

should be filled, if defective, and kept in good condition. It is, if possible, more important that the child should have good teeth than the adult. This is necessary for several reasons. First, the child must have its food thoroughly masticated in order that the digestive organs may not be overworked and assimilation and nutrition interfered with during the period of growth and development. Many a child is stunted mentally and physically by neglect of the temporary teeth. Second, for the sake of cleanliness and protection from diseases, which may enter the system through diseased and defective teeth. Third, for the sake of the permanent teeth, the development of which is seriously interfered with, when the temporary teeth are lost prematurely. Fourth, they are necessary as a guide for the proper position of the permanent teeth. Fifth, for the comfort of the child, and, sixth, for the sake of appearance.

The temporary teeth are normally all shed when the child is ten or eleven years old. The permanent teeth are thirty-two in number, sixteen in each jaw. The first of the permanent teeth to appear are the lower centrals and laterals, while about the same time, the first permanent molar (two in each jaw) come into view immediately behind the temporary teeth.

For the very reason that these molars appear so early while the temporary teeth are still in position, they are often mistaken for temporary teeth, and therefore considered of little importance by the parents, so no special attempt is made to preserve them.

These, in fact, are the most important teeth in the mouth. They are not only the largest, but are the keystone of the arch; serving as guides for the proper position of the teeth to follow. The bicuspid (four in each jaw) are in place usually at eleven and sometimes much earlier. The second molars are the next teeth to erupt. They appear about the twelfth year and when the jaws are fully developed, the wisdom teeth (third molars) come into position, if there is sufficient room for them.

The teeth of the patient should first of all be cleaned (to use a common expression) by the removal of all stains and deposits found around the necks and surfaces of the teeth.

If there are irregularities, due to abnormal conditions, such as adenoid growths

in the posterior nares (and, hence, mouth breathing) or others due to thumb sucking, these should be attended to as soon as discovered, before the patient has reached adult life. Regulating appliances should be used and the teeth put in their proper relationship to each other. This is necessary not only from the æsthetic standpoint, but because of the greater susceptibility to decay, due to the difficulty of keeping the teeth properly brushed and also because of the serious interference with mastication, ending in poor nutrition and an anæmic condition of the patient. In fact, so important has this branch of dentistry become, that we have dental specialists (orthodontists) who devote their entire time to this important work.

If there are cavities, these should be filled. For the temporary teeth, oxyphosphate cement or amalgam are chiefly used for the posterior teeth, and oxyphosphate cement or artificial enamel fillings may be inserted in the anterior teeth. For the permanent teeth, there is possibly a greater variety of filling materials to choose from. Gold is desirable for posterior teeth, if it can be inserted in the form of a well-fitting inlay, and hermetically sealed in the cavity by a lining of cement. Large gold foil fillings have been superseded largely by gold inlays. Amalgam or alloy fillings are undoubtedly the most commonly used for posterior teeth, and in the hands of an ordinarily skilful dentist excellent results are obtained. The writer saw recently an amalgam filling thirty-five years old, and it was still rendering good service in the mouth of the patient. These two classes of fillings may be regarded as permanent fillings as compared with cement fillings, which the fluids of the mouth tend to dissolve and wash out. They are used, therefore, only under certain conditions.

For the anterior teeth, gold is the ideal filling, as far as permanency is concerned, but in many cases, its appearance is unsightly. Porcelain has a limited use for several reasons. First, the difficulty of obtaining an exact shade. Second, its great friability where thin surfaces or edges are concerned. Third, the greater expense due to the skill required and time consumed in manipulation and baking. Fourth, the danger of discoloration around the margins after the cement has been partially dissolved out by the fluids of the mouth. Silicate cements (artificial enamel fillings)