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## ORIGINAL COMMUNICATIONS.

### EXPLORATION OF THE MOUTH.

BY W. H. WAITE, D.D.S., LIVERPOOL, ENGLAND.

In order to make a thorough examination as to the condition of a patient's mouth, it is desirable that the seat of the operating chair should be raised, so as to bring the mouth within casy command of the operator's eye, without necessitating any awkward or uncomfortable attitude. The patient, being seated, may be directed to rinse the mouth with tepid water, in order to remove any fragments of food, mucus, etc., which may be lying between the teeth. Then, defending the lip by a napkin, a probe is taken, and exploration commenced upon the right dens sapientia, proceeding around the upper jaw to the left wisdom tooth, then descending to the lower of the same side, return to the right lower wisdom teeth. The points of each tooth most liable to the attack of disease may be thus enumerated :

3rd molars. The disto-buceal angle, and masticating surface.
2nd molars. Masticating and buccal surfaces.
1st molars. Masticating and mesial surfaces.
2nd bicuspids. Distal, and often mesial surfaces.
1st bicuspids. Mesial, and sometimes distal surfaces.
Canines. Approximal, specially distal surfaces.
Laterals. Approximal surfaces, and lingual rarely.
Centrals. Approximal and labial surfaces.

These may be called the highways of disease, but careful examination frequently discovers various by-paths in divers directions.