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The Care of Children's Teeth

(For Parent-Teacher Associations)



DISTRIBUTED BY THE AMERICAN DENTAL ASSOCIATION
Bureau of Dental Health Education
212 East Superior Street
Chicago, Illinois

THE CARE OF CHILDREN'S TEETH*

ALL mothers and fathers want their children to be happy and are always ready to make all sorts of sacrifices for them. Particularly is this instinctive feeling expressed toward babies and little children, who in their helplessness must depend upon their parents for all their needs. The eagerness of the parent to help the little child has no limit.

In cases of sickness, when a child is suffering from high fever or some other malady, does not the mother wish that she could change places with the little sufferer? And yet there are many instances in which the little one is suffering only through his mother's own carelessness and neglect.

This neglect is particularly noticeable in the care of children's teeth.

Few mothers know anything at all about what is taking place in the mouths of their children, and yet from the very birth of the child to about 14 or 15 years, there is constant growing, eruption, absorption, shedding and replacement of teeth.

How many mothers know the exact or even the approximate time for the shedding of each baby tooth? 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 must not be allowed to remain in the child's mouth till the child is 10 years old, and the baby tooth that is supposed to fall out at the age of 10 should not be removed at the age of 6. The retention of baby teeth too long is just as harmful as the premature extraction of them. Both conditions are factors that produce crowded, crooked, protruding teeth, improperly developed jaw bones and inharmonious facial features.

The checking up of this one condition by the family dentist will more than remunerate the parents in satisfaction, pride and happiness. The child's teeth will be graceful and pretty, and the parents will be saved the other heavy expense of straightening the teeth by braces and other orthodontic appliances. They will also save themselves the aggravation and worry that go hand in hand with the child's wearing of orthodontic appliances.

Time and again the dentist is greeted with the self reproaching expression from the mother: "Why, Doctor, I thought that was only a baby tooth, and it would fall out anyway." Now, where did mothers get the idea that baby teeth can be neglected, because some day they will fall out? Surely, not from an authoritative source. It is a very serious mistake, and the sooner mothers will realize the gravity of this mistake, the better it will be for children and parents.

Nature has given the child twenty teeth; ten on the upper jaw, and ten on the lower jaw. Nature has arranged these precious pearls in a certain way for a certain purpose. Nature wants each one of these little pearls to stay in the child's mouth a certain length of time, and to perform a certain function. The mother is expected to watch over these important little organs at least as much as she does over the hair and finger nails of the child.

Every mother feels keenly the possibility of being criticized for the child's shabby appearance, for his unkept hair or his unclean face, but how many mothers feel that way about their children's teeth? They are indifferent because they do not know the great importance of these organs.

The functions of the teeth are: (1) to chew food; (2) to assist in the articulation of speech; (3) to assist in the facial development and expression, and (4) in the case of temporary or baby teeth to serve as pathfinders and to preserve space in the jaw for the succeeding permanent teeth.

The premature loss of temporary teeth causes the permanent teeth, which are supposed to take their place in the mouth, to grow crooked. This condition leads

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to faulty articulation of the upper with the lower teeth. This faulty articulation, or malocclusion, besides being unsightly, does physical harm. It generally causes the palate or roof of the mouth to constrict, and this in turn causes mouth breathing. It prevents the proper grinding of the food, and this overtaxes the stomach and leads to stomach trouble. By crowding the teeth one on top of the other, it is hard to keep them clean and therefore they are more susceptible to decay.

Decayed and infected teeth are not only a cause of pain and inconvenience, but they are often the underlying cause of many serious diseases, such as heart trouble, rheumatism, appendicitis and ulcerated stomach. These diseases are caused by pus and poisons, which are produced by germs that grow within the cavities of bad teeth and about the roots of infected and abscessed teeth. The poisons find their way into the body through food, with which they are mixed in the mouth, and they also get into the blood from around the ends of roots of infected teeth. By having the teeth filled early, before the decay reaches the pulp, or nerve, most of these diseases can be prevented.

The gravest mistake that most parents make in regard to the care of their children's teeth is the neglect of the first permanent molar, or the six year molar, as it is often called. This tooth erupts in the mouth when the child is 6 years old, and is intended by Nature to remain in the mouth permanently. Its roots do not become absorbed, and does not fall out to make room for a succeeding tooth, as all the twenty temporary teeth do.

There are four of these six year molars, one at each of the farthest ends of each jaw. By interlocking with one another these four molars form the foundation for the whole facial structure and serve as a guide and gage to the proper anatomic relationship of all permanent teeth yet to be erupted.

The premature loss of one six year molar works chaos in the anatomy of the human mouth. Its damage is often beyond repair. Yet, of all the permanent teeth, this one tooth is the biggest sufferer from neglect, and all because of the erroneous and almost criminal idea that baby, or temporary, teeth do not need attention.

The six year molar erupting, as it does, at an early age is almost always mistaken by mothers for a temporary tooth, and is generally left to suffer the unenviable lot of temporary teeth—decay, infection and extraction.

Children's teeth should be examined and cleaned by a dentist regularly every six months. In this way cavities in the teeth can be discovered when they are still small and can be filled early, thus preventing much trouble and expense. In having the child under periodic observation, the dentist is in a position to correct all sorts of irregularities with little or no pain to the child and without undue exertion and nerve-racking experiences to both child and dentist. Regular visits to the dentist become a healthy habit. The child soon becomes accustomed to the surroundings in the dental office, and his early fear for the dentist is replaced by a feeling of confidence and friendship, which in many instances lasts for many years after the child has attained manhood or womanhood.

It has been found that the teeth of children living in institutions, such as orphan homes, are much better than the teeth of children who live in their own homes under the care of their own parents. The difference in the number of tooth cavities between institutional children and the average school child is so great that it is almost unbelievable. Statistics obtained from institutions situated in different parts of the country under different climatic and geographical conditions are almost identical in showing low percentage of bad teeth in institutional children.

Dr. Trim Houston of Corsicana, Texas, who has been in charge of the dental work of an orphan home housing 350 children, reports that in seventeen years 508 children needed fillings in permanent teeth, and the total number of fillings required by these children was 731. In other words, the number of tooth cavities per child's mouth was 1.5. What an appalling difference between the teeth of those Texas

orphans and the average school children, of whom 98 per cent have had bad teeth to the extent of seven cavities per mouth!

The chief of the dental staff of the Marks Nathan Jewish Orphan Home of Chicago reports that in a period of ten years 3,000 children have been given dental care in that institution. The average number of tooth cavities, including all temporary and permanent teeth, is less than one cavity per child. No six year molars lost, and as a result the children of that institution have no crooked teeth. The general health of those children is excellent.

Now, why is there such a tremendous difference in favor of the institutional child?

It cannot be supposed that the orphan living in an orphan home has a better constitution than the more fortunate child who has parents and lives with father and mother. On the contrary, it is only reasonable to believe that orphans may have inherited poor constitutions and may be less resistant to decay of teeth than other children.

The answer to this perplexing question is a very simple one. Institutional children are given systematic physical care. Their health is entrusted to people whose business it is to keep children well, and, of course, these children are benefited by it. They must undergo the prescribed periodic dental examination and they must go to the dentist to have their teeth fixed whether they like to or not.

Children living at home are not compelled to visit the dental office semi-annually; they are generally brought down to the dentist after many sleepless nights, when they can stand the pain no longer. They are brought too late, for the dentist is in no position to do any constructive work except to alleviate the pain by extracting the aching tooth.

Mothers should not wait until the child complains of toothache. They must cultivate the habit of bringing their children to the dentist at least once every six months, regardless of whether there is toothache or not. This they must start as soon as there are teeth in the mouth, beginning at as early an age as six months. Only in this way can the dentist be of real service, and only in this way can the teeth of the children be preserved with the minimum amount of cavities.

Children with good teeth make much better grades at school than children with bad teeth. No child can concentrate on his school work when he is tormented by a bad toothache. Nobody can concentrate on his work when there is an aching tooth to contend with, so why expect it of a child? Backward children are a source of much worry to their parents and teachers, and their schooling is costlier to the taxpayer than the schooling of normal children.

The principal of the Morrison School of Cleveland reports that a group of backward children in that school had been given a psychologic test by an expert before their teeth had been put in good shape and after they had been attended to. The average of the whole group of backward children showed 99.8 per cent intellectual improvement. This means that by taking care of the children's teeth it is possible to show a tremendous improvement not alone in their health, complexion and general appearance, but also in their intellectual attainments.

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

In five years, beginning from 1912, as a result merely of teaching the school children of that city how to take care of their teeth, the percentage of bad teeth among these children was reduced by 33.9 per cent or more than one-third. He also reports that 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 of them retarded. In 1912, 42 per cent of the whole school budget was spent on children who were back 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. The death rate among those children from diphtheria, measles, scarlet fever and other diseases of children was reduced by more than 75 per cent.

Children should be taught to use the toothbrush before retiring and in the morning. The brush should be used parallel with the teeth, starting on the gum, going upward on the lower jaw, and downward on the upper jaw sixteen times. The surfaces of the teeth, which face the tongue must be brushed as much as the surfaces facing the cheeks and lips, and the grinding surfaces of the back teeth must also be brushed. The brush should be kept dry and clean, and before it is used it should be thoroughly washed in boiling water. Every member of the family should have an individual brush. Children should be taught to take pride in their teeth.

Children should never be scared into obedience or good behavior by threatening them with the dentist. The dentist was never meant to be a Boogie man. His work is very trying, when it comes to handling children, and parents owe it to the dentist not to make his task any harder. Little threats and even little jokes in regard to the dentist may leave a lasting impression upon the mind of the child, and that child may stay away from the dental office for years and years, and may suffer untold agony and numerous complications that undermine the health as a result of bad teeth.

The teeth can be made stronger by using certain foods and by avoiding the use of others. Foods such as apples, oranges, grapefruit, spinach, cabbage, carrots, green peas, bran bread, milk and eggs are good for the teeth. They contain certain chemical salts that go into the make-up of the tooth material (dentine and enamel). Excessive use of sugar, candy and soft and rich pastries is detrimental to the teeth. It is poor practice to follow up a hot meal with a dish of ice cream. This checks the enamel and very often shocks the pulp, or nerve of the tooth, and kills it. The teeth should be used vigorously. This makes them strong and keeps them clean and polished.

The following principles should be remembered:

1. Good teeth—good mastication.
2. Good mastication—good digestion.
3. Good digestion—good nutrition.
4. Good nutrition—good health.
5. Good health—good, strong and happy people.