

work a regrettable restriction on the pioneering of new procedures and might compromise recent developments in preventive psychiatry as well as in private psychiatry. This would seem to be the real and great danger we face, and I hope we will not lose sight of this. We will all pay dearly for attempts to gain special preference of payment for any one type of procedure if we encourage the development of legislation that may be restrictive of each other's type of practice, within of course the limits of the ethics of our professions.

To retain perspective also, while realizing the need to be integrated into medical practice, let us not therefore be alienated from the other professions in the community. The goals of mental health will become narrowed unless full participation of all professions is actively encouraged in the very many aspects of community living that can promote mental health. There should be ample forethought before psychiatry seizes upon certain areas of the mental health field as its private domain and our own motivation must be examined. Exclusiveness among professions tends to work both ways, so that even for selfish reasons the medical practitioner may have a lot to lose if he is shortsighted. In terms of availability in number our profession is relatively tiny. To speak of the general practitioner as "not having to be in a hurry" sounds like wishful thinking. Medical people, on the contrary, seem to be scarce and are often suited better for the role of consultants than for the working of exclusive domains if we are to face realistically the total problem of mental health that the community provides.

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DENTAL STAINING AND ANTIMICROBIAL THERAPY

To the Editor:

A symposium on "Dental Staining and Antibiotic Therapy" was held on May 14 and 15, 1965, at the Department of Pediatrics, Jefferson Medical College, Philadelphia. Over 60 scientists and clinical investigators, both medical and dental, from America and the United Kingdom reviewed published data and presented new material which related primarily to tooth staining due to tetracyclines. There were many important pediatric, obstetrical and psychiatric implications.

Concern was expressed that there is only limited appreciation of the serious dental hazards when tetracyclines are administered to children under 8 years of age:

1. The incidence of dental staining in population groups of grade school children has been shown to be 2 to 3%, and in certain pediatric practices, as high as 27%. The staining is not always cosmetically objectionable.

2. Tetracyclines are firmly bound to the calcifying regions of bone and teeth; in teeth they are bound permanently. While there is no conclusive evidence that tetracyclines administered in clinically effective doses produce clinically significant dental hypoplasia, there is evidence of interference with normal calcifi-

cation of enamel and dentin developing at the time of administration.

3. Tetracyclines have been detected in teeth by ultra-violet fluorescence. However, there is no obligatory relationship between fluorescence and dental staining.

4. Appreciable dental staining in children may occur when tetracyclines are administered to gravid mothers after the fourth month of gestation, and to children when these drugs are given any time from birth through the seventh year of life. The staining can affect both the deciduous and permanent teeth. However, most cases of cosmetically objectionable staining result from the administration of tetracyclines before the fifth year of life, and these agents should not be used during this period unless it is established that the risk of dental staining is warranted.

5. Serious emotional disturbances have been traced to dental staining.

6. Some of the tetracycline analogues appear to be more capable of causing cosmetically appreciable staining than others. Both animal and human studies suggest the possibility that clinically significant dental staining may occur less frequently with oxytetracycline than with other analogues. However, additional clinical investigations are needed to clarify the extent of differences between analogues, and the minimal dose level which results in dental staining at various ages.

7. As is true of many antimicrobial agents, the tetracyclines are frequently administered unnecessarily—as for viral infections—or are administered when less toxic or more efficacious antimicrobial agents are available.

8. It was reported that legal suits regarding dental staining due to the administration of tetracyclines are in progress. For over two years, package inserts have contained warning statements regarding the dental hazards.

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LOCALIZED GIANT HYPERTROPHY OF THE GASTRIC MUCOSA WITH MULTIPLE POLYPOSIS

To the Editor:

In an article entitled "Localized Giant Hypertrophy of the Gastric Mucosa with Multiple Polyposis" by Dr. Max-Louis Bloomberg (*Canad. Med. Ass. J.*, 92: 1233, 1965) mention was made of the performance of a gastrotomy prior to gastrectomy.

Since I performed the entire operation, I feel an explanation for the gastrotomy is necessary. It was done to exclude the possibility of the "bag of worms", representing a foreign body mass or bezoar.

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