

CARE OF THE CHILD'S TEETH

Much Attention Should be Devoted to Mouths in Order to Prevent Disease

The Child and Its Teeth

The six-year molar—the most important tooth.

The six-year molar appears in the mouth in back of all the baby teeth at six years of age and no baby tooth is lost to make room for it.

In one half of the children these teeth start to decay when the children are seven or eight years of age. At nine years of age the teeth are badly decayed and when extracted are never replaced by others.

All children should be taken to a dentist when three years of age, and thereafter about every three months for examination.

(Written especially for this issue by a Salem dentist, interested in child welfare.)

The teeth of children should have a most important place in health education. A careful survey of conditions under the public health service show that only 15 per cent of all the people of the United States in any way have a habit of caring for the teeth, pity on the babies in the homes of the 85 per cent. These statistics show there is considerable missionary work to be done along dental lines by those willing.

The baby's first tooth arrives or should arrive when that important individual is six or seven months old. He should have eight teeth at one year and a full complement of 20 at two years, these first teeth are known by various names as milk teeth, deciduous teeth, first teeth, and baby teeth for convenience of understanding they will be called baby teeth in this article. They should cause no pain in eruption (cutting) but it is well known that there is most always some irregularity in health of the child at this time often manifest in slight fever and stomach disorder.

At the age of three years "His Royal Highness" should make his maiden voyage to the family dentist or if the family dentist lacks tact with children one should be selected especially suitable to the child as a child at this age has well defined likes and dislikes, after the journey subsequent visits should be made if not in a professional, in a social way to keep the little patient acquainted with the fact that the den-



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SALEM'S only perfect baby and other youngsters who have scored high in the six eugenic clinics held in this city. Reading from left to right they are: Top row, Lloyd, son of Mr. and Mrs. C. T. Wright, 99½ per cent; Estelle Mary, daughter of Mr. and Mrs. Frank Allen, 1125 Hines street, 100 per cent; Evelyn Propp, 99 per cent. Center, Frederick, Jr., son of Mr. and Mrs. Frederick Rotzien, 1294 South 13th street, 99 per cent. Second row, Mary Anne, daughter of Mr. and Mrs. A. H. Schneider, 1595 South Commercial street, 99 per cent Margaret, daughter of Mr. and Mrs. O. S. Macy, 260 South 14th street, 99½ per cent; Lucile, daughter of Mr. and Mrs. W. A. Goble, 1490 South Commercial street, 99½ per cent. Bottom row, Frances and Donald, children of Mr. and Mrs. Melvin Gildow, Aumsville, 99 and 97 per cent; Loren and Julius, children of Mr. and Mrs. Olaf H. Harold, Salem, R. F. D. 8, 98½ and 98 per cent.



Photos by Salem Studio

SOUP IN SCHOOL AIDS CHILDREN

Mother's Class of Methodist Church Responsible for Splendid Work

At the suggestion of Mrs. J. H. Litter, the Mother's class of the First Methodist church took up the work of introducing hot soup in the Salem public schools, early last spring, the first tangible result of their effort appearing on March 23, when children, obliged to carry their lunches, were served a bowl each of hot soup, for which they paid 2 cents a bowl—providing they were able to do so, otherwise the soup was served free of charge.

Investigating the reason for so many poorly-fed children, the women interested found that the mothers, for the most part, were working women and, therefore, unable to be at home at lunch time to prepare hot dishes for their boys and girls; and in some instances, poverty prevailed to such an extent that it was impossible to do better, and in some few instances carelessness was accountable for the deplorable physical condition of the children.

Results for good were noted very shortly after the soup was instituted, both in the appearance and conduct of the children. The change was especially noticeable in the first and third grades. Boys and girls who had undertaken their studies in only a desultory way previously, began to show a genuine interest in the work. One boy, almost incorrigible, was so altered in his behavior that the women interested were moved to investigate, and found that the little fellow had been coming to school without having had breakfast mornings. He was so hungry that he could not study.

From 25 to 30 children were fed each day between March 23 and June 4. Previous to the soup, hot milk had been furnished at the morning recess period, but after the establishment of hot soup counters, the milk was dispensed with, the soup being given out at the noon lunch.

The report of the soup service is as follows:

Number of free soups	249
Number of paid soups	1174
Total	1523
Donation by Mother's Club—	
March 27—Groceries	\$26.45
April 27—Groceries	8.46
Total	\$34.91
Total cost of making soup	\$27.00
Total cost of groceries	42.23
Total cost of milk	11.85
Total cost of meat	7.85
Total	\$99.09
Cost per bowl	.64
Receipts—	
Sale of soups	\$54.70
Gift of Earl Race	2.45
Total	\$61.15
Disbursements—	
Mrs. Naimn	\$27.00
Gahlsdorf's	5.00
Stoner Grocery	5.85
Milk	7.30
Soup bones	2.85
Total	\$57.93
Amount on hand	\$ 2.22
Unpaid bills	\$ 7.60
E. C. Cross & Son	5.50
K. English	4.50
Total	\$17.25

ditions which we have above considered, we have the localized conditions which are very important and like the systemic conditions, the local conditions are produced also by specific germs and some of the more common localized diseases cause some unclean mouths. We have phorria, excessive tooth decay or dental carie, ulcers of the mouth, and cancer. In addition to this we have severe irritation of the gums. Loose teeth, soft and flabby gums, to say nothing of the formation of what is known to the ordinary person as tartar, on the teeth themselves. One of the most important habits to cultivate in the child is the care (Continued on page 2, 2d Section)

tist is a kindly gentleman and does not wear horns and carry a pick ax. It is suggested these visits be made at intervals of six months.

When the child is six years of age a permanent tooth or molar appears in the mouth back of all the baby teeth, and no baby tooth is lost to make room for it. This, in the mind of the dentist, is the most important tooth and is most often lost before the child is grown; in fact in one-half of the children, these teeth start to decay when the child is seven or eight years old. At nine

years of age the teeth are badly decayed and when extracted are never replaced by others. If the foregoing rules for visiting the dentist are carried out carefully, your children will never lose this tooth that is so important to his future health and happiness.

To the medical man or the dentist it is unnecessary to dwell on reasons why mouth hygiene is so important to every individual, but to parents who have not considered the matter, let us present a few facts to demonstrate why we should give it attention. First a few words as to the

mouth's relation to general systemic diseases or disorders. There are always present in the mouth a large and varied number of bacteria, the pneumonia germ, the influenza bacillus and the diphtheria germs are found in about 10 per cent of the mouths examined at random and the specific germs which cause many of our most severe illnesses are almost at some time or other during one's life, found in the saliva. Many of the organisms that are now known to be the real cause of disease are eliminated through the mouth or intestinal tracts and enter the future victims

through the mouth as the important channel. Following are some of the diseases that have as a path of infection the mouth: Tuberculosis, tonsillitis, whooping cough, influenza, and some scientists claim that germs of small pox, measles and mumps enter the system through the mouth. The tonsils are the greatest point of entrance of infection to the system. Knowing these facts makes it significant to every parent that a clean mouth necessarily means a lessened danger of infection through that channel. Next to the general systemic con-



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