

**IRREGULARITIES AND DISEASES
OF THE TEETH, A SERIES OF
PAPERS FROM THE LANCET AND
BRITISH JOURNAL OF DENTAL
SCIENCE**

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Irregularities and diseases of the teeth, a series of papers from the lancet and British journal of dental science by Henry Sewill

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IRREGULARITIES

AND

DISEASES OF THE TEETH.

A SERIES OF PAPERS FROM THE
LANCET AND *BRITISH JOURNAL OF DENTAL SCIENCE.*

BY

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PREFACE.

OF the following papers, the first two were published in the "Lancet." They were written, at the request of one of the staff of that paper, with the object of concisely explaining the causes, nature, and treatment of irregularities of the teeth—a class of affections with which many Medical Practitioners, in the absence of a Dentist, are called upon to deal, and with which they are consequently required to be properly acquainted. The requisite knowledge could previously be obtained only by a considerable study of Dentistry, and these papers were therefore designed to make the points of real importance clear, without the necessity of wading through a mass of uninteresting matter.

The remaining papers were contributed to the "British Journal of Dental Science." They consist of reports of cases from my note-book, with passing comments on their pathology and treatment. They comprise in a small space an account

of most of the constitutional and local affections associated with diseased teeth, of which a description is not to be found except in fragments scattered through physiological and medical works.

These several papers are now necessarily out of print, and I have thought that their republication might be acceptable to those who, while anxious to obtain a general knowledge of the more important topics of Dentistry, are unable to enter fully into the special technicalities of the subject.

6, WIMPOLE STREET,
CAVENDISH SQUARE,
December, 1869.

IRREGULARITIES AND DISEASES OF THE TEETH.

IRREGULARITIES OF THE TEETH.

MANY subjects connected with dentistry are necessarily of great interest to general practitioners, and more especially to those who, living at a distance from London, are compelled to act on emergency as dentists. Irregularities of the teeth constitute one of the most important of these subjects, and one upon which the advice of the practitioner is most constantly sought. At the period of second dentition the child's mouth usually presents an unsightly appearance, owing to the absence of temporary teeth and the slow advance of the permanent set. Unable to judge whether the apparent deformity be transient or not, and anxious that the teeth shall, at least, not be a source of disfigurement, the parents, in the absence of a dentist, are naturally led to consult their medical attendant. Not unfrequently they

bring children, with the request that some particular temporary or permanent tooth may be extracted, the removal of which they consider will avert or cure an irregularity.

In a great number of these cases all appearance of deformity passes away as dentition becomes completed, but in a considerable proportion malplaced teeth retain their abnormal positions, and so give rise to permanent irregularities. Such irregularities tend to cause or accelerate premature decay of the teeth, and are also often alone sufficient to impair the general symmetry of the face. By judicious treatment, however, they may, as a rule, be prevented or cured; but, on the other hand, by unnecessary interference, both injury and suffering are inflicted upon the patient. It will be understood, therefore, that an acquaintance with the causes and nature of irregularities forms a necessary acquirement of those who undertake to deal with them.

Where mechanical apparatus is required, the treatment of these deformities passes beyond the province of the surgeon. He, however, ought to be able to judge when he may interfere with advantage by extracting teeth, or when he may refrain with safety, and thus avoid inflicting unnecessary pain. He should also be able to

recognize the cases which require to be promptly referred to the dentist, in order that they may not, by delay, be rendered difficult of cure, or irremediable.

It is impossible to lay down rules which shall serve the surgeon in every instance, since exceptions constantly present themselves. Nevertheless, by a brief discussion of the general characters of these affections, and by a reference to some of the more common examples, practical knowledge may be imparted to him which, as well as guarding him against error, will enable him to deal successfully with many cases. It cannot be expected that, in addition to the numerous and extensive subjects with which one in general practice has to be thoroughly acquainted, he will burden himself with complex points in dentistry. If, therefore, the part which the practitioner should take in such cases can be concisely and clearly indicated, the objects of this contribution will be fully achieved.

It may be well to premise that, in speaking of irregularities, reference is made to the permanent teeth only. No object would be gained by the treatment of irregularities of the temporary teeth, since they are shed in early life; but, indeed, they are rarely, if ever, misplaced.

The number and characters of the temporary

teeth, and their relations to the permanent set at the period of eruption, may be usefully remembered. The temporary set consists of ten teeth in each jaw—namely, four incisors, two canines, and four molars. These are afterwards replaced by the permanent incisors, canines, and bicuspid. The developing incisors and canines may be roughly stated to occupy bony crypts in the upper jaw above and behind, and in the lower jaw below and behind, the partly absorbed roots of the temporary teeth which they respectively succeed. The bicuspid replace the temporary molars, and are contained in crypts within the divergent fangs of those teeth. The permanent molars are situated in that portion of bone altogether posterior to the deciduous teeth.

The age at which second dentition commences, varying from the fifth to the eighth year, is of little or no importance, but the order in which the teeth are cut is invariable, and is as follows: first molars, central incisors, lateral incisors, first bicuspid, second bicuspid, canines, second molars, and lastly, after the lapse of a few years, the third molars or wisdom teeth.

With a knowledge of the order of eruption and of the following characteristics which distinguish the permanent from the temporary set, the surgeon