

52 and counting

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Presumably right from the word go, humankind wanted to know how many teeth they might expect to have to put up with.



Imagine a hard pressed mother faced with being trapped in a cave all day in charge of a primitive infant screaming the odds with another teething tantrum. It is inconceivable that she would not gruntingly question her husband, on his return from hunting some organic quarry or other, as to the likely end point of this eruption nightmare.

Our innate craving to observe, describe and above all quantify the world around us has since lead us not only to count our teeth but also to give them individual names and numbers. However, it is perhaps not surprising that a profession which cannot make up its mind as to when something as apparently straightforward as a hole actually is a hole, has run into so much trouble in trying to classify not one but the 52 teeth which constitute the 'normal' human tally.

As well as our inbuilt requirement to repackage the natural world into a comfortable, manageable mathematic framework there is also the undeniable urge to 'get the set'. It is the collector's urge to first invent the set and then go about accruing it. Well so it is with dental nomenclature. It is not enough to know that there are 32 adult teeth, they all have to be 'written down', charted, described, ranked, drawn, photographed and allowance made for anomalies such as supernumeraries. And, yes, while we're on the subject, what a wonderful invention they are for perplexing the orderly way of things.

On the surface it doesn't seem as if it should be so difficult a task. You start counting at the front and. . . no, wait just a moment, why start at the front? Why not the back? Alright you start at the back at the top. . . hang on, why the top, are you being mandibularist or something? So, should it be upper or lower, or right or left? See, I said it *seemed* straightforward didn't I?

Eventually of course, as we all know, someone got the thing sorted. Following much heated correspondence in the letters page of this, and other august dental journals, penned by retired dentists from Wilt-

shire to Cumbria, Pennsylvania to Maine, it settled down into a catalogue of morphology, numbers, quadrants, and positions. Now that was all fine while quills and pots of ink were common currency. Difficulties then started to arise when we went mechanical with the advent of the typewriter.

Depicting the centre line was easy, a / or a \, did the job nicely as did the underlining function for upper teeth. 'Overlining', to denote a lower tooth was rather more difficult. But, even on those wonderful machines, so loving epitomised by roman-

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tic, sepia photos of creatively-tortured writers squinting at the keys through wraiths of unfiltered cigarette smoke, it was possible to 'cheat'. You could squidge the paper up and down a bit to get the 'ceiling' to create a lower floor of teeth. And if that didn't do the trick, a quick flurry of correction fluid and a neat bit of touching-up with a ball-point usually sufficed. All of which was wonderful until the advent of the electronic revolution and computers. Here, the chances of turning in some athletics with

the paper and printer are nil and there is no opportunity at all to denote a lower tooth, there being no 'overline' facility on computers as there is an underline.

Which brings us to the drive towards international standardisation. Some smart odontologist of the travelling-about-the-world-type decided years ago, no doubt during a cocktail party on the stop-over of a grand cruise, on the need for a system that transcended national and cultural boundaries. Hence the famous 'two-digit' system was born to save the tooth-notating world (except obviously for the Chinese).

But, that is the other problem; nothing in biology is ever absolute. If you could always guarantee the exact number of teeth in a lifetime that would be just dandy. Mother Nature has other ideas. Just when you thought it was safe to stop at tooth number 8 in the row, some genetically modified person pops up with a '9' and possibly even a '10'. The nine you can just about accommodate because it is still a single figure but ten takes it over the space requirement. So now you're in a complete dilemma. Do you go back to the beginning and start 01, 02, etc so as to be able to codify each tooth with a double digit just in case, or just hope that genetics is sufficiently kind so that the 'tenners' die out before your system hits the surgeries?

Then again, all that would be fine if it weren't for bright sparks of inventors who come along with wonderful innovations to make a nomenclaturist's life a misery. Implants. How the deuce do you allow for them? After all, they don't even necessarily conform to the regimentation of being in the same place as a tooth used to be. So do you call them I3 if they replace a canine, for example? Or does that coding suggest that the implant is next to the tooth rather than replacing it? And in any event you can't use 'I' in case people now think that it represents the 'eye' tooth instead of a '3' or a 'c' or a 13 or a 23. . . Just point and say, 'it's this one'.