

mended for it. About 3,000 mouths were healthy, over 1,000 unhealthy, and the rest—about 200—very unhealthy.

In the combined grades IV of the city schools 543 pupils were examined. Average age slightly over 10 years, 138 tooth-brushes; 118 with irregularities; 15 with V-shaped arch; 66 mouth breathers; 1,679 cavities; 55 without cavities; 34 with fractured teeth; 18 with alveolar abscesses; 19 with pyorrhoea; 169 with calculus; 24 with no first molars; 27 under treatment; 365 treatment recommended; 362 healthy mouths; 159 unhealthy; 22 very unhealthy.

Taking at hazard the Bloomfield Street School, we find amongst 281 pupils examined:—

V-shaped mouth	7.50%
Irregularities	36 %
Mouth breathers	31 %
Average number of cavities	5 %
Under treatment75%
Healthy mouths	85 %
Unhealthy mouths	14 %
Very unhealthy mouths75%
Without cavities	2.87%

Our statistics show that under the heads, healthy, unhealthy, very unhealthy in early life, that is in the lower grades—the percentage of healthy mouths is comparatively high. Every increase in age has its corresponding decrease in percentage. This phenomenon is explained in part by the increasing number of decaying teeth; by the continued neglect of the elementary laws of hygiene; and, by systemic disturbance due to alveolar abscesses and the breaking down of the tooth tissue. The food becomes contaminated during mastication by the decomposing products lodged about the teeth as well as by bacteria in immense numbers. Even the air becomes vitiated in passing to the lungs over the contiguous tissues.

At this point it would be well to call your attention to the large percentage of mouth breathers to be found in public schools. This condition is usually an indication and indeed the result of other trouble more remote. The treatment of which is a minor surgical operation. Neglect this and in many cases the power to concentrate is lost; the vacant stare and dullness of intellect supervene, and the child who might have been a good student is seriously handicapped by conditions not mental, but physical.

We would most respectfully urge upon you that the present school training is insufficient to adequately impress upon the child the importance of the proper care of the teeth and oral cavity. That this is true the statistics quoted are proof sufficient.

It has been and still is the popular belief that the results of decayed teeth and unhealthy gums are purely local in their character. A greater mistake never was made. One of the first considerations in preventive medicine is a healthy mouth. As is well known by the medical and dental profession, the bacteria and toxins from alveolar abscesses, and the accumulation of sordes about the teeth in an unhealthy mouth are far-reaching in their effects, not only by frequently causing intestinal or systemic diseases, but by their continued presence also aggravating and complicating the pathological process of delaying or preventing their return to the normal in spite of the most skilful and scientific treatment.

It will thus be seen that the care of the mouth is not a matter of little or no importance, and we would urge that the following suggestions, printed on the back of the dental notice for parents, should be repeatedly impressed upon the minds of all children in the public schools.

CARE AND PRESERVATION OF THE TEETH.

Too much stress cannot be laid on the preservation of the teeth. Apart from consideration touching personal appearance, good teeth are essential to thorough mastication of the food, without which there cannot be perfect digestion or health. Children should be taught to chew their food slowly and thoroughly.