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DENTAL CARIES AMONG AUSTRALIAN ABORIGINES.

Our school children who suffer so often from dental caries and toothache may well envy the lot of the aboriginal children of Australia. Dr. T. D. CAMPBELL has recently examined the skulls of 630 Australian aborigines, repre senting individuals of all ages, noted the condition of their senting movious of an ages, noted the condition of their dentition, and has published his results in a book entitled Dentition and Palate of the Australian Aboriginal. His collection included a series of thirty-seven children under the age of 12, and in them not a single tooth was affected with caries. Examination of a similar number of white children in any school in Adelaide would have shown that in thirty-five of them one or more of the teeth had become carious; or, to state the result in another form, 100 per cent, of the milk teeth of the aboriginal children were sound, whereas in white children only 6 per cent. were free from caries, the condition in the schools of Adelaide being neither better nor worse than that of the schools at home. Dr. Campbell noted that the milk teeth of aboriginal children are ground down by wear, a condition rarely seen in the mouths of English children. He attri-butes the immunity of the teeth to caries and the freedom of the palate from narrowing to a vigorous use of the teeth; the opinion will be received with caution by those who have noted the effects which Mrs. May Mellanby produced on the teeth of young animals by feeding them on a deficient dietary. Dr. Campbell's observations on the incidence of caries

amongst adult aborigines are also of great interest. He found no caries in the teeth of young adults; it began to appear in the fully grown adults and was most frequent in the skulls of the aged, but even in them only about 1 per cent, of teeth were affected. "Caries among the aboriginal natives," he states, "appears to be essentially a disease of old age and is closely associated with extreme attrition and large erosion cavities." Caries attacks native teeth only after they have been damaged. But in natives who have grown up on the outskirts of civilization and adopted the white man's diet, carious teeth were almost as numerous as among Europeans. Dr. Campbell believes that the loss of immunity to caries by contaminated blacks is due to the nature of the white man's diet. He says:

"If the masticatory system be supplied with a diet which imposes upon the teeth and jaws the task of functioning in a thorough and physiological manner, then the tendency will be for the maintenance of normal and healthy conditions. Modern dictaries and methods of food refinement do not provide for this, hence the present-day oral and dental degeneracy."

To this Mrs. Mellanby might reply that it was not the softness of the diet that was at fault but its deficiency in certain substances which are needed for the production of sound enamel, dentine, and bone. The unbiased critic may suspect that both are right, each having laid hold

of part of the truth. While the Australian aborigine in his native haunts is almost free from pyorrhoea it is otherwise as regards dental abscess. Dr. Campbell found that nearly 20 per cent. of the middle-aged suffered from alveolar abscess,

while in the aged 74 per cent, were so afflicted.

The sections of Dr. Campbell's monograph which deal with the diseases and disorders of the teeth of Australian aborigines represent only a fraction of his investigations. In reality he has produced a standard treatise on the dentition, palate, and jaws of the most primitive of living peoples, one which will satisfy the requirements of the scientific dentist and expert anthropologist for many years to come. The University of Adelaide recognized the value of Dr. Campbell's investigations by conferring on him the degree of Doctor of Dental Science.