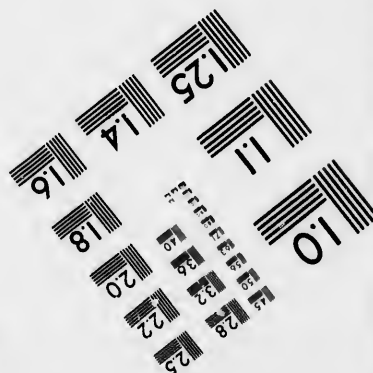
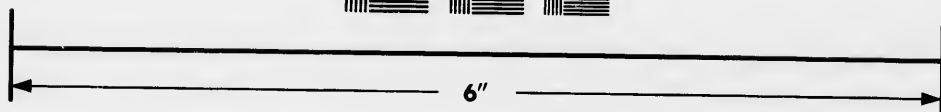
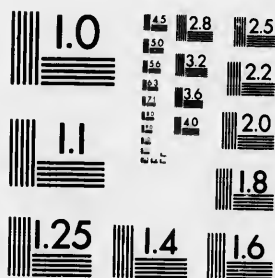


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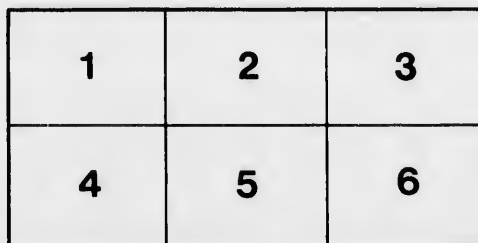
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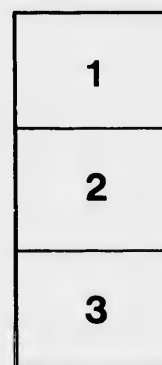
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School-Children's TEETH.

THEIR
Universally Unhealthy
AND
Neglected Condition.

BY
J. G. ADAMS, L.D.S.,
TORONTO, ONT.

Price 15 Cents.

Proceeds from sales devoted to the care of the Teeth of
poor children.



School-Children's Teeth.

THEIR
UNIVERSALLY UNHEALTHY
—AND—
NEGLECTED CONDITION.

THE ONLY PRACTICAL REMEDY:
Dental Public School Inspection
—AND—
HOSPITALS FOR THE POOR.

BY
J. G. ADAMS, L.D.S.,
TORONTO, ONT.
1896.

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PREFACE.



THE OBJECT of the writer in publishing this pamphlet is three-fold:

- (1) In the hope of awakening the Christian people to the absolute need of doing something in the way of providing for the preservation of the teeth of the children of the poor.
- (2) To give school-children, in general, a chance to save their teeth with as little suffering and expense as possible.
- (3) To improve the health of the children of the schools.
—The object of the dentist should be TO PREVENT SUFFERING rather than to relieve it.

If the publishing of this pamphlet should have that effect, then the writer will not be sorry that he has passed through the very trying and discouraging experiences which he has met with in his efforts to bring about a much-needed reform.

The pamphlet is the outcome of the opposition to such reform. It is written free from technical terms so that all may understand it.

J. G. ADAMS, L. D. S.

TORONTO, May 11th, 1896.

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AUTHOR'S REMARKS.

It will be seen by the headlines and folios of the latter part of this book that it has been printed from plates belonging to another book that I have published under the title of "A Strange Experience in a Strange City," being a history of this reform and the first Dental Hospital in the world for the preservation of the teeth of poor children. No person can read the facts it contains without being convinced of the truth of that adage, "History is constantly repeating itself." Let me ask, Does it not seem strange that all reforms for the good of humanity should receive their strongest opposition from those who above all others should be the most interested in advancing them? Another noticeable fact in the history of reforms is that God uses this very opposition to accomplish his purpose. This will be seen in a very marked manner in this case. A few years ago, when I began advocating this reform, as far as human help was concerned I stood alone, and by some persons I was called a "crank," and the reform I was advocating was pronounced a fad that ought to be frowned down. However, the difficulties that I had to face, instead of discouraging me, forced me out of Toronto to investigate the condition of children's teeth in other cities. The result of this is, that instead of my mission work being confined to Toronto and to the care of a few thousand of poor children in that city, God has enlarged the mission field so that it now takes in the whole continent, for He is sending me out everywhere to protest against the present *heathenish* and *inhuman* custom of extracting permanent teeth out of the jaws of young children. The reading of the facts in this book has reversed public opinion, so that now this reform, instead of being called a *fad*, is acknowledged to be one of the most important sanitary and humane reforms of the nineteenth century. It has been endorsed by the Toronto Trades and Labor

AUTHOR'S REMARKS.

Council, the Toronto Dental Society, the Toronto Public Press, the Ontario Provincial Board of Health, the Hamilton Woman's Council, the Michigan State Dental Convention, the Ontario Eastern Dental Convention, and it is now being advocated by the Toronto Public School Board, who have lately petitioned the Ontario Legislature for the enactment of a law, giving the School Boards the power to require all school-children to have their teeth examined before entering school, and also twice during the year.

This is very encouraging indeed, but still it will be perhaps a year before such a law can be put into operation, during that time hundreds of thousands of valuable permanent teeth in the mouths of the school children of Canada will be lost to the children forever, just because their parents are not aware of their true condition. The question now arises, how to get these books before the parents in the cities and towns before the summer holidays, so that they can get their children's teeth filled during the holidays, and while the days are long and much of the work can be done after school before dark.

My family and I have spent many thousands of dollars trying to save the teeth of the poor children of Toronto, therefore, if we have valued their teeth so high, surely every parent should be interested enough in their own children to buy a copy of this book, containing valuable information on children's teeth. School boards and teachers also should be interested in having the book placed in the homes of their school children, and thus help this reform along. The price of the book is but a trifle, and the proceeds from the sale are for the suffering poor.

THE HAMILTON SCHOOL BOARD have in a practical way shown their interest in the subject, by inviting me to give them a talk on school children's teeth, and by ordering copies of this book for each of the members of their board, the inspector and principal of each of their city schools.

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SCHOOL-CHILDREN'S TEETH:

Their Universally Unhealthy and
Neglected Condition.

BY

J. G. ADAMS, L. D. S.,

TORONTO.



A FEW WORDS to parents and others who are
interested in children :

In the closing years of this nineteenth century I am sure you do not wish to be kept in ignorance of any danger that threatens the health and prospects of the rising generation. Moreover, I am sure you do not believe in that old adage :

"Where ignorance is bliss, 'tis folly to be wise."

I therefore wish to lay before you some facts which I have gathered from *experience and personal observation and investigation* in reference to the sad condition of children's *permanent* teeth of the present day. To my mind there is no subject that should be of more interest to you than this, whether viewed from a *parental, sanitary, educational, scientific or humane* standpoint ; it is one that is *thrilling* with interest.

On this subject very little has been written ; but the universally unhealthy and neglected condition of children's teeth is such that silence on my part, knowing their con-

dition, as I do, would be criminal ; for very few parents are aware of the wholesale sacrifice of their children's *permanent* teeth, as they suppose that the teeth that are aching are their *first* teeth. But if they could see their condition, as I have, they would be alarmed, and would, I think, do something to prevent it.

For the past twenty-four years, in addition to caring for the teeth of the children in my regular practice, I have, with the aid of assistants, carried on Dental Hospital work among the children of the poor of Toronto, filling the teeth *free* for as many such children as I could gather in. Besides this, I have examined the teeth of large numbers of children in the public schools of the leading cities of Canada, and of some of the American city schools, including the largest German school on the continent. I have furthermore examined the teeth of the Indian tribes on the Georgian Bay, and of hundreds of children just out from England, besides a number from Syria, Russia and Japan. The examination of so many thousands of children, comprising those of different nationalities, has given me an *exceptional opportunity* of noting the *condition* and the *change* that is taking place in their teeth. I shall not here touch upon the cause, but shall confine myself to the condition, as I find it, and to the only present practical remedy.

I find that children's teeth decay at a much earlier period than they did formerly, and that the quality of the teeth is so much inferior that, unless they are filled as soon as they begin to decay and while the cavities are small, they are soon past all hope of being saved. I am speaking of the permanent teeth ; not only of the sixth-year molars, but also of the twelfth-year molars, bicuspid and superior incisors which now very frequently begin to decay within a year or two after being erupted. I have examined the teeth of a large number of adults from fifty to seventy years of age, who, like myself, have first-class sets of

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teeth, far better now than *ninety-five per cent.* of the children of to-day. In every city I visited I found the teeth of the children in the same neglected condition. Though almost every child had teeth requiring to be filled, there were not *five per cent.* who had any filling done. I found only one child whose teeth had been filled at the right time; the rest had been neglected until they were very far gone and were hardly worth being filled, showing that their parents were not systematic in attending to them, but only did so when the children had suffered very much. I did not find, in the schools, *three per cent.* of the children with as good teeth as I have at fifty-seven years of age.

In every kindergarten school I examined I found many of the children with from two to four of their permanent teeth decayed, while mine, that I got at their age, are perfectly sound. I cannot, by words, picture the exceedingly unhealthy condition of the teeth and mouths of a large percentage of the children in the various schools I examined. About from *one to five per cent.* of the children had sound sets of teeth; *fifteen per cent.* had teeth fairly good, but some of them requiring to be filled; about *fifty per cent.* had many teeth decayed, some of which were so very badly decayed as to make it difficult to save them, as they would require to be treated for days or weeks, and that heathenish operation performed—the *destroying of the nerve pulp*, an operation that should never be performed on a child; and yet, what can the dentist do when the parents bring their children in such a neglected condition? He has either to destroy the nerve or extract the permanent tooth, which operation is a still more cruel and barbarous thing to do. About *thirty per cent.* of the children I found in a still more neglected condition; the teeth and mouths of many of them were so disgusting that no dentist would think of working for them until their mouths had

been disinfected. Many of the children under twelve years of age had from eight to twenty permanent teeth in various stages of decay; large numbers of them were dead teeth, mere shells, filled with decomposing food; other teeth were abscessed and the gums covered with vile disgusting pus, which in many cases was very copious.

How shall I describe the furred condition of the tongue and the foul gases emitted from the mouths of such children, which were veritable hotbeds for every species of bacteria, having all the elements necessary for germination—heat, moisture, decomposing food and teeth, together with the foul gases arising from them and the stomach! What better conditions could bacteria have? Our health authorities are very careful about having all bones and refuse removed from yards to prevent the air from being polluted; and yet school children by the tens of thousands are compelled every day to bring their vile, dead, rotten “bones” to school to contaminate the air of the overcrowded rooms and spread disease among the children whose parents have been careful about their teeth. When sickness breaks out in the school (and it is often doing so) the health officer, at great expense, searches the buildings, drains and closets to find the cause, not suspecting that it is often in the children themselves, who have been weakened by *slow poison*.

I consider it a crime to compel teachers and children who take good care of their teeth to sit in the same room with such children. Remember, many of these were not poor children whose parents were not able to get their teeth filled, but children whose parents were in comfortable circumstances and were both willing and able to care for them; but, unfortunately, they were not aware that their children's teeth were in such a condition, but supposed that the teeth that were decaying were their

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first teeth, and that Nature was helping to get rid of them by decay, in order that *new teeth* might take their place.

In every school I examined I found children whose permanent teeth had forced the roots of the deciduous teeth out through the alveolar process, and the rough, jagged points had lacerated and worn away the cheeks and lips, making a hole, in many cases, large enough to hold a walnut. Cancers often result (though not in children) from such laceration! I found many of the children who for months had not been able to masticate solid food, and their pinched, half-starved faces told how they were being injured.

Mr. Levi Clark, principal of one of our schools, said, at a public meeting in the interests of the children, that the result of the examination of the children's teeth in his school was a revelation to him, and that he could not see how it was possible for the children to attend school at all, with their teeth in such a shocking condition. But he said they were so ambitious to get their certificates that they would continue at their studies even while suffering great pain, and would come to school with their faces swollen and covered with tears, but that at last they were compelled to go home.

The examination of 25,000 city school children, some in Canada and some in the United States, shows that one-half of them have suffered so much from abscessed teeth at night that they could not sleep; one-fourth of the children were not able to attend school, some for days and many for weeks; and that out of these 25,000 children only 2,200 had teeth filled this year, though most of them belonged to the well-to-do class of our cities. There are more than 100,000 permanent teeth in the mouths of the school children in Toronto alone that are going to destruction without any effort on the part of their parents to save them. Who can estimate the unnecessary loss sustained or the suffering

endured by these children, and the millions of others on this continent who are in like condition? ! 'Tis a sum that cannot be computed, for the effects will not end with the death of the children, for those who live long enough to marry will hand it down to their children, and the world will be populated with nervous dyspeptics !

I shall now point out some of the ways by which the children whose teeth have been neglected are injured, and then show how the bad condition of their teeth affects the health of the teachers and of the other children in the school whose teeth are kept in good condition. First, these neglected children suffer excruciating pain with toothache and neuralgia, often for weeks at a time, so that they cannot eat, sleep or study, and consequently become nervous and irritable. This prevents them from succeeding with their studies, and they soon fall behind their class and become discouraged, thus interfering very much with their education. In the second place, these children (not being able to properly masticate their food, which is consequently not thoroughly mixed with the saliva) bolt down their food in coarse chunks which irritates the stomach and bowels, causing indigestion, dyspepsia and diarrhoea. An eminent English doctor, writing on this subject, says that he considers that the rapid increase of intestinal troubles among the children in England, so often ending in death, is directly attributable to the unhealthy condition of their teeth.

In the June number of an English quarterly magazine, published by C. Ash & Son, I found an interesting paper *on the decay of the teeth* in the National Schools of Germany, written by Dr. C. Röse, of Freiburg, Baden, and read at a meeting held in Vienna, in which he shows that the children's teeth there, also, are deteriorating very fast, and that very little attention is given to their preservation. In one district, out of 6,300 school children examined by him ninety-eight per cent. had

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decayed permanent teeth, and yet out of that number only twenty-seven children had teeth filled. He further says that in various places which during the last few years had been heavily scourged with diphtheria epidemics, it struck him that the children, in their thirteenth and fourteenth years, possessed exceptionally good teeth in comparison with those of more tender years. This fact, he says, can only be explained in this way: That the children with bad teeth had to a greater extent succumbed to severe forms of diphtheria, inflammation of the lungs, and other infectious diseases. He says that Miller and others, it is known, have shown that most of the disease-bearing fungi appear at times in the unclean mouths of healthy people.

In his opinion, during an epidemic, the diphtheretic fungus will penetrate for a time to the mouths of nearly all the children in a school. He says: "In a clean, well-cared-for mouth, it does not find favorable conditions for its development, but grows vigorously in and near the roots of the teeth of a badly-tended mouth. The most effective sanitary measure in the treatment of diphtheria, during the disease and before, consists of the frequent thorough cleansing of the mouth and throat. A mouth with good teeth and tense gums can naturally be cleaned by rinsing, etc., much more easily than can one with diseased roots and loose gums. *The most important preventive sanitary measure on the appearance of any epidemic is the most careful attention to the mouth.*"

His investigations reached the figures of over 13,000 school children. "The results of these investigations," he says, "should be sufficient to convince the German Governments of the necessity of dental hygienic measures in the National Schools. This is a duty the Governments cannot shirk."

I am pleased to be able to give you these extracts from his paper, as they so fully correspond with my own

experience in this country, and add greater interest to this subject. Some people say : "We look after our own children's teeth, let others do the same ; if they do not do so, let them suffer ; it will not affect us." My reply is : Do not be too sure ; wait until I have finished this paper, and see if I have not shown that the teachers and the other children in the school are being injured by those children whose teeth have been neglected. Your children have to sit in the same room, side by side with them, inhale the same air, and drink from the same cup as these children do who are in the large majority.

How to thoroughly ventilate the over-crowded school-rooms is a *vital* question, as the health of the children depends greatly on its being successfully done. The way most school-rooms are constructed makes it impossible to properly ventilate them, particularly during the six months when a fire is required, and when economy of fuel and fear of draughts compel the windows to be closed. If you could find a room where all the children are clean, and their teeth and mouths in a healthy condition, still the air would soon become more or less foul. But such favorable conditions cannot be found ; for in every school-room there are large numbers of children whose mouths are in the diseased condition I have described, giving out foul gases, than which nothing can be more vile. This is not all. These children, as I have shown, are not able to masticate their food properly, the result being indigestion, dyspepsia, and alimentary troubles, causing a superabundant quantity and quality of vile gases, generated from the unmasticated, undigested, decomposing foods in the stomach of so many of these children. These gases are constantly passing from them to foul the air, which your children and the teachers have to breathe for six hours a day ; and remember that this air is heated up and breathed over and over again, and is always getting viler as the hours pass by. Allow

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me, on this subject, to again refer to Dr. Röse's admirable paper, in which he says: "The first sanitary care, as is known, in the construction of a new school building at the present day, is devoted to the question of fresh and wholesome air." "Every dentist," he says, "knows the shocking odors which a single person with an unclean condition of the mouth is capable of exhaling. Now imagine fifty to eighty school children exhaling such pestilential odors, packed together in a more or less small room with defective ventilation, and you have the condition as it exists in many of the German village schools which I examined." He further says that he has often pitied the teachers who daily for six hours are compelled to inhale this pestiferous air.

Let me here say that his description of the air in the German schools is not worse than I have found it in some of the city schools I have visited. On this subject of school ventilation, it seems to me that one of the most common-sense ways of removing the great difficulty in ventilation is not to allow the children to bring any more *filth* into the school-room than can possibly be avoided. So much for the air your children have to breathe for six hours a day during five days of the week; but that is not all the poison they receive from these children. In order to make this more clear to you, I will give you the history of a neglected tooth. The history of this tooth is one of interest for several reasons: First, because of the legal action it incurred and the decision given; second, for the effect on the owner of the tooth; third, for the hundreds of dollars it cost the taxpayers of the city in which it transpired; and last, *but not least*, for the practical lessons that may be learned from its history.

This noted tooth was a right inferior, permanent molar, belonging to an eight-year-old boy named Fred Gee, who lived with his parents on King St. in the city of Toronto. Fred was often troubled with this molar, particularly

at night after going to bed, which is generally the case with a person troubled with an abscessed tooth. So much was Fred troubled that he could not sleep. His mother tried all the customary remedies to give him relief, expecting that the tooth would soon drop out, never suspecting that it was a permanent tooth. Instead of its getting better, it got worse; then the family physician was called in. He prescribed a linseed poultice to be applied on the face; this caused the abscess, which was forming, to point on the outside of the face. A day or two after, the physician called and lanced it, leaving the tooth, which was the cause of the trouble, still in the mouth, the result being that instead of Fred's face healing up, the pus continued to discharge. The children of the school thought that Fred had some contagious disease and objected to sitting in the same room with him. The parents of these children complained too about it, and Fred was sent home from school and not allowed to return. The pus continued to discharge for more than a year, and would have continued to do so for years longer, had it not been that another physician was called in to see one of the other children who was sick. His attention was called to the condition of Fred's face, and he was told that the pus had been discharging for more than a year, that Fred was not allowed to attend school on that account, and that the other physician had frequently told them that it would be dangerous to heal it up, as it would be almost sure to cause blood-poisoning, and perhaps end in the death of the child. Let me stop here to say that this is a very common belief, even among well-educated people as well as among some of the old-time physicians, as it was in this case; and for that reason abscesses are allowed to continue to discharge for years. I am constantly meeting with such cases, where young girls and boys are being disfigured for life from the effects of having their faces

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poulticed, and the abscesses left to discharge for years—cases where young women have had to wear handkerchiefs on their faces for years, to cover the disgusting appearance of the abscesses. I have a very serious case at the time of writing this,—a case where a young woman's health is being wrecked, through having thus been neglected, until a large portion of the jaw has become diseased. If any person doubts the frequency or seriousness of such neglected abscesses, I would refer them to any dentist who has had a lengthened experience in his profession. In a city where there are many experienced dentists, it seems to me strange that physicians do not oftener call in one of these dentists for consultation. It could not possibly do any harm, and would often save their patients unnecessary suffering and disfigurement, as alveolar abscesses are very often mistaken for tuberculous troubles, with which they some times become complicated.

Last winter a poor woman brought her daughter into the Dental Hospital to have a tooth filled. I found an abscess on the side of her face which was disfiguring her very much. I asked her mother how long it had been discharging. She said that it had been so discharging for four years. I asked her why she allowed her child to continue so long in such a diseased condition, as it was not only disfiguring her, but was injuring her health. She said that every person to whom she had shown the abscess, had told her that it would be sure to cause blood-poisoning if it were healed up. The girl herself said that the odor from it was something awful, and that she could hardly bear it herself, and yet, through ignorance, she had been compelled night and day for four years to inhale this foul and poisonous gas. I examined her teeth and found that a dead root was the cause of the trouble, and so, removed it, and in a short time the discharge ceased, and her face healed up. The simple

remedy is to take out the dead tooth or root that is the cause of the abscess, and the trouble (if not complicated by necrosis of the jaw, which very often happens when neglected too long), will soon cease, as I will show was the case with Fred.

But to return to my story: We left Fred with the new physician, who was diagnosing his case. He found, first, that there was an abscess on the face, discharging pus, just below the inferior maxillary bone, and that in the mouth there was a badly decayed inferior molar tooth, with the nerve pulp dead, close by the fistulous opening on the face; second, that the tooth had often ached at night (not in the daytime), showing that the pain was not caused by a live, exposed nerve pulp; third, that his face had been poulticed to relieve the pain in the tooth, and that as soon as the poultice had drawn the abscess to a head, and it had been lanced, the pain ceased, and though the tooth had remained in the jaw over a year, yet, as the pus had continued to discharge, the tooth had given him no more pain. So he decided that the tooth was the cause of the abscess, and consequently extracted it. One of the roots was black, rough and much absorbed, showing clearly that he had correctly diagnosed the case. The after-results also prove this, for in two weeks after it had been removed the pus ceased to flow, and Fred's face healed up, and though two years have passed since then it has not discharged any more. I saw Fred a few weeks after the tooth had been extracted, and in company with another dentist, who like myself had met with and treated many such patients with abscesses on their faces of long standing, caused by neglected teeth. This dentist spoke very highly of the new physician, who, though a young man, had shown that he understood his profession. You will no doubt think that as Fred's face is now healed up we have come to the end of this history; but not so.

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Though this new physician had given Fred a certificate to go to school, saying that he was all right and that he had no contagious disease, yet the certificate was not accepted, and Fred was again sent home broken-hearted, the result being that his father entered an action against the Public School Board for damages, claiming that the child was being deprived of his education, and that his business, too, was being injured by it being reported at the school that Fred had a contagious disease which deterred his customers from buying groceries at his store. The School Board engaged eminent counsel to defend the suit, which came before a learned judge. The defence claimed that it was dangerous to the other children in the school to have Fred there with an abscess discharging pus on his face. A number of physicians were called on for the defence. They all agreed that it was not safe for him to be in the school, as there was a possibility that some of the pus might come in contact with a cut or scratch on the person of some of the other children, and thus cause blood-poisoning. One doctor said that some of the pus might drop on the floor, and, when dried, that some of the germs in it might be circulated in the air of the room, and thus come in contact with a cut or scratch on some of the children. The evidence they gave was so clear that His Honor, without sending it to the jury, gave judgment in favor of the School Board, saying that the Board had done right in suspending the child in the interests of the other children of the school. The costs of the court, \$364.00, was assessed to Fred's father, and to collect which the bailiff was sent to seize the household and grocery effects; but, as these belonged to Fred's mother, he could not take them. The result was that the taxpayers of the city paid the costs. Of course the taxpayers of Toronto never think anything of a small bill like that, as they are so used to paying large ones!

Now, I think you will admit that the history of this neglected tooth is unique indeed. My object in giving it is, that we may draw lessons from it which, I trust, will be of use to the children of our schools, and will prove to you *that it does make a great difference* to you whether your neighbors take care of their children's teeth or not. My first point is this: If it was dangerous (and it was settled by law that it was) to have a child sitting in the school with an abscess discharging pus on the outside of his face, though it was where it could be seen and avoided, how much greater must be the danger your children, and all the children of this Dominion of Canada are in, when I tell you that in every school there is not simply one child, but many children, not with one abscess, but with many abscesses, not on the outside of the face, where they can be seen and avoided, like Fred's, but concealed in the mouths of outwardly clean and well-dressed children, like your own. In the mouths of these children I have seen large quantities of vile, poisonous pus, from their dead, abscessed teeth and roots, which are continually gathering and discharging in their mouths every time they take cold. This they frequently spit on the floor, to dry up and mix with the air of the room for your children to breathe. There are thousands of such children in the well-to-do schools in Toronto, the condition of whose teeth is a disgrace to a city claiming to be civilized!

The principal of one of our best schools told me that there were many such children in his school belonging to wealthy families, but that he did not dare to say anything to them for fear of giving offence, adding, however, that he always tried to keep as far from them as possible. Other teachers have told me the same thing, and thanked me for the effort I was making to bring about a reform; so you see it is not from the condition of the children of the poor only that your children are in danger.

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This girl came to the Dental Hospital suffering with a tumorous growth on her face, caused by an abscessed tooth similar to that of Fred's. She told me that it had been discharging for two years, and that she had been to the General Hospital where the surgeon in charge placed her upon an operating table, and then having explained to the students (by way of a clinic) all about the tumor, he cut it off and said that it would not return. However, instead of getting better and *not returning*, it got worse than before, the consequence being that the patient was not able to attend school for two years. When I examined her mouth I found that the tumorous growth was caused by the roots of a lower tooth which a physician had attempted to extract but had broken. I showed this child to two of the physicians of the school board, who agreed with me that the growth on her face was caused by the abscessed roots. One of the physicians kindly gave her chloroform and I extracted the roots, the result being that in two weeks time the abscess healed up and gave her no more trouble. She was from the same school as Fred Gee, whose neglected tooth cost the taxpayers of Toronto \$364.00.



FRED GEE.

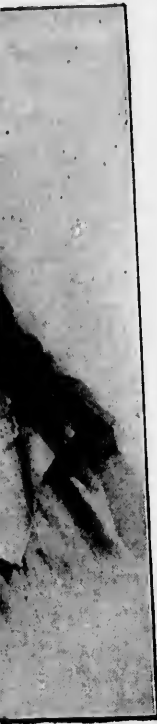
This fatherless child was sent into the Dental Hospital by the principal of one of our city schools. Like the last mentioned child she had a large tumorous growth which was discharging on the under side of her lower jaw, the result of a neglected tooth. As in the case of each of the other children, her physician had prescribed a poultice for the face, and after the abscess had formed had lanced it, leaving the tooth still in



the mouth. The child's mother told me that the physician had been treating the tumorous growth on her face for six months, and had prescribed cod liver oil to build up her system, which was being run down by the discharging abscess. In this case, as in the others, I extracted the abscessed tooth.

This photo' of her was taken four months after the tooth was extracted. Her plump face speaks for itself, and shows conclusively that she no longer needs *cod liver oil*.

These illustrations, I think, are enough to show the folly of applying poultices to the face. The better way would be to roast a fig, cut it open, and apply the inside portion of it to the swollen gum near the diseased tooth. This will bring the abscess to a head *inside the mouth*, and avoid disfigurement of the face. This treatment is only applicable in cases where the gums begin to swell.



These children of whom I have been speaking are more or less feverish, and often go to the drinking-cup to quench their thirst. On the edge of the cup they leave more or less of this poisonous pus. Your children, not suspecting any danger, follow them, and put the same edge of the cup to their lips. If they happen (and they often do) to have a cold-sore, crack or pimple on their lips, there is danger of inoculation; but, if there is no danger from blood-poisoning, the thought of your children drinking out of the same cup that these children have fouled is disgusting enough. But this is not all the danger to which your children are exposed, for you know the universal custom children have of chewing gum. Little children often lend their gum to their playmates, and it sometimes passes to the mouths of several children, where it is crunched into these vile, hollow, abscessed teeth, and mixed with the poisonous pus. The thought of your clean, innocent little children taking this gum and placing it in their mouths is sickening indeed, and yet this is being done every day all over this continent. When visiting the schools in the Eastern cities I noticed, just before going into one of them, that a number of the children outside were chewing gum. After I had examined the teeth of the children in this school, the principal asked me to say a few words to the children on the importance of taking good care of their teeth, and in speaking to them I asked how many of them were in the habit of chewing gum. Immediately the hand of every child went up, showing how prevalent is this custom.

Is it not time that something practical was done to prevent this wholesale sacrifice of the children's teeth? Instead of trying to relieve pain and heal disease the true sanitarian, by anticipation, goes before it, crying: "Halt! You cannot enter here!" Since it has been proved by practical experience that the strict enforcement

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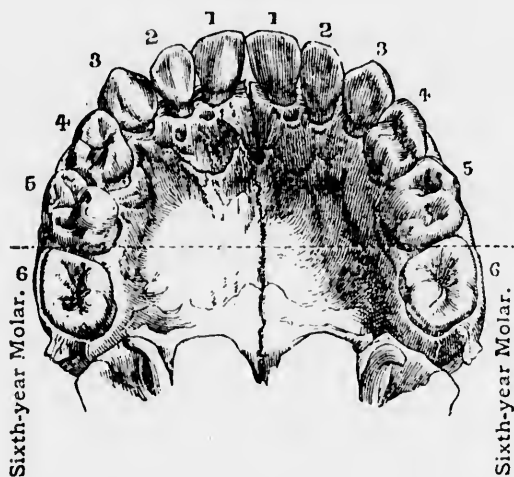
of sanitary laws, though they may often seem harsh, has greatly improved the general health and saved valuable lives, why should it be considered a "*fad*" when I advocate sanitary reform in reference to the teeth?

I wish here to call attention to this fact, that in reference to the other parts of the human system, when they become diseased, Dame Nature comes to their aid and tries to relieve them, but not so with the teeth of the present day. When they become diseased she leaves them to go to destruction, though she has done this much, she has placed them in a position where they can be seen and their condition watched without difficulty, if their owners have enough common-sense to do so.

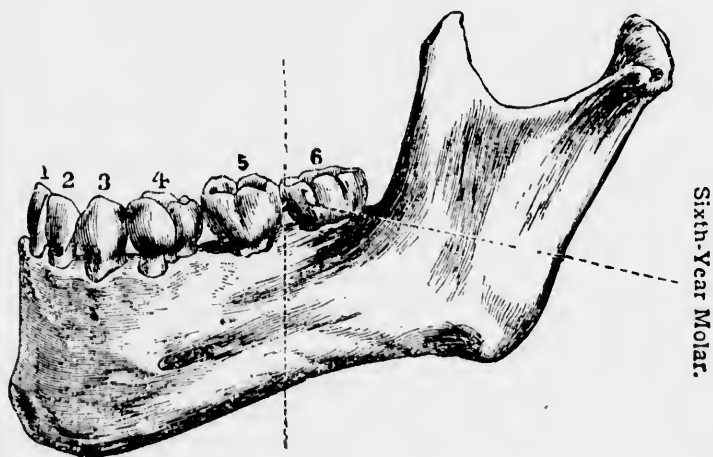
In England they are waking up in earnest, and in many of their training schools they are not only examining the teeth of the children, but are employing dentists to fill them. They will not receive applicants who have decayed teeth to either the civil or the postal service, and they are very strict in their examinations, for they say: "If the teeth are bad their health will break down, and they will be placed too soon on the pension list." They have established Dental Hospitals, where the poor may have their teeth cared-for. I find, too, that the Toronto Hospitals will not accept of applicants for the position of nurse unless their teeth are in first-class order. The same rule is being applied in the case of applicants for positions on the police force. In England, just a few months ago, there were many thousands of fine, well-built men who had offered their services for the Army rejected because their teeth were bad. Unless something is done immediately, there will not be one Canadian boy in a thousand who, when he arrives at manhood, would be able to take a position in the British army, or even a position in our police force, and it will be impossible for girls to get positions in the hospitals as nurses.

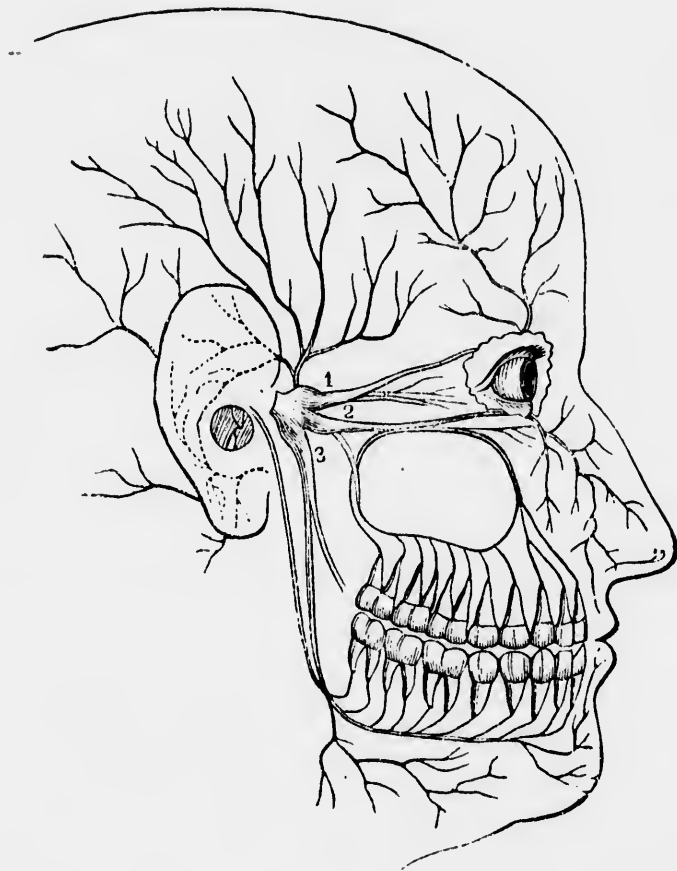
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Children have only twenty teeth in their first or "milk set." These two cuts show the upper and under jaws of a six-year-old child, with the sixth-year permanent molars in addition to the *deciduous* or *first* teeth.






This cut gives a side view of the face of an adult, showing how the teeth are supplied with nerves, a branch entering each root and acting as "sentinels" to give warning of impending danger.

It is to preserve the teeth from decay, the sitting down of the teeth, even in children, until they are extra permanent, is often told to be filled, extra hard, permanent, it can do no teeth last of that parent manner neglected, ciating children for all cruelly the ch disloc some teeth hard to Second

It is one thing to diagnose a disease ; the next thing is to provide and adopt a remedy. The only remedy at present is to fill the teeth as soon as they commence to decay, long before the nerve pulp has been exposed or the tooth has ached, and while it can be done at one sitting. But just here comes the great difficulty, which doubly increases the seriousness of the evil. The parents, even among the well-educated, are not aware that their children's teeth that are aching are their *permanent teeth*, until they take them to their dentist to have their teeth extracted, and then, to their surprise, find that they are permanent teeth and past all hope of being saved. It is often pitiable to see the sorrow of these parents when told that their children's teeth, which are past being filled, are permanent teeth, and that they will have to be extracted. Ask any dentist, and he will tell you how hard it is to convince parents that such teeth are really permanent teeth. Their universal reply is : "No; surely it cannot be, for they have not shed them yet!" They do not know that they get their first permanent molar teeth at *six* years of age, but think these molars are the last of their temporary teeth and will have to be shed that new teeth may take their place. The result of the parents not knowing in time that their children's permanent teeth are decaying is twofold : First, these neglected sixth-year molars, after having caused excruciating pain often for weeks and months before the children are taken to the dentist, are lost to the children for all time in masticating their food and have to be cruelly wrenched out from their delicate jaws, causing the children great terror and pain, and often danger of dislocation of their tender and delicate jaws. I have sometimes been in perfect terror when extracting such teeth for fear of dislocating the jaw, the teeth were so hard to extract and the jaws so delicate in comparison. Secondly, these teeth, having been left in the mouth so



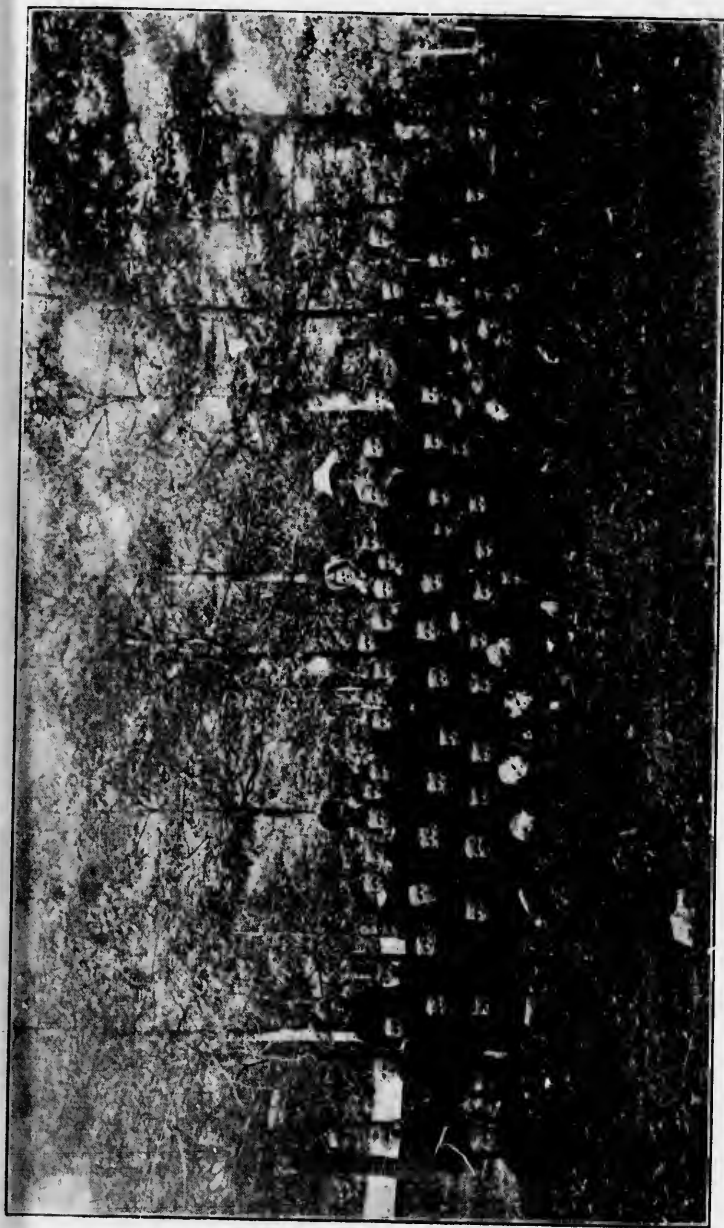
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long in this decayed condition, have decayed the new bicuspid and the twelfth-year molars, which are permanent teeth. Thus the mouth is soon full of corruption, each decaying tooth acting on the other, and the food not being masticated injures the stomach, and the acids from it in return act injuriously on the teeth, and they thus acting and re-acting on each other the whole system is soon deranged and left an easy prey to any virulent microbe-germs with which the children may come in contact; their blood, being impure, cannot give them vitality enough to withstand these deadly germs.

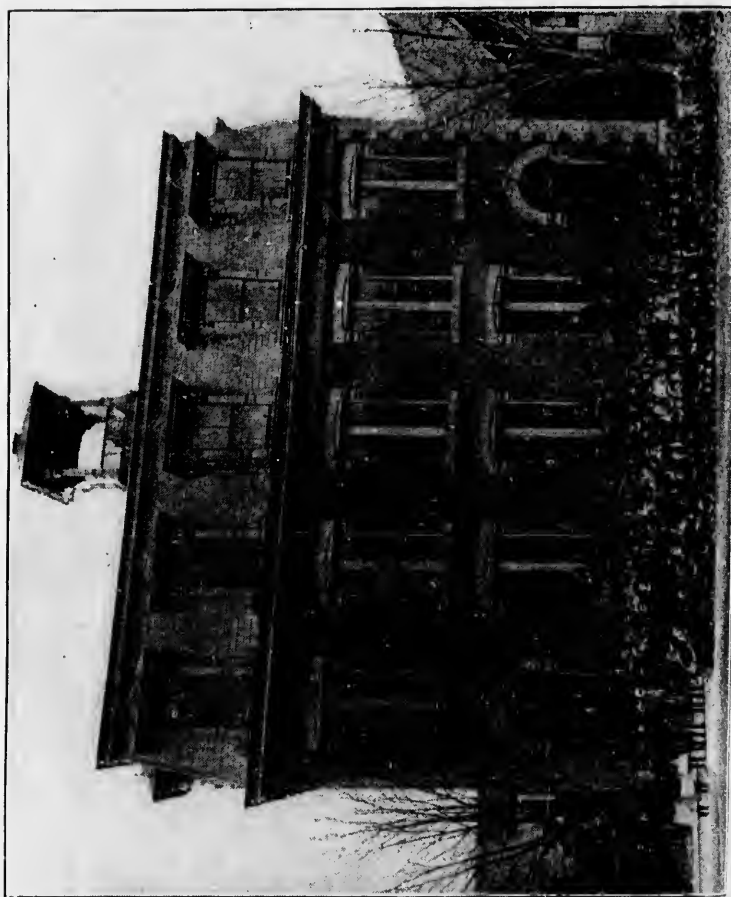
If the majority of educated parents make such mistakes in reference to their children's permanent teeth, what can be expected of the ignorant poor? This will partly explain the great difficulty I have had for many years in reaching the children of the poor in time to save many of their teeth. This difficulty has made the hospital work exceedingly discouraging. The only reward which I receive for the work done, and the hundreds of dollars expended, is the satisfaction of knowing that the children of the poor, by having their teeth cared for, will not only be saved from unnecessary suffering, but that they will grow up strong and be better prepared to combat with the difficulties of life. But, though I have tried every way I could think of to overcome this difficulty, my efforts, as far as the thousands of poor children who were scattered through the different schools of the city is concerned, has been largely a failure; for they do not come into the Hospital until they are driven in by toothache, and many of their teeth are abscessed and past being saved, and their mouths in the disgusting condition I have described, making the work of saving their teeth not only unpleasant, but very difficult and unnecessarily expensive, requiring as much *material and time* to save one of these bad teeth as would be required to save from ten to twenty teeth, if got in time; besides,

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when the work is done, it does not do the children the good for which I am spending both time and money. I have none of this difficulty, however (as far as the children are concerned), in the Charitable "Homes" and the Elizabeth Street School, which is called "the ragged school," the only public school on this continent where the children's teeth are systematically examined twice a year and kept in a sanitary condition. The other schools cared for belong to the Charitable Institutions, as The Boys' Home, The Girls' Home, The Orphans' Home, The Girls' Industrial, The Boys' Industrial, The Rescue, Newsboys' Home, Bethany Orphanage, and The Crèche.

Some years ago I began the system of visiting twice a year these children in their respective schools, in order to examine their teeth, and those whose teeth needed to be cared for were sent into the Dental Hospital to me, where my assistants cared for and filled their teeth, under my supervision. The carrying out of this system in these schools has made the preservation of these children's teeth a great success, for we never (except when some new children come in from some of the other schools of the city), have *to treat, cap, or destroy a nerve* in their teeth, or *extract a permanent tooth*. The teeth being filled while the cavities are very small, the whole work is done at one sitting, and the children are not required to be absent from the school for more than two half-days in the year. Nor are they kept out of school for days or weeks, unable to eat, study or play, suffering from toothache and neuralgia, like the children in the well-to-do schools in the cities of our land, as the following reports which I here give from some of the city schools of Toronto, Hamilton, London, Guelph, Montreal, Quebec and Ottawa, will show: (The statistics of the Toronto, Hamilton, London and Guelph schools were obtained for me through the courtesy of the Public School Inspectors of those cities)

TORONTO SCHOOLS.

NAME OF SCHOOL.	No. of Children Examined.	No. of Children who at times were Unable to Sleep at night, Suffering from Toothache or Neuralgia.	No. of Children Detained from School for Days or Weeks with Toothache or Neuralgia.
Wellesley	816	396	191
Ryerson	912	437	252
Dufferin	1130	513	216
Gladstone Avenue.	605	244	58
Huron Street....	748	375	148
Parkdale....	806	430	149
Lansdowne....	1067	373	232
Church Street....	617	301	106
Clinton Street....	376	195	72
Phœbe Street	610	230	100
Manning Avenue..	571	208	89
Jesse Ketchum ...	815	435	183
Park	832	354	156
Louisa Street.....	326	158	60
Total	9231	4649	2012

TORONTO SUBURBAN AND VILLAGE SCHOOLS.

NAME OF SCHOOL.	No. of Children Examined.	No. of Children who at times were Unable to Sleep at night, Suffering from Toothache or Neuralgia.	No. of Children Detained from School for Days or Weeks with Toothache or Neuralgia.
Eglinton	174	109	41
Deer Park	105	55	25
Davisville	142	67	49
Total	421	231	115

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No. of Children
Detained from
School for Days or
Weeks
with Toothache or
Neuralgia.

HAMILTON SCHOOLS.

	NAME OF SCHOOL	No. of Children Ex- amined.	No. of Children who at times were Unable to Sleep at night, Suffering from Toothache or Neuralgia.	No. of Children Detained from School for Days or Weeks with Toothache or Neuralgia.
191	Barton Street	308	172	114
252	Picton Street	357	144	99
216	Wellington Street.	360	260	116
58	West Avenue.	393	230	144
148	Mary Street	146	87	59
149	Hughson Street. . . .	85	45	6
232	Ryerson	755	361	216
106	Hannah	178	69	36
72	Mountain Avenue.	60	43	28
100	Central School	434	197	84
89	Main Street	167	111	35
183	Pearl Street	183	120	66
156	Hunter Street	195	52	11
60	Sophia.	106	44	23
	Market Street	143	87	48
	Murray Street.	370	186	125
	Victoria	599	319	176
	Hess Street	637	225	129
	Queen Victoria	687	361	144
	Cannon Street	520	306	150
	Total	6683	3419	1811

E SCHOOLS.

No. of Children
Detained from
School for Days or
Weeks
with Toothache or
Neuralgia.

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115

LONDON SCHOOLS.

NAME OF SCHOOL.	No. of Children Examined.	No. of Children who at times were Unable to Sleep at night, Suffering from Toothache or Neuralgia.	No. of Children Detained from School for Days or Weeks with Toothache or Neuralgia.
Rectory Street....	286	190	103
Askin Street.....	340	161	60
Aberdeen School.	342	275	112
Maple Avenue....	159	83	40
Lorne Avenue	217	180	102
King Street.	113	57	29
Talbot Street.....	338	217	96
St. George's.....	288	169	83
Chesley Avenue ..	94	59	34
Princess Avenue ..	513	212	135
Total	2690	1603	794

GUELPH SCHOOLS.

NAME OF SCHOOL.	No. of Children Examined.	No. of Children who at times were Unable to Sleep at night, Suffering from Toothache or Neuralgia.	No. of Children Detained from School for Days or Weeks with Toothache or Neuralgia.
Wentworth Street.	479	204	100
St. John's Ward .	176	106	41
St. George's Ward	351	232	95
Central	727	343	125
Total	1733	885	361

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No. of Children
Detained from
School for Days or
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Neuralgia.

The following of a different character from other
schools may perhaps be interesting :—

MODEL SCHOOL, QUEBEC.

SEPT., 1895.

BOYS.

AVERAGE AGE, 13 YEARS.

GIRLS.

103
60
112
40
102
29
96
83
34
135

794

No. of Children
Detained from
School for Days or
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
361

No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.	No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
1	17	17	4	1	19	19	5
1	16	16	5	1	17	17	2
5	15	75	16	3	15	45	7
1	14	14	2	2	14	28	7
2	13	26	8	2	13	26	4
5	12	60	11	4	12	48	11
3	11	33	9	3	11	33	4
3	10	30	7	4	10	40	6
2	9	18	4	4	9	36	6
5	7	35	7	2	8	16	4
5	6	30	4	4	7	28	5
9	5	45	12	3	6	18	0
7	4	28	8	10	5	50	11
1	2	2	0	3	4	12	1
				2	3	6	2
				2	2	4	1
50	—	429	97	50	—	426	76

SUMMARY.

Total No. of Children Examined.		Total No. of Decayed Permanent Teeth.	Total No. of Permanent Teeth Past Saving.
Boys	50	429	97
Girls	50	426	76
Total	100	855	173

REMARKS.

 N.B.—In the mouths of 100 children examined, I found 855 *permanent teeth decayed*, and 173 of these were *past saving*. None had sound teeth, with the exception of five children. The *decayed permanent teeth in the mouth of each child examined* ranged from four to nineteen. More than twenty per cent. of the *decayed permanent teeth were past saving*. The average number of decayed *permanent teeth per child examined*, eight. Only two children, out of the hundred examined, had any teeth filled.

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ORPHANS' HOMES.

ORPHANS' HOME, OTTAWA.

ORPHANS' HOME, MONTREAL.

Total No. of Per-
manent Teeth
Past Saving.97
76

173


Children examined,
173 of these
with the excep-
tion of *teeth in the*
four to nineteen.
Decayed *permanent*
number of decayed
teeth. Only two
had any teeth

No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.	No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
1	10	10	2	1	17	17	4
5	4	20	2	1	10	10	2
5	3	15	2	1	9	9	3
3	2	6	0	1	8	8	0
4	0	0	0	1	7	7	1
				4	6	24	5
				3	5	15	4
				7	4	28	0
				4	3	12	0
				9	2	18	1
				7	1	7	0
				8	0	0	0
18	—	51	6	47	—	155	20

SUMMARY.

Total No. of Children Examined.		Total No. of Decayed Permanent Teeth.	Total No. of Permanent Teeth Past Saving.
Orphans' Home, Ottawa	18	51	6
Orphans' Home, Montreal	47	155	20
Total	65	206	26

REMARKS.

 N.B.—In the mouths of sixty-five children examined, I found 206 decayed *permanent* teeth, of which twenty-six were past saving. Twelve had sound teeth. The majority had from four to seventeen *permanent* teeth decayed, as per foregoing Table. More than twelve per cent. of the decayed *permanent* teeth were past saving. The average number of decayed permanent teeth per child examined was three.

LANSDOWNE SCHOOL, MONTREAL.

SEPT., 1895.

BOYS.


GIRLS.

No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.	No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
2	18	36	21	2	17	34	11
2	15	30	13	2	16	32	7
1	14	14	2	3	15	45	7
2	12	24	12	3	14	42	4
3	11	33	4	1	13	13	3
7	10	70	13	1	12	12	2
3	9	27	8	4	11	44	9
4	8	32	5	3	10	30	7
6	7	42	6	3	9	27	7
8	6	48	11	1	8	8	4
3	5	15	1	5	7	35	4
6	4	24	1	1	6	6	2
1	3	3	0	4	5	20	4
				14	4	56	7
				4	3	12	0
				1	2	2	0
48	—	398	99	52	—	418	78

SUMMARY.

Total No. of Children Examined.		Total No. of Decayed Permanent Teeth.	Total No. of Permanent Teeth Past Saving.
Boys	48	398	99
Girls	52	418	78
Total	100	816	177

REMARKS.

 N.B.—In the mouths of 100 children examined, I found 816 *permanent* teeth decayed, and 177 of these were past saving. None had sound teeth. With the exception of six, the decayed permanent teeth in the mouth of each child ranged from four to eighteen, as per foregoing Table. More than twenty-one per cent. of the decayed *permanent* teeth were past saving. The average number of decayed *permanent* teeth per child examined, eight.

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Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
34	11
32	7
45	7
42	4
13	3
12	2
44	9
30	7
27	7
8	4
35	4
6	2
20	4
56	7
12	0
2	0
418	78

DUFFERIN PUBLIC SCHOOL,
MONTREAL.

I. AGES, 13 AND 14 YEARS.

II. AGES, 11 AND 12 YEARS.

No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.	No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
1	18	18	0	1	11	11	3
1	14	14	0	1	10	10	4
1	13	13	0	3	9	27	5
1	12	12	5	3	8	24	6
1	11	11	7	3	7	21	4
1	10	10	3	4	6	24	6
1	9	9	2	1	5	5	0
2	8	16	5	2	4	8	1
2	7	14	0	2	2	4	0
4	6	24	4				
3	5	15	2				
1	4	4	1				
1	2	2	0				
20	—	162	29	20	—	134	29

III. AGES, 9 AND 10 YEARS.

IV. AGES, 7 AND 8 YEARS.

No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.	No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
1	8	8	0	9	4	36	0
2	7	14	2	2	3	6	1
2	6	12	0	2	2	4	0
8	4	32	7	2	1	2	0
3	3	9	0	3	0	0	0
3	2	6	2				
1	0	0	0				
20	—	81	11	18	—	48	1

DUFFERIN PUBLIC SCHOOL,

(KINDERGARTEN DEPARTMENT).

D 12 YEARS.

Total No. of Decayed Permanent Teeth.	No. of Permanent Teeth Past Saving.
11	3
10	4
27	5
24	6
21	4
24	6
5	0
8	1
4	0
134	29

No. of Children Ex- amined.	Total No. of Teeth De- cayed in Each Month.	Total No. of Decayed Teeth.	No. of Permanent Teeth Decayed.	No. of Permanent Teeth Past Saving.
I	16	16	4	I
2	14	28	9	0
1	13	13	0	0
1	12	12	1	0
2	11	22	0	0
5	10	50	9	0
3	7	21	10	0
1	6	6	3	0
1	5	5	0	0
2	4	8	0	0
1	2	2	0	0
20	--	183	36	1

SUMMARY OF PUBLIC SCHOOL DEPARTMENT.

AND 8 YEARS.

36	0
6	1
4	0
2	0
0	0
48	1

Total No. of Children Examined.		Total No. of Decayed Per- manent Teeth.	Total No. of Per- man ^{ent} Teeth Past Sav ^{ing}
I. Those 13 and 14 yrs. of age	20	162	29
II. " 11 " 12 "	20	134	29
III. " 9 " 10 "	20	81	11
IV. " 7 " 8 "	18	48	1
Total	78	425	70

REMARKS.

☞ N.B.—In the mouths of seventy-eight children examined, I found 425 *permanent* teeth decayed, and seventy of these were past saving. Four I found had sound teeth. Of the rest, with the exception of ten, the decayed *permanent* teeth in the mouth of each child ranged from three to eighteen, as per the foregoing table. Average number of decayed *permanent* teeth per child examined, five.

Out of twenty children examined in the kindergarten department of the Dufferin Public School, Montreal, I found 183 teeth in various stages of decay, and of these thirty-six were permanent teeth, one of which was past saving. Quite a number of them had as many as four permanent teeth decayed; and out of the ninety-eight children examined in this school, only two had any teeth filled.

IN ONE OF THE PUBLIC SCHOOLS, OTTAWA.


No. of Children Examined.	No. of Decayed Permanent Teeth in Each Mouth.	Total No. of Decayed Permanent Teeth.	Total No. of Permanent Teeth Past Saving.
1	17	17	3
1	11	11	3
2	10	20	7
1	9	9	2
2	8	16	2
3	7	21	1
5	6	30	2
4	5	20	1
10	4	40	5
29	—	184	24

Interruption in my examination here will be explained further on.

SUMMARY.

Total No. of Children Examined.		Total No. of Decayed Permanent Teeth.	Total No. of Permanent Teeth Past Saving.
Boys and Girls.....	29	184	24
Total.....	29	184	24

REMARKS.

 N.B.—In the mouths of twenty-nine children examined, I found 184 permanent teeth decayed, and twenty-four of these were past saving. The decayed permanent teeth ranged from four to seventeen in the mouth of each child examined, as per foregoing table. Nearly thirteen per cent. of the decayed *permanent* teeth were past saving. Number of decayed *permanent* teeth per child examined, six. None had sound teeth. Only three children had any teeth filled.

The contrast between the condition of the children in the schools where I have carried out this system of school examination twice a year, and that of the other children where it has not been done, I think is sufficient to convince every reasonable person that this system of dental examination that I am advocating is not a "FAD," but an absolute necessity. Let me ask why should not all parents in the cities and towns on this continent be informed of the condition of their children's teeth in time to save them, and thus prevent this untold loss and suffering.

I have given this subject years of careful study, and have failed to find any other remedy equal to this. I would therefore suggest, in the interests of our school children, that in all our cities and towns a Dental Health

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y-eight children
teeth filled.

OTTAWA.

Total No. of
Permanent Teeth
Past Saving.

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24

ill be explained

Inspector should be appointed, whose duty it would be to examine the teeth of all the children in the school twice a year (except those children who brought a certificate from their family dentist saying that their teeth were being attended to), and fill out reports to be taken home by the children to their parents stating the condition of their teeth and advising them to send their children to their family dentist before their teeth were past saving. As there are large numbers of parents who cannot pay much, and many who cannot pay anything for having their children's teeth filled, it will be necessary to establish a Dental Hospital in each of the towns and cities where such children can have their teeth filled and cared for at a nominal fee, simply enough being charged to pay the expenses of the Hospital. The whole of this work can be carried on with little or no expense to the city or state, as the superintendent of the Dental Hospital could fill both the office of superintendent and also that of inspector of the schools. He could spare one or two hours every morning with an assistant to make the examinations, or sufficient time to go over the schools twice in the year. This would be better than completing the examinations in a few weeks, as it would give the dentists of the city and the Hospital time to do the filling for the children without being crowded, or the danger that some children would be forgotten who could not be attended to at once. The advantage in the appointment of the superintendent of the Hospital to inspect the children in the schools would be two-fold: (1) Whatever salary would be paid for the inspection would be that much in aid of the Hospital. (2) He being the superintendent as well as the inspector, would become acquainted with the children of the poor and would have the right to give tickets to those of them who were not able to pay, so that they could go to the Hospital and have their teeth filled *free*, while all other children going there would be

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required to pay something towards the expense. By the adoption of this system of half-yearly school inspection, all school-children, rich and poor, would be systematically examined in time, so that their parents could have their teeth saved without them having to suffer so much as they do now by having to endure that cruel and barbarous treatment of having the nerve pulps in their teeth destroyed, with the additional likelihood of their giving them trouble after being filled. The saving in expense to the parents would be at least one-half, besides the saving of time to the children by being able to have their teeth filled at one sitting, instead of having to go to the dentist every other day for weeks to have their teeth treated. All the children in the school, if they wished, could go to their family dentist to be examined, and this would probably be the case with all except the children of the poor; so that the work of the inspector would not be as heavy as it might appear to be. The examination would not in any way interfere with the regular work of the school, as it would not, in any case, take more than thirty minutes to examine the teeth of all the children in a room, supposing that all would require to be examined. I have examined one hundred and fifty children in an hour, and one hundred can be examined with ease in that time. I am satisfied that by this system the expense to the city, if any, would be very small, while the advantage to the rising generation would be incalculable, and would put an end to the present barbarous, and, let me say, heathenish practice of wrenching from the delicate jaws of so many millions of children, the *permanent* teeth that God has given them to masticate their food and to beautify their features.

I have now given you the condition of the children's teeth, not only on this continent, but elsewhere, showing, conclusively, that this deterioration of children's teeth is universal. I have also given you a simple, effective and

comparatively inexpensive remedy, and one that I have tested for years, with grand success. Some time ago, I sent out circulars to the leading cities in Canada and the United States, asking what these cities were doing for the preservation of the teeth of the children of the poor. The replies, so far received, are that there is not anything being done, except in the few cities where they have an Infirmary connected with a Dental College, and these Infirmaries are not open all day, nor all the year; so that even in these cities there is not much work done for the children of the poor. In all the other cities they are utterly neglected! The suffering of such children is terrible indeed, as I know from what I have seen among them here in Toronto during the past twenty-four years. Suffering such that no man can fully describe! An acquaintance of mine, a gentleman holding an official position in connection with the Toronto Public Schools, came into my office some months ago saying that he had suffered excruciating pain with some of his teeth, and continuing, he described the terrible agony he had endured (he was a fine, large man, probably weighing some two hundred pounds or more); and after listening to his description of his suffering, I smilingly replied: "Oh, that is nothing! You have no true idea of the meaning of the word 'suffering!'" He looked at me with surprise, and called to his wife, who was in the reception room, saying; "Wife, look here; this man says that I don't know what suffering is! Now, you saw what agony I went through last night, did you not?" He then turned to me and asked me to explain myself. I did so by asking him some questions, which I will now give for the benefit of others who have imagined that their lot (suffering) has been hard, when, in comparison with what others have endured, they have not suffered much. I asked: "Have you been suffering for weeks, unable to eat, sleep, or work?" He said, "No!" "Did you jump out of

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bed and run around the house, and then out of doors around the street?" "No!" "Did you have to hold your head on, for fear it would jump off?" "No!" "Did you beat your head against the wall, or put it into the oven, which was hot enough to roast it?" "No!" "Did you rush about tearing the hair out of your head, thinking that you were going mad?" "No?" "Did your face swell so large that your wife hardly knew you?" "No!" "Did you have your mouth and face poulticed, or blistered with carbolic acid, until the skin peeled off?" "No!" "Did your jaws become set, so that you could not get the blade of a knife between your teeth; and that state of things continue for days, while you were in an agony which you could not describe; and yet no dentist could get at the tooth to give you relief?" "No!" "Did you, in order to get relief from the toothache, require to have your teeth wrenched out of your jaws without gas or chloroform, because you were too poor to pay for these?" "No!" Then, looking at me, he said: "Do you mean to say that the poor children of Toronto have to go through such experience as you have described?" I answered, "Yes, and the half has not been told!" He, turning to his wife, said: "I guess I did not suffer very much after all; still, I pity any person that has had to suffer even as much as I did." "But what must have been the suffering which these poor children have had to endure? I pity them, indeed!"

I have now given you some idea of the suffering endured, and the loss sustained by the millions of poor children on this continent, caused by the neglected condition of their teeth. Though we call this, not only a civilized, but also a Christian land; yet, the Christian, humane and well-to-do people in it have, in no city in it, nor on this continent, provided a Dental Hospital for the preservation of the teeth of these poor children; nor have they tried to prevent this untold suffering! I do not

know how it looks to others, but to me, having seen so much of their suffering, it seems an awful thing, that in the closing years of this nineteenth century, in which we boast of such great *educational, sanitary and humane reforms*, that millions of little human beings, who had no choice whatever in coming into this world of suffering, should, for lack of that Christ-like care which Christians are expected to evince, be compelled, after months of suffering, to be subjected to that *cruel* and *barbarous* operation of having their *permanent* teeth, that God, their Heavenly Father, has so kindly given them to masticate their food and to beautify their features, *wrenched out* of their delicate jaws! We talk about the ignorance and cruelty of the heathen; and yet, on this continent, claiming to be *highly civilized*, the cry of millions of suffering, fatherless, and neglected poor children is going up to heaven, night and day, one unceasing wail, while for want of knowing better, their parents take them "like lambs to the slaughter!" Let me ask: In what heathen country can you find so many parents offering up to their gods such a costly or cruel sacrifice as do the parents on this continent, in the sacrifice of their children's teeth, health and beauty, on the altars of this *hideous* god, IGNORANCE, whose constant cry is "Give! Give!!"—and yet, he is never satisfied unless his altars are overflowing with the blood of these human victims! In all the cities, except Toronto, there is some excuse for not having provided for the care of these suffering poor, because the Christian and humane people have not been made aware of their true condition. But what about Toronto? which is called "*Toronto the Good*," where there is so much said about the Fatherhood of God and the Brotherhood of Man! and so much consultation about the "*Best Way of Reaching the Masses*!" What will they answer the Father of these neglected children when they meet Him? How will they clear their skirts of the blood of

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these thousands of poor, fatherless children whom He has given them as a blessed heritage, where they can prove their love to Him by showing it to these little ones.

The following abstracts will show that the people of TORONTO cannot excuse themselves (as can the citizens of other cities) by saying that they did not know about the suffering of the poor children in their city :

A DENTAL HOSPITAL.

A Brief Account of the Philanthropic Work Carried on by J. G. Adams, L.S.D. — Need of Public Co-operation.

The Globe, July 16th, 1896.

For some years past Toronto has been the only city on the continent which has had among its charitable institutions a dental hospital. Notwithstanding the fact that J. G. Adams, L.D.S., has been managing the institution at his own expense, and has willingly given his time and services free of cost to any poor that might be brought to him for treatment, it has become necessary for him to close up the institution for no other reason than that little or no friendly co-operation or encouragement has been shown him by individuals or by the general public in the city. This is to be regretted. For twenty-five years Dr. Adams has taken up a branch of mission work which is more practical and necessary than is commonly supposed. While carrying on a professional practice far from limited, he has always kept a separate room which was designated "Christ's Mission," and has there treated, free of charge, the teeth of any poor child or adult who should happen to call on him. In addition to this he has made it a part of his work to visit the charitable institutions and give special attention to the teeth of the inmates. Anyone visiting the many public homes of Toronto will find in every one of them the teeth of all

SEQUEL TO A STRANGE EXPERIENCE.

the children in a state of careful preservation, and the credit for this is due to Dr. Adams.

Despite his missionary zeal and earnest desires, Dr. Adams has passed through very trying and discouraging experiences in his efforts to bring about a much-needed reform. He has sought the aid of many public bodies, but has not met with their co-operation; has called meetings of the citizens and paid for everything himself, but none were sufficiently interested to attend, and last year even went to the expense of hiring a special servant to go out into the highways and by-paths and bring in whatever poor were willing to be treated. Nothing but the highest Christian motives could have prompted such untiring zeal, but while willing to work for others a man is as morally bound to care for his own and not to neglect to too great an extent his private business. Should the citizens of Toronto or any organization be willing to provide the subjects for treatment, Dr. Adams would undoubtedly be willing to care for them, and now that he is about to close the public institution which for some time he has managed, it would be well if the charitably-disposed and public-minded would again consider the question, and make an effort to retain his services before another can be secured on so welcome a basis.

The treatment of teeth is a thing too frequently neglected by individuals, and it is therefore little wonder, in one respect, that the public authorities should fail to consider it, but when the matter is carefully investigated the public will realize that there is a duty owing to society which can be discharged only in some such manner as Dr. Adams has suggested. A representative of *The Globe* paid a visit to the Dental Hospital yesterday afternoon, and while there had the opportunity of seeing about fifty children who have been undergoing treatment. It was really amazing to see the terrible condition of the teeth and gums of many of these little ones, who, from outward

SEQUEL TO A STRANGE EXPERIENCE.

appearance, were as healthy and pretty as any group of children could be. The terrible ravages of disease were too frequently present, and the tremendous risk of passing the disease from one to the other was alarmingly illustrated by the manner in which the children would drink from the same vessel, and, in their innocent, childish way, exchange substances, such as chewing gum and the like. But this is only one illustration. The need of proper inspection among school children from the standpoint of society, to say nothing of the advantages to the children themselves, will appear evident to any honest thinker or observer.

The Dental Hospital, which is situated at 1½ Elm Street, the third door from Yonge, will be open to the public to-day and to-morrow. As a number of children will be present for treatment the chance should be taken by any who can spare the time of visiting the hospital and seeing the nature and necessity of the work. No doubt when once investigated proper steps will be taken to extend its benefits. Dr. Adams has issued a pamphlet and given it to the public at cost price. It is written with the object of awakening the Christian people to the absolute need of doing something for the poor along the lines he has laid down, to give rules to children for the preservation of their teeth, and to improve the health of children in the schools. Besides giving in this very laudable manner the benefit of his studies and investigation, the doctor intends delivering lectures to audiences wherever time and place can be suitably arranged. Work so philanthropic and practical in its nature is deserving of the best consideration, and its promoter worthy of the highest praise.

SEQUEL TO A STRANGE EXPERIENCE.

A HUMANE MISSION.

PRESERVATION OF THE TEETH OF POOR CHILDREN.

A Free Hospital in Toronto—What Dr. J. G. Adams Has Accomplished—Working Under Difficulties—A Lack of Public Interest—Sanitary Dangers in Schools—The Institution May Be Closed.

The Mail and Empire, July 16th, 1896.

Among the really philanthropic institutions with which this city abounds there are few, if any, in which more good is accomplished, in a quiet way, than in a certain modest building on Elm Street, one or two doors off Yonge Street, where is situated, as the sign indicates, a "Dental Hospital, for the preservation of the teeth of the poor." This hospital represents a mission to which Dr. J. G. Adams, L.D.S., has devoted nearly twenty-five years of his life. Dr. Adams is what may be termed an enthusiast upon one subject, namely, the preservation of children's teeth, and the prevention of contagion by means of mouth diseases in public schools and other institutions where large numbers of children are gathered together. He has for many years been convinced that a great deal of suffering might be avoided, and illness prevented, by an organized system of inspection at stated intervals, by which means the process of decay might be stopped in its earlier stages, and the later and more serious possibilities arising from diseases of the teeth and gums obviated. His interest in the subject has not stopped short of theory, but he has carried his ideas into practical effect, and has given freely both of his time and his means in furtherance of the principle to which he has devoted himself. This he has done without recompense and without the expectation of it. As has been said, he has been engaged in this humane service for almost a

SEQUEL TO A STRANGE EXPERIENCE.

quarter of a century, giving systematic free treatment to all the poor children whose parents have brought them to him. He has visited regularly the various public children's homes of the city, examining the inmates, prescribing for them, and undertaking such operations as have been necessary. He rented the present building adjoining his office, and fitted it up for the purposes of a dental hospital, paying the expenses out of his own pocket. The hospital is, of course, not nearly self-sustaining, the returns from fees being practically nothing. During this period, a good many thousands of poor children have been aided or cured; at present the number treated daily amounts to about a dozen, and sometimes twice that number.

DR. ADAMS' PLAN.

This work has never received a cent of assistance from any outside quarter, nor has financial assistance ever been asked. The object of Dr. Adams has been to institute a movement for the proper care and examination of the teeth of school children. He would like to see, in each municipality, a dental inspector appointed by whom each child could be examined twice a year. In cases where attention was shown to be necessary the patient could go to the family physician or dentist, or could, in the case of poor people, be treated free at a dental hospital, one of which Dr. Adams urges should be established in each city. These hospitals would not be intended as money-making institutions, and would in no way interfere with the practice of members of the dental profession; but it is hoped that by the levying of a small charge upon those who could afford it they might be made self-sustaining. In municipalities where the establishment of a dental hospital is an impossibility, the inspector would be greatly assisted by the dentists, who, Dr. Adams believes, would do all in their power to help on the work.

SEQUEL TO A STRANGE EXPERIENCE.

In pursuance of this design, which he has developed in a very practical manner, Dr. Adams has sought to interest a number of public bodies, with varying degrees of success. He has been several times before the Public School Board, asking that body to take steps toward a system of dental health inspection in the schools under their control, and has even offered to make the inspection free of cost ; but his propositions have not been accepted. The matter has been considered by the Provincial Board of Health, which body passed a resolution some weeks ago urging that the municipalities take the matter up and provide dental treatment for the children of the poor. In addition to this, sympathetic resolutions have been at different times passed by the Dental Society, the Toronto Trades and Labor Council, and the National Council of Women, while the Michigan State Dental Society, before which Dr. Adams read a paper on the subject a few weeks ago, endorsed the proposition very highly.

THE PRESENT POSITION.

The position of the matter at present is about as follows : Dr. Adams has found that, working on his present basis, and entirely without assistance, he has no way by which he can reach the children of the poor in time to save their teeth. They do not come to him until, in many cases, decay is pretty far advanced, and often blood diseases have ensued, and as soon as they are relieved of pain they often neglect to return in order that the cure may be completed. Thus it is very difficult to carry on the work, and although Dr. Adams has done a great deal of good, he feels that there is much more to be done. Another obvious fact is that the expense is somewhat heavy, and he does not feel that he can continue to bear it alone. He appeared before the Ministerial Association to explain his plans, and asked for the

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names of any Church workers who would be willing to take an interest in the subject in connection with their city mission work, but not even this has ever been furnished. There seems, as Dr. Adams explains, a lack of desire to do anything in the matter, and he has concluded that the work can no longer be carried on unless it is regularly taken up by some authority. As it is, he has had no help, and, accordingly, he has obtained a release of his agreement for the premises from his landlord, and is reluctantly compelled to abandon the hospital. In answer to a question, Dr. Adams expressed the opinion that to continue the enterprise on a proper basis in its present quarters would require \$1,000 per annum. This sum would be sufficient by his giving the necessary time for its superintendence free of charge, which he expresses himself as willing to do, and by this means every poor child in the city could be reached.

SANITARY DANGERS.

Dr. Adams has pointed out, in a small pamphlet, the great dangers which exist from the mingling of children in large masses, some of whom have diseases of the mouth, and some of the statistics gathered by him are startling, showing, as they do, the immense proportion of school children whose teeth are in various stages of decay, and in whose mouths diseases of different kinds are making rapid and fatal progress. He points out that it is nothing short of a crime to compel teachers and children who take good care of their teeth to sit in the same room with such children, and he instances the common drinking cup in the school yard as a frequent cause of infection. He insists that the proper care of the teeth and mouth is the greatest possible prevention to contagion, and would also have a most beneficial and healthful effect upon the quality of the air in the school-room. His appeal is a strong one, and its sincerity is borne out by

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the work he himself has done in the last twenty-five years. He wants the establishment of dental hospitals for the poor, and the appointment of a dental health inspector, believing that by such means, a reform would be effected which would have a wide influence not only upon the comfort of thousands who are now suffering, but upon the general health of the community at large.

A visit to the hospital gives one an additional insight into the importance of this work. There, yesterday afternoon, were found between thirty and forty children from the Orphans' Home, who were in turn being treated by Dr. Adams, and a comparison of the appearance of those whose treatment was far advanced with those who had but just come was of itself enough to make the visitor a convert to the dentist's views. Should the institution be closed up it will undoubtedly be a great loss to the poor of the city, who have so greatly benefited by its existence. At present it appears likely to close within a week or ten days, before which time Dr. Adams hopes to complete a large number of treatments now under way. To-day and to-morrow the hospital will be opened freely to visitors, and it would well repay any who are interested in philanthropic enterprises to pay it a visit and see for themselves the work that has there been accomplished.

COMPELLED TO CLOSE UP THE ONLY DENTAL HOSPITAL IN AMERICA.

But these requests of the press, like those I had so often made, were unheeded. Not one person, man or woman, called, or by word or act showed the slightest interest in the children of their poor ; so I was reluctantly compelled to close the hospital.

I shall not attempt to describe my feelings (you may imagine them if you can) as the signs were being

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removed, and the only dental hospital on this continent was closed up against the suffering poor.

The reporters again told you how that afterwards I appealed to the mayor and council, in behalf of the children, asking that dental hospital provision be provided as suggested by the Ontario Provincial Board of Health ; but, as they refused to do so, I had again rented the building and opened it to the poor. However, as far as some way of reaching the children of the poor, I was in the same position as before ; the only way of making the hospital a success, in the way of saving their teeth, being to hire persons to go out and hunt the children up. This my wife and I did at our own expense. We also did what visiting we could ourselves among the poor ; but, as you must know, my time, (as I intimated to the Ministerial Association and also to other societies) was, necessarily, all taken up through the week in earning the means for the support of my family, and the carrying on of the hospital. Sabbath, October 18th, my wife and I spent together visiting some of the widows and fatherless poor of the eastern end of the city. Little did I think that afternoon, as we returned home, that *her* work among the poor was finished. So it was, for she had made her last visit to the poor. A few days after the Master called her home to her reward. Though she did not live to see the hospital the success which she had hoped, yet, I am sure, He will say of her : "She did what she could." Many years ago she and I, with our four small children, bidding good-bye to parents and friends, had left our home, with all its comforts, and come to Toronto to engage in some mission work among the poor ; though, as I told you on page 50, we did not know just what our mission work was to be, or how we were to support ourselves or get the means to carry on the mission work, whatever it should prove to be. God, true to His Word, (on which we depended when we left our home, and went out like Abraham and his wife, not

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knowing where we were to be led) guided and provided for us; and, as you see, for the mission work also, to which He had called us. To our parents and friends this was a cause of great joy and surprise, for they had predicted all manner of evil, financial ruin, beggary and starvation, which was sure to be our portion if we took such a strange, and seemingly unwise step as to leave our home without knowing something of what was before us. Had we taken their advice we should afterwards have lost our home, through an *unseen* flaw in the will on which we depended for a title. But, by the strange way God led us, we saved everything, and, as a family, have had comforts and advantages we never should have enjoyed had we refused to obey His call.

I give this little insight into our past history to explain why I so persistently continue at this work, notwithstanding the fact that I have to face so many difficulties. The death of my wife and refusal on the part of the good people of Toronto to help me to reach the children, without my having to bear the additional expense of having to hire persons to hunt them up, decided me to close up the DENTAL HOSPITAL MISSION WORK IN TORONTO.

I think you will admit that this closing year of a quarter of a century's mission work has been a trying one indeed.

FACE TO FACE WITH A NEW DIFFICULTY.

Though the closing of the dental hospital relieved me from the heavy expense, yet it did not relieve the poor children of Toronto from their suffering, the result being that they kept coming for relief, and not finding the hospital door open, they came to my office. The question then was—What shall I do with them?

I could not turn my office into a hospital, and thus ruin my practice on which my family depended for

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support, neither could I turn the children away to suffer, and, as the city had refused to provide for them, there was no place to send them. I knew there was no use of again appealing to the citizens, as the papers had some months ago stated that I had positively made my last appeal. The wretched, diseased and suffering condition of these thousands of poor children of Toronto, as well as the memory of what my late wife had passed through in their interest, came up before me, and I decided that though the people of Toronto had refused to help me to reach the children, still I could not go back on them and leave them to suffer; so in order to make the necessary dental provision for the children of the poor I closed a bargain for the purchase of that large three-storey brick building, No. 55 Elm Street, which I intend fitting up for dental hospital and mission work, for which purpose it is just suited, having all modern conveniences, being heated by hot water, etc. I get the building for \$6,000 (though it cost much more when erected), and have the necessary time for which to pay for it, which with God's blessing I shall be able to do, and leave it as a monument of God's faithfulness to His promises; and also in memory of my late wife, and of my mother, to both of whom I am indebted in this work. I am sure there is no more fitting tribute which I could pay to their memories. When the building is dedicated their portraits will be placed in it.

VISITING AMERICAN CITIES.

When visiting New York, Philadelphia, Buffalo, and other American cities, gathering information as to the condition of children's teeth, I found them in the same neglected condition as in Canada, there being no dental hospital provision made for the preservation of the teeth of the poor who are not able to pay. Both in New

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York and Philadelphia there are two Dental Colleges with infirmaries connected therewith, but they are *not charitable institutions*, the sole object being to give students a chance for practice. They are open to the rich as well as the poor, and all are charged alike.

I had a very pleasant interview with the Dean of each of the New York Colleges, and with the officials of one of the Philadelphia Colleges, as well as some of the leading dentists of these cities. They all expressed themselves as being very much interested in this new reform, and will do all they can to advance it.

I also met some of the leading members of the New York Board of Education, and when I explained to them the object of my visit to their city, they also expressed themselves as being in hearty sympathy with it, and one of them remarked that I was bringing this reform forward at the most opportune time, as the New York Board of Health was making some very radical reforms in the way of examining school children—their eyes, heads, hands, etc.

The following paragraph from the *Presbyterian Review* (of April 29th, 1897) will further explain these reforms: "One hundred and fifty physicians examined 5255 pupils in the Public Schools of New York city, and found among them 140 cases of measles, mumps, croup, scarlet fever, diphtheria, and other contagious diseases; ailments of the eye which were in greater or less measure infectious, and fifty children infested with vermin. These "cases" were all excluded from the schools for the time being. Each of them was a focal point of contagion. The policy of medical inspection is to proceed regularly hereafter, so that the sources of contagion will be largely lessened in the city. Other cities may profitably follow the example set in New York."

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October 1st, 1897.—Another four months, with its additional and varied experiences, has passed since writing the foregoing.

The American National Conference of Charities met in this city; and, at the request of the President, I read a paper on "Dental Hospitals for the Preservation of the Teeth of the Poor." In the discussion which followed the reading of the paper, the subject was heartily endorsed, and will appear in their journal. Thus the seed is being scattered to the four winds of this continent and to the lands beyond the seas. Thanks to the good people of Toronto!

About the same time, the Committee of the Eastern Dental Convention sent me a pressing invitation to attend their Convention at Cornwall and to read a paper on the subject of "Systematic Dental Health Inspection of School Children's Teeth." Knowing the heavy expenses I was incurring by carrying on the Dental Hospital, the Committee kindly paid all my travelling expenses. This fact, together with the following quotation from the *Cornwall Standard*, will show the interest taken in this subject in the eastern part of the province; also the prospects entertained that good results will follow:

"On Wednesday afternoon the members of the Convention were entertained by the local dentists to a trolley ride through the town and to the St. Lawrence Park, where they carried on their proceedings in the pavilion. Invitations had been issued to a number of citizens interested in educational matters to hear a paper on the 'Systematic Examination of School Children's Teeth,' by Dr. J. G. Adams, of Toronto."

After reading the paper Dr. Adams was warmly applauded on resuming his seat.

The following is the discussion on the paper read:

Dr. Weagant, the President, heartily endorsed Dr. Adams' views and said it would be well if parents could

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be enabled to read the excellent advice he had offered.

Dr. Sparks also spoke highly of the service rendered to the Convention by Dr. Adams, and suggested that a dental department should be added to general hospitals.

Dr. Adams said it might be found to work. He thought the ladies might take up this matter.

Dr. Beacock said the suggestions offered by Dr. Adams were most valuable. His description of the danger resulting from carelessness in regard to children's teeth was not a bit overdrawn.

Dr. Hanna recognized the necessity for the systematic inspection, but thought it could only be secured through legislative action making it compulsory.

Dr. Ira Bower strongly endorsed Dr. Adams' views.

Dr. Alguire, one of the leading physicians of Cornwall, was invited to speak, and complimented Dr. Adams on the good work he is doing. He was aware of the great deterioration of the teeth of the present generation and if they did not do something to stop it they would soon become practically toothless. He thought it was of the greatest importance that the rising generation should be educated to see the necessity of taking the precautions suggested by Dr. Adams.

Dr. Graveley, another leading medical practitioner of the town, endorsed Dr. Alguire's remarks. He thought Dr. Adams' suggestions were most valuable.

Mr. D. Monroe, Secretary of the Public School Board, and Mr. Gibbens, of the *Standard*, followed on the same lines, expressing regret that Dr. Adams' paper had not been heard by all the people of the town who have children at school.

Dr. J. C. Bower and Dr. Cavanagh also spoke briefly of the value of the suggestions made.

Dr. Hanna said they should endeavor to secure the endorsement of the Ontario Board of Health. If they could do this the dental and medical professions would

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do the rest. He concluded by moving a vote of thanks to Dr. Adams for his address, making a graceful acknowledgment of the valuable service he has rendered in connection with the subject under discussion in the past twenty-five years.

The motion was seconded by Dr. Beacock and carried by a standing vote.

Another encouraging circumstance has, in the meantime, transpired, showing that one of the physicians of the school board has awakened to the danger that I have so often pointed out during the past years, viz., the danger from promiscuous use of the drinking cup. The following quotations from the *Globe* will show the difference between the way in which the good doctor and myself have been working. For years past, as the public are aware, I have been grubbing away at the *roots* of this evil tree, trying to pluck it up root and branch; while he at last (with the aid of our jovial friend, Jos. Tait, Ex-M.P.P., and others) has climbed up into the top of the tree and is trying to clip away the less offensive *twigs*.

During one of the sessions of the Methodist Conference last June the subject of INDIVIDUAL COMMUNION CUPS was brought up for discussion when Mr. Warring Kennedy moved a resolution against the adoption of separate cups at the communion. Mr. Jos. Tait, Ex-M.P.P., Dr. Watson and Dr. W. W. Ogden, strongly opposed the resolution:

"AN EMPHATIC SPEECH.

"Very emphatic were the words in which Dr. W. W. Ogden opposed the resolution. He spoke the voice of the medical profession, he said; there was no doubt in the medical mind that the old method of taking the sacrament was a danger to society and an abomination. He fearlessly asserted, and had ample evidence to back his assertion, that the opinion of the profession was that receiving the cup in that promiscuous way was a diabol-

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ical method. Ten or fifteen years ago, the doctor observed, they did not know these facts, and he went on to speak in outspoken terms of the perils which the practice involves.

"Dr. Ogden concluded his speech by urging all to look to the safety of those entrusted to them."

You will see by this that Dr. Ogden and I agree perfectly on two points :

1st. That there is great danger from the promiscuous use of a common drinking cup.

2nd. That (I use his own words) all should "*look to the safety of those entrusted to them.*"

Again I agree with Dr. Ogden and other members of the medical profession when they make the statement that there is danger from the use of a communion cup, even though the communicants (as far as morality and cleanliness are concerned) are the cream of society.

Let me ask the question : That, if under such circumstances, there is danger (and the doctor has stated that he has ample proof that there is) then, in how much greater danger must the 40,000 school children of Toronto be who have to drink out of the common cup, not simply once a month (like the communicants) but *often* during every school day—not after the cream of society, but after children who come from all sorts of homes, and whose teeth and mouths are in the vile state in which Dr. Rose and myself have found many school children to be?

I have shown to physicians, school children by the score whose mouths were diseased by syphilis, which loathsome disease is just as easily communicated by the drinking cup as by association with prostitutes. I therefore wish to call the attention of my friends, Dr. Ogden and Mr. Tait, to these facts. I know they are both good reformers and believe, as I do, that no man is worthy of the name "reformer" unless he does all in his power to reform the evils with which he comes in contact.

MISCELLANEOUS INFORMATION.

Some no doubt think I have engaged in this dental hospital work for personal gain or notoriety. The following facts, however, I think, will show that this is not the case. My name has often appeared before the public in the daily press under the caption of SCHOOL-CHILDREN'S TEETH, but I never had anything to do with its appearance, nor have I ever written to the press on the subject, lest it might be thought I was trying to advertise myself.

All other charitable institutions publish annual reports which greatly help their institutions, financially; but this I have never done, and, notwithstanding the fact that for years I have worked for the inmates of these institutions, I have never sent in a statement of the work I have done for them. This I might have done and received credit in their reports, if I had so desired.

Carrying on the hospital has been a heavy expense on me, particularly during the past few years, on account of the great financial depression our city is passing through, making it difficult to collect money, etc., and I have never asked for nor received one dollar from the city or from any of the citizens towards the expense; and rather than give offence to or injure the other dentists of the city I have refrained from advertising the hospital, the doing of which would have helped me in making it self-sustaining. The general impression among the poor of the city has been that the hospital was being supported by the city and was entirely free, the result being that on an average I have not taken in over two dollars a month towards paying rent, heating, water-rates, material, wear and breakage of instruments and hired assistants. Professional etiquette prevented me from correcting this impression.

MISCELLANEOUS INFORMATION.

The result of this has been that it took all the money made in my regular practice, after supporting and educating my family, to carry on this Dental Hospital work, the result being it left me no surplus money to buy up city property and add house to house and field to field, like so many of the wise and shrewd people of our city; therefore, I am now deprived of the pleasure of paying taxes on any property except my residence in the city (which taxes now-a-days amount to a half-rental), and my summer home in Muskoka.

I think it only justice to myself that the public should know my position with regard to Dental Hospital work, and more particularly so as I have been forced out of my seclusion; and I shall, therefore, in the future, no longer play the part of "the old man and his ass," but shall *work, write and speak* in whatever way I think I can do the most for the suffering children of my native land!

FINIS.

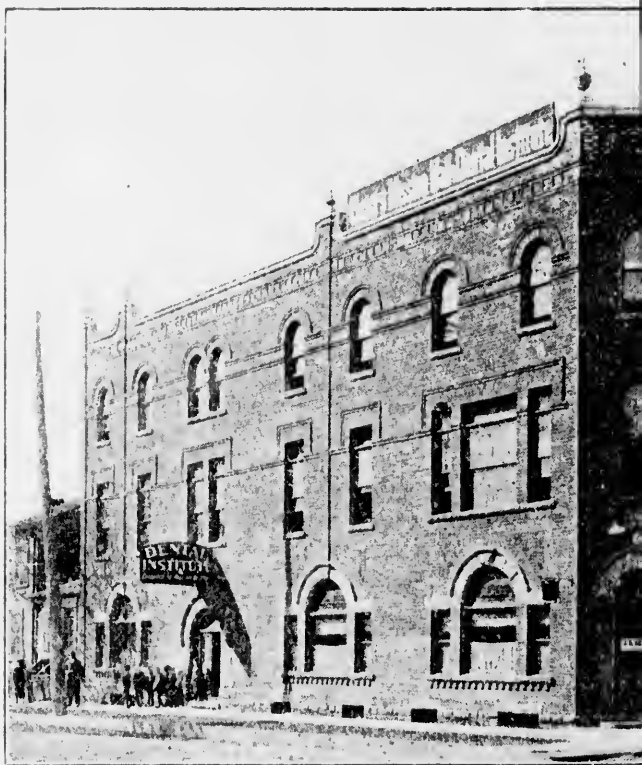


¶ The paper on "The Condition of Children's Teeth," which I presented at the Montreal Meeting of the American Public Health Association, and which appeared in the July ('95) No. of their journal, is embodied, in substance, in this pamphlet.

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DENTAL INSTITUTE.

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Teraulay Street, one block west from Yonge Street.

