

Health and Happiness

Under these head lines will be continued a series of articles begun November 10. They have been compiled and edited with a view to progressive study and thought on subjects affecting our personal well-being.

Number 12.

BAD TEETH AND THEIR EFFECT ON THE LABORING MAN'S EFFICIENCY.

Efficiency from a health standpoint is difficult to determine. We know, for instance, that if the water supply of a community is pure, the community is saved economic loss from typhoid; the same can be said of the milk supply and of all the precautions necessary to keep a community in health.

This is true from a dental standpoint. If we teach a large body of people mouth hygiene or cannot say how much better their health will be, or how much we have saved them through the prevention of mouth and systemic diseases.

In the past sixteen months I have made 30,000 mouth examinations, for 17,000 Americans and 13,000 foreigners. Of this number, 96 per cent are in need of dental service; only 4 per cent have clean, healthy mouths; 9 per cent are without cavities and could be made healthy by a thorough cleaning; the balance have all the pathologic conditions known to dentistry, pyorrhea pockets, decayed and abscessed teeth, mucous plaques with all the virulent bacteria ready to cause disease the moment there is a lowering of the resistance. The danger from a dirty mouth is quite generally recognized, practically all contagious diseases being transmitted by the nose or mouth and the mouth is the more dangerous of the two.

In a mouth free from caries, but with deposits of calcium and mucous plaques, gingivitis develops, and because the gums are painful and bleed the man gives up mastication, and food passes to the stomach carrying pathogenic organisms. The stomach cannot do double duty and in time disease results. And so by teaching oral hygiene to the laboring man and he in turn carrying the idea to his family, we are cutting down disease, not only in the factory, but in the community.

Suppose an epidemic of scarlet fever breaks out in a city. The health authorities find these cases along a certain milk route, and they look up the farms on which this milk is produced and find a case of scarlet fever. I have never heard a satisfactory explanation of how that first case started, apparently spontaneously. Could it not be a case of lowered vital resistance from some cause and a dirty mouth, in which the germs of scarlet fever predominate? Whether this be true or not, the teaching of oral hygiene to the laboring man is important if it does nothing more than prevent caries, pyorrhea, and other mouth diseases.

Now in 30,000 mouths we find about 60,000 cavities, and I intend to show what one cavity means to the average laboring man. First, there is the slight opening of the interdental space; food packs into the space, irritating the gum. Quite naturally he gives up mastication on that side of the mouth; caries progresses until the pulp is exposed, the tooth aches, and he goes home from work, often purchasing a bottle of whisky on the way. I have had cases in which the patients have admitted spending their last cent for whisky and had to borrow money to go to the dentist.

The pulp in the tooth may die in twenty-four hours, or it may stop aching, only to start again in a few days. If the pulp dies, in a period of time we have the acute alveolar abscess and at last in desperation he goes to the dentist and has the tooth extracted. During this period of time, due to disuse, quantities of filth have collected over the other teeth on that side of the mouth, caries has started in the tooth next to the one extracted, and within a few months he again goes through with the same experience. By this time the other teeth have become decayed, and within a comparatively short time he loses every tooth on that side of the mouth, and it is easy to understand this man could not be marked 100 per cent in efficiency during this period.

If we admit the teeth to be necessary to mastication and digestion, we know that the employee cannot enjoy the good health he would have had, had we been able to prevent that first cavity or at least to persuade him to have dental service before it was too late.

In 30,000 mouths we find about 18,000 extractions necessary, and experience shows these teeth to be practically all abscessed. This is a difficult problem in efficiency, especially so if the findings of the research commission of the National Dental Association in regard to the relation of infections of the mouth to general systematic disorders prove only part truth, but the indications are at the present time that these apparently unimportant foci of infection are the cause of many disorders.

The average dentist knows little at the present time regarding the effect of these foci of infection. If it is arthritis, stomach ulcer, heart lesions, pernicious anemia, or any of the nervous diseases of a neuragic type, the medical man is consulted. If it is true that these foci of infection are causing these obscure diseases, it is time for the dentist to learn more of medicine, so that he may hold intelligent consultation with the physician, and the physician should seek the consultation of intelligent dentists. One case along this line I wish to report. After working for the company for six years this man laid off in November 1913, to have a mastoid operation. In July, 1915, he applied for re-employment. Physical examination showed ankylosis of the knee and poor physical condition. The mouth examination showed very bad case of pyorrhea and several abscessed teeth. His mouth may

not have been the cause of his trouble, but the surgeon overlooked the possible cause, and the patient should have been sent to the dentist. Had this been done, he might at this time be an efficient workman. On the other hand, there are no doubt a good many of your patients whom you are burying on account of poor dentistry.

I wish to report a case which to my mind shows how bacteria are carried by the blood stream. A man injures a tooth in such a way as to kill the pulp. After a period of time an alveolar abscess develops. I have seen a number of these cases without a cavity in the tooth, no pyorrhea, and gums in a healthy condition. There is only one way that infection could occur. The bacteria were carried there by the blood stream from some focus of infection. If they are carried to the teeth, it follows naturally that they are carried from these blind alveolar abscesses.

If a man presents himself to our physical examiners with a suppurating toe-nail or infected finger nail, he is promptly rejected as being unfit for employment, likewise if he has an acute alveolar abscess with a swollen jaw he is rejected until the cause has been removed and the swelling subsides, but we cannot reject these men with 18,000 necessary extractions, knowing or at least suspecting the effect on their efficiency; if we did, it would mean the rejection of 25 per cent of all people applying for employment. The best we can do is to advise the removal of these teeth. In 30,000 mouths we find 40,000 teeth extracted, and that tells its own story, the inability to properly masticate the food, and you medical men know better than I the results of improper digestion which are bound to follow.

One way we can estimate the loss of efficiency due directly to toothache is by watching the piece-worker. Very often a man engaged in piece-work will say: "Doctor, this tooth has ached for a week." The loss of money to these men runs from \$3 to \$7 for the week. Men suffering from a day report losses of from 35 cents to \$1.50.

In 30,000 mouths we find 60,000 cavities and 18,000 extractions necessary; 78,000 in all. If each one causes an average loss, through waste of time and cost of repair, of \$2, it means a cost of \$156,000. In New York city last year 67,000 children failed to be promoted to higher grades because of absence, 80 per cent, of which can be laid to defective teeth, it costs New York \$1,037,696 to duplicate a year's schooling to these absentees. These same children in a few years will be employed by our industrial concerns and a large percentage will fail of promotion on account of poor health due to bad mouth conditions.

What can be done by way of prevention? The first thing necessary is the cooperation of the medical man; he is the first to see the pregnant woman; he should instruct her regarding what to eat to supply the necessary mineral salts to build bone and teeth, and send her to the dentist for instruction regarding the care of her mouth. The dentist should instruct her regarding the mouth of her child when it arrives, also regarding the care of that mouth after the teeth begin to erupt. It is possible to take a child at this time and prevent the formation of cavities, and it is most important that this should be done.

We find at the present time a great many dental clinics in the public schools. This is a good work, but the child is 6 years of age when he starts school and a great deal of damage has already occurred, so the work of the clinics is largely reparative, but still it is not too late to teach the children oral hygiene. They should be taught how to live, which is vastly more important than certain subjects which have been a part of the school curriculum in past years. If this were done, they would leave school and enter our industrial institutions better equipped to earn a livelihood.

During the past two years dental clinics have been established in a number of large manufacturing concerns. The clinics are operated along different lines, but all with the same general idea in view, that of cooperating with the medical departments in bringing about more satisfactory health conditions.—By Carl E. Smith, D. D. S., in Medical Journal, February 13, 1917.

Oyster Famine Imminent. Port Norris, N. J.—An oyster famine is imminent in the city markets as a result of the cold weather of the last fortnight, which has frozen on many of the beds along the Atlantic coast.

Shippers and planters in the Maurice River Cove district, who usually send out two trainloads daily at this season of the year, are cleaned out in the shipping sheds. Their fleets have been frozen in the mouth of the cove nearly two weeks. There is much floating ice in the bay, and planters fear it will damage the shallow beds. Captains of schooners say that it is uncertain when they will be able to get out to the beds again. Several of the planters say the demand for oysters resulted in them clearing off all salable ones on their beds before the freeze came.—Ex.

Why Spiders Fight. When two spiders fight there is generally a good reason for the attack and generally known that after a certain time spiders become incapable of spinning a web from lack of material. The glutinous material from which the slender threads are spun is limited; therefore, spiders cannot keep on constructing new snares when the old ones are destroyed. But they can avail themselves of the web producing powers of their younger neighbors, and this they do without scruple. As soon as a spider's web constructing material has become exhausted and its last web destroyed it sets out in search of another home and unless it should chance to find one that is tenacious a battle usually ensues, which ends only with the retreat or death of the invader or defender.—Ex.

If you find it in the "Watchman" it's true.

Country Life Longest by Census Life Tables.

The United States Census Bureau life tables, the first the Government has issued, show that the city is not as conducive as the country to long life and health.

These life tables, prepared by Professor James W. Glover, of the University of Michigan, are based on the census enumeration of 1910 and the mortality statistics of 1909, 1910 and 1911 in the original registration States, comprising Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Indiana, Michigan and the District of Columbia. The tables cover 24,000,000 enumerated lives and 1,000,000 reported deaths. They are supposed to be representative of mortality conditions prevailing in this country.

"A detailed comparative study of mortality in different classes of the population," said Professor Glover, "is made possible through the life tables and raises important questions which deserve the most careful consideration. Among the larger questions is this: The tables show an excess of city mortality over rural mortality, and the excess is so great that attention of health officials should be given to this subject without delay, to determine its cause and to what extent it is practicable to reduce city mortality to the minimum actually existing in the country.

"To give an idea of the difference—the tables show that out of 100,000 rural male births 58,117 survive to the age of 60, while among the same number of city births only 43,454 survive to this age. In other words, 14,663 more men out of the same number of births—100,000—would attain to the age of 60 in the country than in the city, on the basis of these life tables. These figures are so astonishing that they deserve the utmost prominence. Similar differences exist in England and Germany, as shown by recent life tables.

"Our tables show that the mortality rate among women is lower throughout the entire range of life than for men, and that the expectation of life of women is much greater. While this is true in general there is a striking exception in the case of rural women.

"It appears from the tables that from 20 to 40, the mortality rate for rural women is almost as great as that of the men, except from the ages of 25 to 31, where it is actually greater. The same thing occurs in the case of negro women from 10 to 20. It would be interesting to know what is the cause of these curious exceptions.

INDUSTRIAL MORTALITY GROWS. "There is considerable interest in occupational mortality, particularly in the manufacturing industries. The life table for Massachusetts exhibits approximately occupational or industrial mortality as compared with that exhibited by a State like Indiana, which is largely rural. The industrial mortality is greatly in excess of that in the rural communities.

"In all these studies the question naturally arises whether the differences exhibited in mortality rates are due to racial characteristics and not easily changed, or whether they are due to environment and mode of living and admit of improvement.

The English bills of mortality, which correspond to the present-day death certificate, first appeared, Professor Glover says, some centuries ago, but the age of death was not stated in these bills until as late as 1728, because of the popular belief that death was a random shot with respect to age as well as social position.

Edmund Halley, the noted English astronomer and mathematician, prepared the first life table at the close of the seventeenth century, and showed that the law of averages and not

pure chance governed deaths among mankind. The study was based on 6193 births and 5869 deaths in the city of Breslau, Silesia, 1687-91, inclusive, and was first published by Halley in 1693 in London.

Maybe You Think You Can Pass This Test; if So, Try it.

Why is snow white? What will lower the freezing point of water? What is the latitude of the equator?

Explain the recent changes in the British Cabinet.

Why should we be alarmed at the enormous inflow of gold into the United States?

If you are fond of riddles and have twenty-four empty hours hanging on your hands tackle the general information test containing questions such as those above, which were given to the pupils of the Friends' Select School, Media.

Children ranging in age from six to fourteen years old were asked one hundred such questions. They contain the essence of contemporary history and common sense science.

Here are some more of the questions:

Explain the shortage of coal.

Explain the increase in American shipbuilding.

What are the women of Holland asking from their government?

How are the German school children helping their Government?

What is the meaning of the bundle of rods on the new dime.

Tell some facts about the German peace note.

Name a great dam just finished.

Tell where a new supply of coal has been found.

Name three kinds of bridges in New York city.

Who gave the Statue of Liberty to the United States, and name some important recent fact about it.

How many pounds of coal are sold to a ton in Philadelphia?

Why should you put ice in the top of a refrigerator?

Facts About Oysters.

The following facts about oysters are given by a member of a family that has been connected with the oyster trade for 300 years:

The average oyster suitable for consumption is between three and four years of age.

Oysters are undoubtedly the cleanest as well as the most nutritious of fish, for it is a fact that if anything in the way of dirt gets in the shell of an oyster it immediately dies.

The embryo oyster, when it is about 12 months old, is planted in the most suitable waters. The young oysters are taken out in flat-bottomed boats, shovelled overboard in likely spots and allowed to remain there until they are sizable and ready for catching. This is done by means of dredges, which go over the oyster beds with a large rake arrangement dragging from ropes on the bottom of the sea, the oysters being thus forced from the bed into the large nets fastened to the inside of the rake.

The breeding powers of oysters are simply amazing, and it has been computed that 1,000 full-grown parents produce 440,000,000 embryos in the course of a year. But of these it is estimated that only 421 individuals reach maturity, for the mortality is enormous, millions being washed away and devoured by hungry fishes.

The Best Way.

Housewife (over the telephone)—"What is the best way to tell a bad egg?"

Grocer—"If you've got anything to tell a bad egg, there's only one way—break it gently."—Duluth Ginger.

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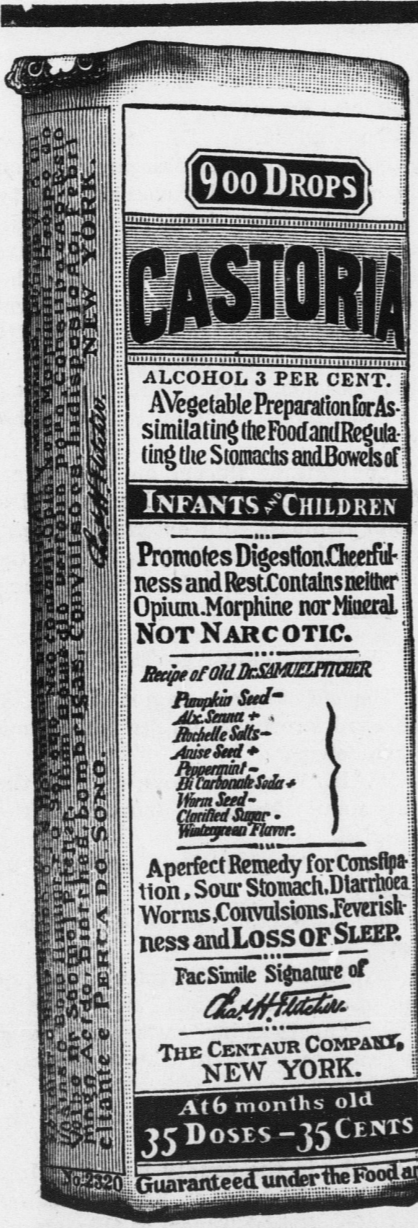
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