

to be thirty years since I issued the circular to the dental profession asking if they would attend a meeting if notified when and where, with a view of forming an association, and also a bill of incorporation. I found in the profession a sufficient number of loyal and hard workers who responded in the affirmative. At that meeting the Association was formed. Then when the incorporation of the profession was brought before its members we found some, and may say a strong opposition, claiming the Association was all that the profession required, but the supporters of the bill carried the day, and am proud to know that both the Association and incorporation are in existence to-day and have done good work in raising the standard of the profession to a grade that it never would otherwise have attained. Now, while I had something to do in bringing this about, it would have been a useless undertaking had I not had associated with me those who showed energy and ability, and used it to place the profession where it belonged before the public; and am also pleased to know that two of the old veterans, Drs. Wood and Willmott, are still in the harness. You have my good wishes and absent support in your thirtieth birthday, and may the profession be as much advanced in the thirty years to come as it has in the thirty years past.

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## Translations

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### FROM GERMAN DENTAL JOURNALS.

ABOUT NEW METHODS OF TREATING DISEASED PULPS.—Dr H. Bünnecken, professor at the Imperial Institute in Prague. The usual method of treating diseased pulps (I refer to the cauterization with arsenic followed by the extirpation of the pulps and filling the root canals) has two drawbacks. Firstly, the time it requires, and secondly, the pain caused to the patient. To place myself in the proper light as regards this question, I may observe that I consider the ideal to be sought for is to remove every trace of nerve fibre from the canals, thoroughly sterilize them, and fill to the apex. Only from a tooth thus filled are we certain of permanent success. Unfortunately in a great many cases this ideal cannot be carried out. To enter and remove every trace of nerve fibre out of the canal of an anterior buccal root of a sup. molar, or from the narrow root of some bicuspid, is sometimes a very difficult matter; in such cases we are forced to leave some of the nerve fibres in the canal, also in some which are easily accessible we cannot complete the operation of extirpation of the nerve on account of the pain caused, in spite of the use of arsenic, cocaine or chloræthyl. The opening out the