by in a perfectly normal manner, the processes that take place are physiological, and no evidence is given (in the mouth, at any rate) of any pathological process having occurred. In other instances we find the first few months of pregnancy accompanied with severe toothache. This is usually (if it be a first pregnancy) attributable to neuralgia, and not to odontalgia. I shall therefore speak of it further on.

When the pain arises from the teeth, we generally find them the subject of caries, though not always. The one variety that I have found the most prevalent is the brown caries. The teeth are discoloured over most of their surface, the margin of the cavity of decay is black, and

beyond the margin, a shading of brown from almost black to a light stone-colour, spreads over the surface of the tooth adjoining the carious part. In the upper incisors and canines there is generally a line of green discoloration on the labial surface of the tooth, following the crescentic outline of the gum, or, in place of the green colouring matter, a dark line of blackish-brown, looking as if the enamel had been charred with a hot iron. The enamel is opaque in appearance and brittle to the touch.

As a rule, the upper and lower bicuspid will be seen in various stages of decay, the lateral incisors of the upper jaw standing next in liability to caries, and then the central incisors; the lower incisors, as a rule, escape, as under ordinary circumstances, apart from pregnancy.

The women of the lower classes seem more liable to this special description of caries during and subsequently to pregnancy than those of the middle and upper sections of the community.

A second variety that is very interesting, but comparatively rarely seen, is where decay takes place on the prominences of the palatine cusps of the upper bicuspid and molars. The cavity presents a ragged margin, and does not generally give rise to pain, since its existence is soon noticed by the tongue of the patient, and relief sought for at the hands of the dental surgeon. The dentine is found softened, but not much dis-

coloured, nor is the enamel changed in appearance, beyond the opacity surrounding the outline of the cavity.

We shall see the special interest attaching to this peculiarity of situation when speaking of the etiology of caries during pregnancy.

There is still a third description of decay requiring a few words of reference, and that is the soft caries.

Near the margins of the gum and around the necks of the teeth the enamel seems either to have disappeared or to have become so softened in texture, that a sharp excavator or enamel chisel easily passes through it: the teeth are very often exquisitely sensitive, and conscious of every thermal change. The removal of the softened tissue is an operation inflicting considerable pain, and it is very easy to go on cutting away till the pulp-cavity is nearly approached. Sometimes this softened state of the enamel and dentine is confined to a limited area, whilst in other instances it passes round the neck of the tooth like a ring. Whenever it is present, the enamel is generally less opaque in appearance than in the first variety of caries referred to, and there is, as a rule, no green or brown discoloration or deposit on the labial surface of the upper incisors.

All the teeth are liable to an attack of this process of disintegration; but the upper bicuspids, lower bicuspids and molars, and upper laterals

and canines, seem somewhat more subject to it than the rest of the teeth. Such an observation, however, is but of small value, unless extending over a larger area of cases than one observer has the opportunity of seeing.

There is a modification of this last variety, in which we find a general softening of the tooth without any actual decay, as it is ordinarily understood. The whole of the tooth (most frequently in my own experience an upper bicuspid) becomes very sensitive to the touch. A draught of cold air gives severe pain, hot fluids taken into the mouth produce discomfort, and occasionally even an instrument covered with cotton wool, or the touch of a linen napkin, will give a severe shock to the patient's nerves. Later on, in the history of such a case, we find the tooth more loosened from its socket, and at last it becomes a source of so much irritation to the patient, that even within a few weeks of her accouchement, she prefers undergoing the pain of extraction to the constant plague of an aching tooth.

Although we have loosening, there is no great elongation, or, to speak more correctly, protrusion from the socket, and we find that the loosening has been partly due to the absorption of the alveolus that has taken place. On removing the tooth, the periosteum of the fang is seen to be scanty in substance and anæmic in appearance. The tooth can be cut through easily with the