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## The Care of Children's Teeth (1934)

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*The Care of  
Children's Teeth*



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## *The Care of Children's Teeth*

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MOST mothers and fathers want their children to be happy and healthy. Most parents are ready and willing to make decided sacrifices in order to provide their children with all the necessities and some of the luxuries of life. Particularly is this instinctive feeling expressed toward babies and little children, who, because of their helplessness, are absolutely dependent on adult care. How often have you heard a mother wish, when her child was suffering from disease or accident, that she could change places with the little sufferer. Yet there are some instances in which the little one's suffering is the result of parental carelessness or neglect. All too often, carelessness or neglect in caring for children's teeth causes unnecessary pain, discomfort and sometimes serious illness.

Few parents realize or appreciate the changes, growth and developmental activity that normally occur in the mouth of a growing child. From birth until early adulthood, the human jaws are a veritable beehive of growing, erupting, absorbing, shedding and calcifying teeth. How many parents know the approximate age at which the twenty different baby teeth should be shed and replaced by their permanent successors? Very few indeed. Yet this physiologic change is of utmost importance in the life of the child. A baby tooth that is supposed to fall out at the age of 6 should not, ordinarily, be allowed to remain in the child's mouth until the age of 10. The baby tooth that is supposed to remain in the child's mouth until the age of 10 should not, ordinarily, be removed at the

age of 6. The prolonged retention of baby teeth is just as harmful as their premature loss. Both conditions may produce crowding, crookedness or protrusion of the teeth, improper development of the jaws and disharmony of the facial features. The early detection and correction of faulty dental conditions by the family dentist will more than remunerate the parents in satisfaction, pride and happiness. Nor will the parents be remunerated in satisfaction alone: If the child's teeth are well formed and well spaced, parents will be saved the expense, time and inconvenience associated with orthodontic or tooth-straightening procedure.

Time and again, dentists are greeted with this reproachful expression by the mother: "Why, Doctor, I thought that was only a baby tooth, and that it would fall out anyway; so I didn't think it was necessary to have it cared for." Where did mothers acquire the idea that baby teeth can be neglected because some day they will fall out? Surely not from an authoritative source. Such an impression is very erroneous, and the sooner parents realize the gravity of their mistake, the better it will be for both parent and child.

Children are supplied by nature with twenty baby teeth, ten in the upper jaw and ten in the lower jaw. These teeth are arranged in a certain way for a definite purpose. Each of these twenty teeth is supposed to remain in the child's mouth a certain length of time and each tooth is supposed to perform definite functions. Parents should give these important organs the same care and atten-

tion that they give their child's hair, fingernails and skin. Ordinarily, mothers keenly resent any criticism induced by a child's shabby appearance, such as unkempt hair or an unclean face. How many mothers resent criticism based on the child's unclean, defective teeth? Unfortunately, all too often, mothers are indifferent to the child's dental condition simply because they do not know the importance of the masticating organs.

The functions of the teeth are at least fourfold: to chew food; to assist in speech; to assist in facial development and expression and, in the case of baby or deciduous teeth, to serve as pathfinders and space preservers for the succeeding permanent teeth.

The premature loss of the baby teeth may cause the permanent teeth to come in crooked. This often leads to faulty occlusion or malocclusion. In other words, it may prevent the upper and lower teeth from coming together properly. Malocclusion interferes with mastication; which overtaxes the stomach and may lead to stomach trouble. Crooked and irregular teeth are hard to keep clean; therefore, they are more susceptible to decay.

Decayed and infected teeth not only cause pain and inconvenience: they are often the cause of many serious systemic diseases, such as heart trouble, rheumatism, appendicitis and digestional disturbances. These diseases may be caused by the poisons produced by germs that grow within the cavities of bad teeth and about the roots of infected and abscessed teeth. These germs or the poisons which they produce may be carried to other parts of the body by the blood stream. Dental defects should be corrected while they are still small or at least before the decay reaches the pulp or nerve in order that the teeth may not act as sources of infection for the rest of the body.

One of the grave mistakes which many parents make in regard to children's teeth is the lack of care of the first permanent or "sixth year" molars. These teeth come into the mouth when the child is about 6 years of age. They do not take the place of any baby teeth, nor are they ever replaced by other natural teeth. They are supposed to remain in the mouth permanently; hence, the name, first permanent molars.

Every child has four first permanent molars, one on each side of the upper jaw and one on each side of the lower jaw. By interlocking with one another, the upper and lower first permanent molars help determine the shape of the lower one third of the face. Their location affects the position and alinement of the permanent teeth, which erupt later in the child's life. The loss of one first permanent molar markedly alters the shape of the mouth; yet of all the permanent teeth, the first permanent molars suffer most from neglect. This is probably due to the fact that most mothers mistake the first permanent molars for baby teeth and that many mothers think that baby teeth do not need attention. Thus, the first permanent molars, erupting as they do several years before the baby molars are normally lost, are often allowed to suffer the unenviable lot of the baby teeth—decay, infection and extraction.

Children's teeth should be examined and cleaned by a dentist regularly at least every six months. In fact, some children, because their teeth are susceptible to decay, should visit the dentist every three or four months. In this way, any defects that might be present can be discovered and corrected while they are still small and thus future trouble and expense be prevented. If the child is under periodic observation, the dentist can prevent and correct many dental irregularities with

little or no pain to the child and without subjecting either the child or himself to unnecessary nervous tension. Regular visits to the dentist enable the child to become accustomed to the environment of a dental office. Any fear that he may have had is replaced by a feeling of friendly confidence, which, in many instances, lasts for years after adulthood has been reached.

Not infrequently, it is reported that the teeth of children living in certain institutions are much better than the teeth of children living in their own homes. For instance, several years ago, Dr. Trim Houston, of Corsicana, Texas, reporting on the dental conditions of children in an orphanage with which he was connected, stated that, in seventeen years, 508 children needed 1,131 fillings in permanent teeth. In other words, the number of cavities per child was 1.5. More recently, the chief of the dental staff of the Marks Nathan Jewish Orphan Home in Chicago stated that, in the past ten years, 3,000 children in that institution have been given dental care. The average number of cavities in both the permanent and the baby teeth was less than 1 per child. He further reported that children in that institution rarely, if ever, lose a first permanent molar and that, as a rule, the children rarely have crooked teeth.

In direct contrast to this condition, a dental survey made in 1928 disclosed that 96.4 per cent of Chicago school children had decayed teeth averaging about five cavities per child, and a similar survey conducted in St. Louis in 1933-1934 reveals that 95 per cent of the school children in that city have one or more defective teeth.

It cannot be supposed that children living in institutions have inherited stronger constitutions than children who live under their own roof. On the con-

trary, it is only reasonable to believe that, as a rule, orphans may have inherited poor constitutions and therefore may be more susceptible to dental decay than are other children. The difference between the dental conditions of the children in the institutions just mentioned and that of the average children is probably due to systemic care and the regime characteristic of most modern institutions. The children are given simple, plain, but wholesome fare. They are not allowed to overindulge in sugars and other sweet foods. Regular hours are insisted on. The health of the charges is entrusted to people whose business it is to keep children well. Mouth hygiene is insisted on by the house mothers, and, in the modern institutions, the children receive a thorough dental examination and care at regular, stated intervals.

Unfortunately, most children living at home are not subject to the same rigid regime. Individual appetites are catered to. Often, plain simple food is superseded by knicknacks and pastry. Habits of mouth hygiene are overlooked and, in some instances, ignored; and children living at home are rarely compelled to visit the dentist regularly, if at all. In fact, we can almost say that it is the rule and not the exception that the average child is taken to the dentist only after many painful hours and perhaps sleepless nights caused by an aching, pulsating tooth. In such cases, dental care is sought all too late because the dentist cannot do more than alleviate the pain by either medication or extraction.

Parents should not wait until the child complains of toothache before taking him to the dentist. They should form the habit of taking the child to the dentist at least every six months. In fact, some children, because of the susceptibility of their teeth to decay, should receive dental care every three or four months.

Periodic dental care should be started when the child is 2½ or 3 years of age and should be continued throughout life. In this way, the dentist can be of real service to you and your family. In this way, the teeth of your children may be preserved with a minimum amount of dental care.

Children with good teeth are in a position to make better school grades than are children suffering from bad teeth. No child can concentrate on his school work when he is tormented by an aching tooth. Backward children are a source of worry to both parent and teacher—certainly their education is more costly to parent and taxpayer than is the education of normal children. Diseased, abscessed teeth may mean backward children.

Dr. Alfred C. Fones, of Bridgeport, Conn., one of the nation's pioneers in work on the hygiene of children's mouths, gives the following interesting figures:

In five years, from 1912, as a result merely of instruction in the schools of Bridgeport as to how to take care of the teeth, the percentage of bad teeth among school children was reduced by 33.9 per cent, or more than one-third. In 1912, 40 per cent of the school children of Bridgeport were behind in their school work, and in 1918 there were only 20 per cent retarded. In 1912, 42 per cent of the whole school budget was spent on children who were behind in their school work, and in 1918 only 17 per cent of the budget was expended for the schooling of such children. A saving in actual cash to the taxpayers of 25 per cent of the school budget was brought about by the proper care of the children's teeth.

Children should be taught very early in life the fundamental habits of mouth hygiene. Parents should provide the child with small sized toothbrushes. If pos-

sible, the child should have two brushes, using one in the morning and one in the evening. The bristles of the brush should be set far enough apart so that they can be kept clean. They should be of medium stiffness and of uneven length. The child may use a good toothpaste or powder that does not contain any harsh grit or strong medicine that will injure the enamel or gums. He should be taught to brush his teeth at least twice a day—before or after breakfast and before going to bed at night. The following simple method of brushing the teeth is usually quite satisfactory for children:

Hold the jaws slightly apart. Brush the teeth of each jaw separately. Place the bristles of the brush on the gums above the upper teeth and brush down from the gums to the chewing surface. This downward movement brushes the food from between the teeth. It also massages the gums. Never brush *across* the teeth. This movement will not remove the food from the crevices and moreover it may injure the gums. The lower teeth should be cleaned in the same way as the upper teeth. The brush should be placed on the gums below the teeth and drawn upward to the chewing surface. Brush the inside surfaces of the teeth as well as the outside surfaces. Also brush the chewing surfaces of the teeth as their uneven surfaces easily catch and hold small particles of food. During the habit-forming period, parents should always inspect the child's teeth after each brushing to be sure that this duty has been properly performed.

It is quite generally agreed that diet influences tooth structure. Certain foods, especially if they are eaten during the tooth-forming years, help to build strong, decay-resisting teeth. Overindulgence in other foods seems to augment dental decay. Teeth are composed largely of calcium and phosphorus. Therefore, to

build and keep sound teeth, we must eat plenty of foods that contain calcium and phosphorus. Milk and other dairy products, vegetables, fruit, wholegrain bread and cereals, meat and eggs provide the necessary minerals for teeth. Certain vitamins known as vitamins A, C and D are also necessary for good tooth construction.

Excessive use of sugar, candy and soft, rich pastries seems to be detrimental to teeth and to induce decay. Parents should never frighten children into obedience or good behavior by threatening to take them to the dentist. The practice of dentistry, even under normal conditions, subjects the conscientious and sympathetic dentist to great nervous strain. It is doubly hard to operate on a terrified child. Using the dentist as a bogie man—even the mischievous little joke regarding the real or imagined pain attendant on dentistry—makes a lasting impression

on the plastic, sensitive mind of a child. Sometimes, these early fearful impressions so terrify children that they refuse to enter a dental office until driven there by unbearable pain. This, of course, not only causes unnecessary suffering, but it also may cause complications that undermine the physical health of the individual.

In conclusion, allow me to repeat: Mouth health is most important to general health and to happiness. Help your child to build and maintain good teeth by exercising intelligent care in the selection of his diet. Train him to clean his teeth properly, supervising the cleaning until you are certain that the training is complete. Make your family dentist your child's dental advisor and friend, not a monster to terrify him into obedience. Care for your child's teeth when he is young, so that his teeth can care for him when he is older.