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## They're your teeth: How long will you keep them? (1956)

American Dental Association

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# THEY'RE YOUR TEETH

*How long will you keep them?*

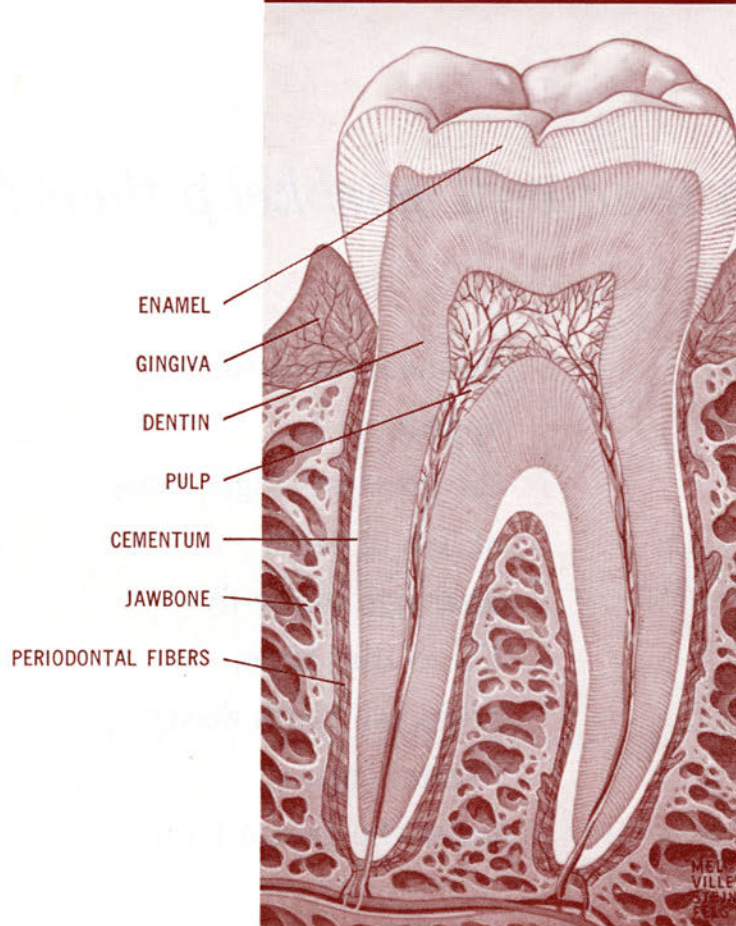
They're your teeth... *how long will you keep them?*

Periodontal disease  
appears to be  
the greatest single cause  
of loss of teeth  
after age thirty-five.  
Up to that time,  
neglected tooth decay  
(dental caries)  
takes the greatest toll.

APPROVED BY  
THE AMERICAN ACADEMY OF PERIODONTOLOGY

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DIAGRAMMATICAL DRAWING  
SHOWING THE PARTS  
OF THE TOOTH AND ITS  
SUPPORTING STRUCTURES



*The word* PERIODONTAL

The word PERIODONTAL comes from two Greek words meaning literally "around the tooth." Disease of the gums (*gingiva*) and other supporting structures of the teeth is therefore called periodontal disease.

Tissues usually involved in periodontal disease are the following: GINGIVA or gums; PERIODONTAL FIBERS, the tissues that attach the tooth to the jaws; the JAWBONE, in which the teeth are embedded, and the CEMENTUM, a bonelike substance that covers the root.

References to periodontal disease have been found in the earliest of historical records. The disease was evident upon examining Egyptian mummies estimated to have been embalmed over four thousand years ago.

Teeth and their supporting structures may exert considerable influence on our everyday life by affecting our health, appearance and emotional well-being. To help retain our teeth, we should know something of the causes, consequences and prevention of periodontal disease.

*Kinds of periodontal disease*

There are several periodontal diseases the names and symptoms of which are important only to the dentist who must treat the conditions. But there is one periodontal disease about which there is much confusion and misinformation in the minds of the general public. This is the most common form, which develops in two stages. The early stage is GINGIVITIS (*inflamed gums*) and the later stage is PERIODONTITIS (*commonly called pyorrhea*).



## GINGIVITIS

In the early stage the gums gradually become swollen; they may stand away from the teeth and bleed easily when touched. Even the chewing of food may cause the gums to bleed. Bleeding and swollen gums are so common and often cause so little discomfort that many people accept them as normal conditions. As a result, gingivitis is often neglected until it has reached an advanced stage. Then treatment is more difficult than if it had been started early.

Occasionally the gums suddenly become swollen and tender because of some infection such as Vincent's infection (*necrotizing gingivitis or trench mouth*).

## PERIODONTITIS

This disease begins as gingivitis. If gingivitis is not treated and controlled, the inflammation spreads along the roots of the teeth, the gums separate from the teeth, forming a pocket which becomes filled with bacteria and sometimes pus. As the disease progresses, the bone supporting the teeth is lost and the affected teeth eventually become very loose.

## *What causes periodontal disease?*

### IRRITANTS WITHIN THE MOUTH

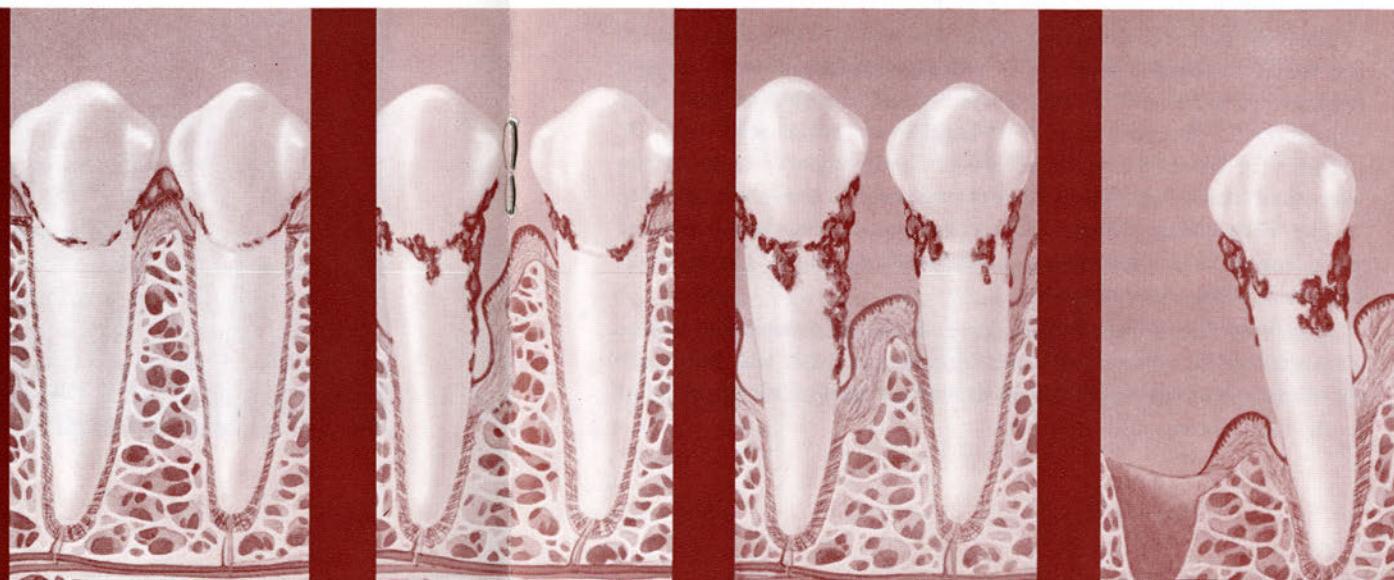
One local factor in the cause of periodontal disease is calculus, a substance which is commonly called tartar. Calculus is a hard crust-like material that is deposited on the surface of the teeth where the gums and the crowns meet. If not removed it progresses down the tooth root under the gums. It is composed chiefly of minerals from the saliva and of bacteria and other substances normally found in the mouth.

Calculus irritates the gums and sets the stage for gingivitis. Once formed, calculus cannot be removed by brushing. It can be removed only by a dentist using special instruments.

Worn-out fillings and crowns also may cause irritation to the periodontal tissues. Many times sharp edges of badly decayed teeth and food particles retained in a cavity will cause irritation of the gums. As a result of constant irritation, an inflamed condition is produced.

Food wedged between the teeth and against the gums as a result of chewing causes irritation. The loss of one tooth, if it is not

DIAGRAMMATICAL DRAWING  
SHOWING THE PROGRESS  
OF PERIODONTAL DISEASE





replaced artificially by a dentist, may cause the adjacent teeth to shift into the vacant space. The shifting leads not only to more wedging of food into the spaces between the teeth but also to improper meshing of the teeth upon chewing or upon closing the jaws. The shock and uneven pressures of these poor tooth contacts cause damage to the periodontal tissues. Teeth that do not come together properly on closing the jaws (*improper bite*) regardless of the cause, can be a factor in producing periodontal disease.

Ill-fitting partial dentures or bridges sometimes irritate the mouth. Because the tissues in the mouth change with age the best-fitting partial denture may have to be adjusted in time so that no harmful stresses will be placed on the teeth or gums.

### OTHER FACTORS

Certain diseases in their severe forms can produce changes in the periodontal tissues which weaken the resistance of these tissues to periodontal disease, for example scurvy (*lack of vitamin C*) and diabetes (*inability of the body to utilize sugar beneficially*). Destruction of the periodontal tissues in these diseases is a symptom of the general disease rather than just a sign of an unhealthy mouth. Proper care of the gums usually helps to counteract the effects of general diseases in the mouth but these diseases call for more than dental treatment.

There is evidence which suggests that severe nutritional deficiency is a factor in the development of periodontal disease or in a poor response to treatment. Some of the aspects of nutrition that may contribute to disease are: (1) inadequate or unbalanced diet, (2) inability of the body to make use of food properly and (3) the texture of food eaten. These factors may lead to lessened resistance to the periodontal disease. The consequent periodontal disease may lead to a poor selection of foods, since many coarse foods cannot be chewed comfortably.

Breathing through the mouth dries out the gum tissue and lowers its resistance to injury and infection. People with this habit are more susceptible to gingivitis, particularly around their upper front teeth, than are normal breathers.

### *Prevention of periodontal disease*

The old adage, "an ounce of prevention is worth a pound of cure," is certainly true of periodontal disease. Although severe periodontal disease is found much less frequently in children than in adults, a good deal of periodontal trouble in later life may be due to neglect and poor care of the mouth during childhood and youth. Gingivitis left untreated in young people may persist and get worse until advanced periodontal disease results.

Regular visits to the dentist, with removal of all stains and deposits (*calculus*) from the teeth are an important preventive measure. Cleaning of the teeth (*prophylaxis*) at least every six months or as often as the dentist suggests prevents a dangerous accumulation of calculus on the teeth. In this cleaning the most important factor is the careful removal of calculus deposits (*tartar*) from around every tooth. Then the teeth are polished. Periodic X-rays of the teeth may reveal changes in the bone around the teeth that are otherwise not detectable.

Proper brushing at home will help avoid the deposit of calculus on the teeth and will help keep the gums healthy. Research indicates that the greatest benefit from brushing results if the teeth and gums are brushed immediately after eating. Food deposits can be removed most easily at this time. When it is not possible to brush the teeth and gums after eating, rinsing the mouth with water may help remove some of the food from between the teeth and around the gums. Toothbrushing cannot completely prevent the formation of calculus on the teeth but it will slow down the process considerably.

While no one toothbrushing technic is best for everyone, the following is usually considered satisfactory for most people:

*With jaws slightly apart, brush the tongue-side and the cheek-side of the teeth and each jaw separately. Brush the upper teeth with a downward motion and the lower teeth with an upward movement, beginning on the gum tissue. Brush at least six or seven strokes in each area. Most people do not spend enough time in their brushing to provide the desired benefits to the teeth and gums.*



*If the gums are tender, a softer bristle brush should be used. When the inflammation and tenderness disappear one should change to a more firm bristle brush. Brush the chewing surfaces of the back teeth (molars) with a scrubbing stroke. The toothbrush should have a flat surface and firm bristles and should be small enough to reach all accessible parts of the mouth.*

Eating a balanced diet is important for the good health of all of the tissues of the body. A diet adequate for good general health will provide the nutrients essential to maintain the gums and the bones supporting the teeth.

### *Treatment of periodontal disease*

In the treatment of periodontal disease, as of other disease, it is necessary to remove the cause. The dentist must remove the calculus and polish the teeth to get rid of all accumulations.

The more advanced the disease, the more difficult it is to treat. In some instances, surgical removal of some of the gum tissue is necessary.

The correction of malocclusion (*improper coming together of the teeth when chewing*) is an important procedure in both the prevention and the treatment of periodontal disease. When the teeth do not come together correctly as a result of the loss of a tooth or because of the shifting of the teeth or for any other reason, it is important to have the missing tooth replaced by an artificial one. The chewing surfaces of the teeth must also be corrected so that the pressure on all the teeth will be even while chewing.

In certain cases the construction of splints and other appliances is necessary in order to reduce the movement of loose teeth or to lessen the effects of harmful mouth habits. There are many other measures that the dentist can use in treating periodontal disease, depending on its type and severity. Only the dentist can prescribe and perform the proper treatment after having studied the condition carefully. Although treatment by the dentist is necessary, complete cooperation of the patient in home care is most important if the treatment is to be successful.

### *Summary*

Periodontal disease, in one form or another, affects a large portion of the population. But many people are not concerned about this disease since, in its early stages, it is rarely painful. If left untreated, periodontal disease often results in loss of teeth and may adversely affect general health. Yet, the disease and the resultant loss of teeth can be prevented.

Regular dental examination at intervals recommended by the dentist and proper care at home are essential in preventing periodontal disease. If, however, you notice any of the following disturbances, you should consult your dentist immediately:

1. bleeding of the gums during toothbrushing
2. persistent unpleasant breath (*halitosis*)
3. gums separating from the teeth
4. looseness or sometimes shifting of the teeth

If these symptoms are not cared for, both in the dental office and by the patient at home, the gums may become swollen or puffy and tender or painful, and the teeth may loosen and fall out.

Available dentifrices, either tooth pastes or powders, and mouth washes do not have any curative value in themselves in the treatment of periodontal disease and cannot substitute for careful toothbrushing and treatment by the dentist. Home cures for "pyorrhea" as advertised in some newspapers and magazines are of no value and may instead be harmful.

How long you will keep your teeth depends on the care you give them.



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