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DOMINION DENTAL JOURNAL.

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Original Communications.

Translations.

(From Foreign Dental Journals, etc., etc.)

By CARL E. KLOTZ, L.D.S., St. Catharines, Ont.

TREATMENT OF TEETH WITH DEVITALIZED PULPS.—Dr. Glesch, of Zomber, Hungary. After the pulp has been devitalized and rubbed down in position, the pulp is removed out of the pulp chamber and partly out of the canals with spoon-shaped excavators. An antiseptic is applied to the cavity. When the cavity is dried he takes a pellet of cotton moistened with distilled water and dips it into powdered borax. The borax, adhering to the cotton, is placed into the pulp chamber and part of it worked into the canals till it touches the nerve stump. The remaining borax is wiped out of the cavity. Being moist, the borax will permeate the remaining nerve fibres left in the canals, which it would not do if applied in a dry state. The borax in the canals is covered with tin-foil, also the pulp chamber is filled with it. The cavity is filled with any desired filling material—gold, amalgam, etc.—*Zahnärztliches Wochenblatt.*

TROFRACOAIN is an alkaloid similar to cocain, but not near so poisonous, as Dr. Hugenschmidt, of Paris, says. When used as an anæsthetic it is without the disagreeable after effects as very often experienced with cocain.—*Zahntechnische Reform.*

BLACKEN your hickory or orange wood wedges with your lead pencil and see if they don't go in between the teeth much nicer. Try it.—*C. E. K.*

A PECULIAR case of blood-poisoning which caused quite a sensation among the dentists of Berlin. Dr. Bernheim, a dentist of Berlin, extracted a tooth for a lady and got his finger into her mouth, whereupon she closed her teeth with a convulsive firmness on his index finger. After a few hours symptoms of blood-poisoning appeared on the doctor's hand and spread so rapidly that even an immediate amputation did not check the spreading. He became delirious and, notwithstanding the efforts of two physicians, Dr. B. died the following day.—*Berlin Journal.*

AMBLYOPIA CAUSED BY DENTAL IRRITATION.—Patient complained of headache, weakness and seeing specks before her eyes, and, a few days later, of a weakening of the sight of the right eye. Her vision was so impaired that she could scarcely count her fingers at a distance of ten inches from the eyes. The cause could not be discerned by an ophthalmoscopic examination. She was treated with iodide of potassium for optic neuritis, but her vision became dimmer. A physician suggested to examine her teeth and found five ground-off roots on the right side, upon which a vulcanite plate rested. The roots were extracted, and four days later her vision was better. In less than two months her eyesight was completely restored and remained so, as subsequent examination showed.—*Deutsche Monatsschrift für Zahnheilkunde.*

A CASE IN PRACTICE.—Some time ago I was called to the house of a lady who had been suffering from toothache for some time. When I arrived the lady told me that Dr. ——— had treated her for a length of time but could not relieve her of her pain, and finally told her that she was not susceptible to medicine, and that she would have to consult a specialist. Upon examination I found that the lady had a copper amalgam filling in the first upper molar, and first and second bicuspid badly decayed. I extracted the molar at once and found the roots abscessed, with a large sac on one of them. I expected that this would relieve her of her pain, but the following day she came to my office and complained of having the same pain. I now treated the bicuspid and dismissed her to come again at a certain time. The second following day she came with the same complaint. I removed the dressing from the bicuspid and devitalized the pulps, extracted them, and prepared the canals with an antiseptic dressing, intending to fill them the following day. (This was not done in one sitting; it

took several.) When she came she complained that the pain was worse than ever. Now I was in a dilemma, and did not know what to do. I again examined her teeth very carefully and found every one apparently sound. I happened to remember a case I had many years ago, where all the teeth in a patient's mouth were sound, but that one molar had a peculiar sound different from the rest when tapping it. I extracted this molar and found, after splitting it, that the nerve was dead and the odor from it was anything but pleasant. I now determined to drill into the second molar, and as soon as I reached the pulp chamber with the drill a quantity of pus was discharged and the pain was immediately gone. I treated the canals and in due course of time filled them as well as the canals in both bicuspid, and—quietness reigns supreme. This case shows that in apparently sound and healthy teeth deceased pulps may be present.—*Monatsschrift Deutscher Zahnkünstler.*

MOUTH POULTICE.—Dr. Hugenschmidt recommends as the only practical poultice that can be used in alocular abscess, a fig boiled in a solution of boric acid and cut in halves, and the cut surfaces sprinkled with powdered boric acid. It will in most cases cause the abscess to discharge into the mouth. Should the abscess be far advanced and threaten to break through the cheek, then apply an ice-compress with the above.—*Journal für Zahnheilkunde.*

Address of Dr. F. Kilmer, as Retiring President of Ontario Dental Society.

Gentlemen of the Ontario Dental Society and of the Eastern Ontario Dental Society :

It is with pleasure I welcome you at this union meeting of these two important societies—important because they embrace in their membership and attendance the most ethical and progressive members of our profession, because a broad, liberal spirit of good-will and brotherly feeling is developed by the social intercourse at these gatherings, and because the kind and generous criticisms of our methods and their practical application in our clinics give a stimulus to intelligent and scientific methods of investigation.

I wish to thank you for your generous response to the call of this union meeting, and I think I can safely assure you that any sacrifice of time or convenience to attend this meeting will be more than amply repaid by the opportunity you will have for the free interchange of thought and of good-will.

There are, no doubt, many careful and conscientious dentists in the Province who are not members of either society, who would, I am sure, be benefited by identifying themselves with us, and the society too would be equally benefited by their presence, and by their discussions on the various subjects presented at our meetings.

There are various motives by which we are induced to attend conventions. Some come to read papers, to take part in, or intelligently listen to the discussions, with the view of being practically benefited by them. Some go to see the sights, to hear the big guns, if there are any on hand and heavily loaded, and to tell their patients when they return home that they have been attending a professional meeting. Some go merely to see the exhibits of the dealers, to see what new things they may have on exhibition, and then to put in what is generally designated "a big time."

The first of these are the life and energy of the associations, and we are hoping each year to see this number materially increase. Unfortunately there are some who never attend a convention for any purpose; they never read a journal, and are absolutely ignorant of improved and advanced methods. They know not the influence of professional fellowship or fraternal feeling, but seem content to settle down into a groove so deep that their condition could not be better described than one of narrow and dense ignorance of their best possibilities. Time in its onward march will do much to lessen this class. Recent graduates from our college, with the impulses of a high matriculation, an extended term of studentship, and an extra college term, where lectures and demonstrations are faithfully given by a Faculty that in point of ability stand the peers of the Faculty of any dental college on the Continent, will come into our societies, their minds in favor of professional progress, and they cannot to the same extent drop into these grooves of professional narrow-mindedness because of the bias given their minds by a more extended and scientific training. To them we may look for the main hope and strength of our societies.

It is a fact, however, that occasionally a graduate is apparently so constituted that he cannot wait to conscientiously gain the confidence of the public, but resorts to the tricks of the ignorant pretender. He might not care to be called a quack, but such he is, no matter what his college standing may have been, so long as he practises the deceptions of quacks. If these men could be brought under the influences of our societies, they might be restrained from gliding into this bombastic assertion of their special abilities, and the unparalleled advantages of their secret specifics, destroying thereby their self-respect, and only gaining in its place that credulous portion of the public who are found always standing around open-mouthed ready to be duped. Our society

would be doing good work to appoint a committee of resident dentists in Toronto, to canvass the graduating class each year and try and induce them to join our association, and subscribe to our code of ethics. If this could be successfully done, I think the conscientious dentist would be less often filled with disgust, by seeing in many papers advertisements claiming exclusive knowledge of some wonderful drug that does every possible and a great many impossible things, from restoring a necrotic pulp to vitality, to developing new teeth in an edentulous jaw like mushrooms springing from a hot-bed, or claiming the special control of some mechanical device that renders their work superior to that of everyone else. Such knowledge and such skill is apt to discourage the more modest dentists, because they will occasionally find that specifics fail, and that special mechanical appliances sometimes require just a little alteration to meet their case in hand. More especially are they likely to be discouraged when they remember that these men of prodigious secrets and marvelous appliances neither distinguished themselves during their college course, nor followed habits of life after entering upon active practice that would indicate either studious or scientific investigation, and then suddenly hear them announce that they have made a great discovery that they possess a secret drug that performs miracles.

Discouraged, indeed, they might well be if these men were the brains of the profession and the skilful manipulators of its many intricate and difficult operations, and appropriately they might exclaim with Dogberry, "Oh! that I had been writ down an ass." But let them take courage, and opposite this superior, secret and exclusive knowledge write QUACK in big capitals, and let them remember that the *materia medica* is the property of every intelligent dentist, and that the physiological, therapeutical, and toxicological actions of its various substances are thoroughly investigated and recorded by men who are not so exclusive with the secrets their investigations reveal. One needs but read the best medical and dental journals of to-day to feel assured that the most careful and scientific investigators freely and fully give their investigations to those less qualified by opportunity or ability to investigate for themselves. There you find reliable reports of experiments with all kinds of drugs that are specific in their character. There, too, you become acquainted with the latest theories, and methods of treatment based thereon. Bacterio pathology is fully discussed, and there you learn about psycho-therapeutics or hypnotic suggestion as a sedative and obtundant. There you will even find scientific men, thinking it for the benefit of less informed and more credulous to analyze and put before them the composition of these secret preparations, showing that they are well-known drugs simply clouded in secrecy and palmed off as new discoveries by unscrupu-

lous nostrum vendors. I would advise you to summarily dismiss anyone calling on you in your office with a secret specific, or some improved patent which, for a small consideration (compared to the priceless advantage it will be over your neighbor across the street), he will give you a town or county right for its sole use. How that "sole right" does catch these men who want the earth! I would absolutely refuse to accept any preparation that I did not know its ingrediency and there relative proportions, or for which I was required to enter into a covenant not to divulge its formulæ. When I receive a circular headed something like this: "In daily use by more than all others combined. The only practical, reliable, harmless and effective anæsthetic," and so on to the end of the chapter, even though a three dollar syringe is thrown in with a ten dollar purchase of the shotgun mixtures, it has about the same effect on me as flaunting a red rag before an infuriated bull, and I want to gore somebody, and I would like it to be both the vendor and the unprofessional quack whose testimonials and advertisements flood the country. In this connection I will quote from the *Cosmos*, for May, 1893, as follows: "If we are professional at all, it is entirely inconsistent with the pretension that anyone should secure control of procedures or the use of appliances for his own exclusive benefit, and unworthy of those who are under the moral obligation to fulfil the maxim, 'Freely as ye have received, freely give.' The endeavor to impose upon the profession by dispensing for gain secret formulæ of any of the preparations or materials we use, is a still more reprehensible practice, and the use of such should be excluded from any and every society. To effectually stamp out this evil there appears only one means of action, which is for each practitioner to refuse any preparation the ingrediency and proportion of which are unknown to him." Testimonials might often tempt one to accept these nostrums, but they are too frequently unreliable. They may have been given as the result of a combination of circumstances that would not exist in your relation with your patient. Belief in the potency of the nostrums by the operator, and the soothing charm which springs from unhesitating faith the patient has in the operator and his methods, is a combination that does not always exist. I would, therefore, say, do not be over-ready to give a testimonial until you have had time and opportunity to form a clear judgment. I was waited upon by an agent with an electric appliance for painless extracting, and was shown testimonials, some from men I knew at college, and in whom one had no reason not to place confidence. I was induced to invest; paid a small amount; agreed to pay a certain sum at stated intervals, failing that to forfeit what I had paid as well as the appliance. My experience, like Mr. Taylor's, mentioned in the *Items of Interest* was that no person gave it unqualified approval. "Some spoke of it as Josh

Billings did of tight boots. He said: 'Tight butes is a blessing, inasmuch as they make a man forget all his other troubles.' So patients have said the electricity is worse than having the tooth out." Before the first date of payment had come around I notified the agent to take his appliance away, as it would remain in the office at his risk. This taught me the value of testimonials, and but that the agent lacked the physical proportions I would have given him another bill to have kicked me around the office until my physical discomfort would have been more in keeping with my loss of self-respect for being so easily duped by a nicely worded testimonial.

Leaving these things aside, I believe there is a growing professional spirit among the dentists of Ontario. I believe the spirit of free interchange of thought and of methods is rapidly growing, and as a result there is a proportionate decrease in the tendency and disposition to misrepresent and take advantage of each other.

By cultivating its growth we will increase our respect and enthusiasm for our profession, and command as well more perfect respect from the public. It will bind us together in earnest effort for the highest excellence. It will impel us to give our best service to our patients, and extend the kindest courtesies to our professional brother, helping us in all circumstances to apply the golden rule in our relations with each other.

There are many causes for these hopeful signs. Some arise from the influence of our conventions, and many from the influence of our DOMINION DENTAL JOURNAL, which, by the way, should be subscribed for by every dentist in Canada, and last, but not least, much of this spirit may have come with the changes made in the management of our College, and in the election of its Board of Directors. These changes will manifest themselves in our conventions, and we should expect to see our associations improving. Heretofore the tendency was to have discussions on College affairs and matters of legislation take a most prominent place. With the present condition of things we can, and should, give most prominence to subjects of especial interest to the individual dentist in his private practice. Subjects that heretofore received a good deal of explanation and repetition for the enlightenment of the profession will now not be necessary, owing to the general distribution of the proceedings of the Board of Directors. Each of you have, no doubt, received a copy of this report, and have, I hope, carefully read it. It is indicative of progress, and I am satisfied, after seeing the immense amount of work accomplished during the past two years, the steps taken by the Board to protect the dentist, as well as the best interests of the public, and to guard against any legislation that would interfere with the privileges and rights of the Board, or of the licentiates, you will have the utmost confidence in the Board to manage their affairs that used, at least every second

year, so much to agitate us, and that the best of our time and energy will now be occupied in the friendly discussion of those topics that touch us in our every-day practice.

The districts into which our province is divided for electing the Board of Directors would be an excellent division for more limited associations, which, if once formed, would create a more professional spirit in the local districts. They would encourage the best methods and the most careful investigations in a greater number than could be reached by the more general association. They would, also, be a means by which the representatives to the Board of Directors would be enabled to gauge the general sentiment of the profession, which would be of material help to them in their official duties. If such societies were in active existence what a resource our general society would have to draw from, and in return how it could extend its influence.

Through the printed transactions and reports in the various journals, and by the stimulus given to those who were present, what an influence the Dental Congress of last August in Chicago will have. It will extend to hundreds of dentists who were not present, helping them to more fully appreciate the dignity of their chosen profession, and elevating them in no small degree in their ethical standing, and what is true of the World's Columbian Dental Congress is true in a more limited sense of every dental convention.

Let us then strive each year to have a convention that will be universally attended that the best good may result therefrom. Such has been our endeavor this year by this union meeting, but in conclusion I wish to say, that it ought to be of paramount importance that there should be one society that would be an aggregation of all that is best in the various local societies that now exist in, or that may be formed in the Province, and that society should be the Ontario Dental Society.

Modern Dentistry.*

By C. A. MARTIN, L.D.S., Ottawa, Ont.

When asked for a title to a solicited contribution I did not then know what I would write about, so I selected "Modern Dentistry," believing it to be a most comprehensive subject, affording great scope. Do not for a moment expect a long dissertation on the many additions and improvements to the dental science during the past twenty years. It should be considered presumptuous in me (one of the old practitioners before the introduction of L.D.S.) to

*Paper read at Union Dental Meeting, Kingston, July, 1894.

attempt to advance new ideas, or even lecture to the advanced graduates of modern colleges. Somewhat bewildered, I come in an inquisitive mood to speak on some of the modes of practice of the present. I do not wish to emulate the divers lecturers and writers of the day with sensational descriptions of extraordinary, wonderful discoveries and successful achievements of exceptional character. That gushing period has passed away from me. The hard, practical facts only remain. In the struggle for existence, increasing responsibilities necessitate the elimination of the superfluous and many modern adjuncts. One must adapt himself to his environments, and adopt a line of practice wherein he is most proficient and capable of giving conscientious value to his patients. Few of us become equally proficient in all branches of dentistry. Believing this, and being sufficiently employed otherwise, I have not tried the Land system of porcelain work, a most beautiful process. When properly performed by experts it is capable of embellishing as well as saving conspicuous defective teeth. The mixing of colors to produce imitation of natural shades is a work of art requiring special and continuous attention. I have not inserted teeth on what is called bridge work, believing that two or more roots should not be kept immovable by a rigid fastening which is irremovable. Although I have seen some nice work in that line, apparently giving satisfaction, still I have met some disastrous consequences when disease or mechanical fractures occur. I think all such work should be made so as to be removable at will by the wearer. I have never implanted teeth, having no faith in the system. Some appear to prove satisfactory, but many come to grief, and all are more or less a source of annoyance and trouble. To my mind the system is contrary to nature's laws, and will be tolerated only in exceptional cases. I do not cap exposed, bleeding or congested pulps, feeling safer to extirpate and fill root canals. A few accounts of horrible suffering, sometimes a demand made to have all the teeth removed to get relief, induced me some years past to eschew the practice. I have never tried the electric vibrator! I have still in my possession a forceps with a hole in the handle which was used, about thirty years ago, by my brother and myself for extracting teeth *without pain*. We wore a kid glove and attached a wire to a galvanic battery and let her go. It acted on the same principle as the method employed by French-Canadians to remove or abate pains caused by burns. They dip the painful part three times in boiling water. I tried the freezing appliance for a short season. Its effect was something similar. I have not used any of the numerous local anæsthetics advertised widely and extravagantly—some with high-sounding names, extracted from the Latin principally, others from the Greek and Hebrew. These names alone show considerable labor in research, and the numerous testimonials prove the article worthy of trial. But there are so many on the market that it is

difficult to select one. Apart from the cost (which is an item), an old practitioner who has been successful in other ways, cannot afford the time. I do not use the electric mallet for filling. It is hard for me to acknowledge that I am growing old—therefore callous in the adoption of modern improvements; but my patients protested so much for a time against the use of the dental engine that I dread the introduction of more machinery. My sons may get it!

There are quite a number of dental appliances and medicinal preparations which I did not try, and which have proven useless. By being thus slow in adopting new things I have saved money, and my patients more or less torture. Most of my patients object to being experimented upon, and many continue to come through confidence in my old system of practice. I have never used nitrous oxide gas although I know it to be a good thing. I prefer sending patients who wish teeth extracted by its use to other dentists who employ it. In the case of patients desiring an anæsthetic, they or I procure a physician who administers. I only operate. Perhaps my bump of caution is too large, and may prevent me from securing a wider practice, still I continue to make the sacrifice, and distribute that line of practice to the fearless or more confident. I once tried to make a plate for a cleft palate, but the girl died before the operation was completed. I have never tried another case since, patients presenting themselves being generally poor. I have been successful in some cases of complicated irregularities, one of the most successful occupying nearly a year in making and adjusting various appliances according to changes until perfected; was not fully paid for, the party leaving the limits forgetfully. In some cases, after expressing a desire to have their child's teeth regulated, and after the trouble of constructing one or more appliances, the indulgent parent gives way to the child's request to be relieved of the troublesome nuisance, and otherwise honorable people grumble at paying for services rendered. I have improved and made more symmetrical irregularities in adults' teeth by grinding and polishing. I have still a few patients of fourteen years of age and over who are themselves anxious to have their teeth straightened. In such cases I generally succeed. I have never inserted what is called a Richmond crown, or that mode of pivoting teeth with a gold band exposed on the labial surface. I have seen considerable irritation and inflammation with a strong tendency to permanent recession of the gum's margin, caused by the presence of gold bands pressed into the alveolar process. I prefer the Martin crown, where a gold band fits around the lingual part, and the mineral crown chamfered and fitted to root as a continuation of band, and not hammered in, but gently pressed to place. I inserted, a few days ago, a right lateral incisor, with gold backing, so as to regulate position, on a

root slightly out of arch, for a citizen who has firmly fixed on the left central and lateral incisor roots, crowns—the old-fashioned pivot-holed mineral crowns, fastened with platinum pins, which I inserted fourteen years ago. For the same person I am crowning two bicuspid roots with gold. I believe the gold crown to be one of the most successful as well as useful additions to the dental art. For bicuspids and molars they are invaluable in restoring masticating surfaces, and also in being a complete protection and preservative of roots. But the use of them on cuspids and incisors I consider hideous in appearance. While visiting the Art Gallery at the World's Fair, my brother, who resides in Chicago, introduced me to a local dentist, who, in speaking, displayed three! No less! Three gold incisors! The effect was shocking to me! No doubt he used them as an advertisement, and advised his patients to have the same kind inserted. Well, everyone to his taste. Among the English and Canadian people, very few, if any, would approve of or even tolerate them. Accompanying the last circus which visited Ottawa was a man selling tickets. While extolling the wonders of the side show, he exposed to view a gold incisor, highly polished, which glittered in the lamplight, and seemed to make him proud of his adornment. By the way he twisted his mouth to better expose the glittering object, he no doubt imagined that he was causing envy amongst the supposed backward Canadians. It reminded me of a brass door-plate minus the inscription. I think that I can safely state that we Canadian dentists endeavor to so closely imitate symmetrical natural organs as to deceive the eye, not only of the general public, but of intimate acquaintances. I felt a sense of pride when a patient asked an acquaintance who happened to come into my office, the question, "I have just had a tooth put in. Can you tell which it is?" The acquaintance, after closely scrutinizing, pointed to a natural tooth! We can do this conspicuous kind of work, but we do not recommend it, and we would endeavor to dissuade those who might ask for it. From the craze of having half a front tooth built up with gold it has come to this. I begin to think that there is some truth in the report that some Chicago dentist has inserted diamonds and rubies in teeth for ladies!! Modern art employed to imitate savage tastes! I immediately adopted the rubber dam and clamps, and consider them a boon to the profession. I approve of gold lining to vulcanite plates, also the addition of aluminum for strengthening and stiffening, admitting these plates to be made thinner. The gold plate, however, still holds supreme. The various makes of zinc cements are valuable acquisitions. The improved alloys for amalgams have enabled us to successfully save valuable teeth for people of moderate means. I have frequently seen teeth filled with the filings of a silver quarter doing good service after twenty-five years' use. If all

teeth were of as good material and the elements of contact were no more injurious, we could hope to attain equal results with the cleaner material now used. There are many new medicines introduced for the treatment of abscess, etc. I have tried some with beneficial results. Others that are undoubtedly good but slow in action, I seldom use. I have discarded creosote completely, as I obtain better success with carbolic acid and oil of cloves. I still use tannic acid, seldom salicylic or iodoform, but I have added sulphuric acid, eugenol, oil of eucalyptus, peroxide of hydrogen, and tincture of iodine generally. It is unnecessary for me to enumerate the several medicines now in use for the treatment of diseased teeth. The fact that different treatment with different medicines proves equally successful is sufficient guarantee that the dental profession of to-day can cause to be retained in the mouth teeth that were invariably condemned and lost twenty-five years ago. The graduates of our college have generally a uniform system of treatment, which is a benefit, for one knows what to do with another's patient in case of need. The future dentist's manipulations and mode of treatment will become more and more identical, and as the teachings at dental colleges assimilate, so will the mode of treatment become general, and as soon as the old fossils drop off—some of them like barnacles clinging to and retarding the ship of progress—I say as soon as these and the ideas they stubbornly cling to have died out, the dental profession may become one universal system! If no other benefits were derived from dental colleges, this one fact should be sufficient to uphold their existence, and that is, a professional dignity is visibly extending, an ethical code of procedure is gradually developing, such as is taught in our college, and which seems to be strengthened by each graduating class. This result alone would be sufficient to raise each individual dentist in the estimation of the public. More harmony exists now than formerly among dentists in cities and towns, notwithstanding the continued increase in numbers. In Ottawa the Ontario code of ethics is, I believe, well adhered to, perhaps one or two exceptions where a speciality is announced, with professional card. The growing tendency is upward and onward. I believe the coming dentist will become a specialist in certain branches in which he is most proficient. The present large establishments where numbers of dentists are engaged will eventually disappear, as they somewhat mar professional dignity. Judging from advertisements embellished with pictures of the artists, they appear to represent factories instead of professional offices. In conclusion, I repeat that when the dental profession becomes composed entirely of graduates of recognized high grade colleges, they will stand the equal to the medical profession in fact, and will be so recognized by the public.

An Ethical Resume.

By SENEX.

It is surely a matter for profound and sincere congratulation that, notably within the preceding decade, there has been such a steady and visible inclination of the profession of dentistry in Canada to a higher plane of ethical morality, and the consequent elevation of the professional status of our vocation in the eyes of the laity in general.

For some time this good work of advancement has been going on, though, perhaps, it has been more noticeable during the past few years, thanks to the efforts of some noble characters, to the unselfish and undeviating energy of the dental journal, to the influence exercised by the various societies and associations; and also the result is due in no limited degree to raising the standard of the preliminary education required for admittance to our colleges, from a mere nonentity to the requiring of an examination second to none, not excepting any college or university in America or the mother country.

And still we would be pleased to see the standard again raised, and we think in Ontario, at least, the time is opportune when this might be accomplished with absolute justice and propriety and beneficial results. While excluding from our ranks men of questionable abilities, a high standard of qualification would serve as an attraction to those with intellects expanded by a generous and liberal education—men capable of instituting original researches, and donating from the store-house of a cultured brain, appliances and literature that would advance, instruct and elevate not only the technical departments, but also the clerical equipment of our profession.

These are the sort of students we want at our colleges—these the sort of confreres we would welcome with our outstretched hands, for it is the liberal and intelligent man every time that maintains the honor and dignity of his profession, and has the stability to say “no” when he is tempted for the sake of a few paltry dollars, and at the sacrifice of a great amount of self-respect, to do something he knows is unprofessional, that he publicly renounced when he affixed his name to the code of ethics.

We think, however, the ninety and nine of the practitioners of Canada to-day consider themselves morally amenable to the code, and conscientiously endeavor to fulfil not only the letter but also the spirit; who try not to see how frequently they can contravene the edicts of the code, or how many dishonest and disreputable acts they can do clandestinely, and still, like the Pharisee, go up

to the temple and attend the convention, and be looked upon by their fellows as ethical and honest, and their reward is immediate, for, by respecting themselves, they are respected by the profession, and appreciated in the community in which they reside, and the unflinching concomitant—an ever-increasing practice—is the result.

But we have also tares among the wheat. We have men at this moment practising dentistry, of whom nothing good can be said, whose sole aim and ambition in life is to get money—to get it any way so long as they get it. They offer up everything, their position in society, the friendly intercourse with their brother-practitioners, they lose their professional standing, they are ejected from the associations in short; they suppress all the finer qualities of their natures, and everything is offered a willing sacrifice upon the altar of avarice. These men would fall far short of what Bacon considers the duty of every man deriving his living from the practice of some profession. "Every professional man is a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and an ornament thereunto." While there are quacks in medicine, quacks in law, and quacks in religion, neither can we truthfully claim them any *rara avis* with us. We have men who travel up and down the country in dental cars, that make the natives gaze with staring eyes and gaping mouths, and with an outfit that reminds one of the tail end of a circus caravan that has lost its bearings.

Then we have the individual who has an advertisement in the daily press or local paper, of huge dimensions, with unlimited cuts of forceps, dentures, molars, excavators, and other little attractions the people love to gaze upon, the reading matter calling attention to the fact (or the lie) that there is only one "dentist" in that portion of heaven's footstool, and he is that one. These men are endeavoring to be a help and an ornament to their profession. Assuredly they are an ornament to the doctorate!

But why go on. We might find unlimited examples. It has always been a mighty mystery to us why some men, by their own mean ways and contemptible actions, relegate themselves outside the pale of professional recognition and the hope of ultimate prosperity, for, at best, their success is only shortlived. The public is quick to recognize and to appreciate professional ability and worth, and equally quick to recognize and estimate at their true value assertions of superiority, whether in the possession of a heavenly spirit or of superlative knowledge and skill. Cant, religious or professional, is always distasteful. "I am holier than thou" is said to have provoked Omnipotence. The essential spirit of cant is an assumption of superiority—always offensive, sure to awaken a feeling of sentiment in human nature, to destroy confidence and weaken influence.

My friends, don't be quacks. Quit yourselves like men. Be honest, upright and just, with high aspirations, and conduct your practice in a legitimate manner, and great and permanent will be your reward.

Proceedings of Dental Societies.

**Union Meeting of the Ontario Dental Society and the Eastern Ontario Dental Society, Kingston,
25th, 26th, 27th July.**

The sixth annual convention of the Ontario Dental Society, held jointly with the Eastern Ontario Dental Society, was held in Kingston. This was the first time since the organization of either society that a joint meeting has been held. A welcoming address was given by Mayor Herald. Those present belonging to the Ontario Association were: Dr. Baird, Uxbridge; W. P. Brownlee, Mount Forest; J. A. Marshall, Belleville; Dr. Klotz, London; R. Meek, Orangeville; Dr. Rose, Peterboro'; Dr. McBride, Campbellford; William Leggo, Ottawa; C. P. Lennox, Toronto; F. Kilmer, St. Catharines; Dr. Brimacombe, Bowmanville.

Dr. Lodge, Ohio, is a guest of the society.

Those present of the Eastern Ontario Dental Association were: Dr. A. Stanley Burns, Smith's Falls, vice-president; George H. Weageant, Cornwall, secretary-treasurer; R. E. Sparks, A. Stackhouse, J. A. Clark, Kingston; C. A. Martin, J. C. Bower, Ottawa; D. V. Beacock, Brockville; A. A. Smith, Cornwall; G. E. Hanna, Kemptville; A. E. Webster, Arnprior; C. H. Wartman, Napanee; W. A. Leggo, Ottawa; W. N. Cleary, Renfrew; Dr. Howes, Vankleek Hill. The meeting was called in the City Hall at eight o'clock. On suggestion of Dr. Kilmer, President of the Ontario Association, Dr. Martin, Ottawa, was voted to the chair. He felt flattered at being given the chair at the first union meeting, and he felt sure the hospitality shown them by Kingston before would be renewed. The chairman proved himself a very humorous speaker, and kept the members in an uproar.

The Mayor welcomed the societies, by saying that the citizens were pleased to have strangers from the outside visiting the city. Kingston was a city to be proud of, and every visitor should enjoy himself. From the west the cool breeze of the lake was charming, while the ever-new river scenery of the St. Lawrence to the east could not be excelled. Kingston's public institutions were worthy

of a few hours' time for visitation. The joint meeting of the societies could not but be profitable to all present. The interchange of ideas was a good thing. He was glad to welcome them professionally. The practice of medicine was so diverse that there was hardly an organ of the human body that was not specialized. Many of the diseases called upon to treat came from the teeth. He hoped all would go away bearing a good opinion of our ancient and historic city.

The chairman said the welcome was well received and understood. Such a warm-hearted welcome was proverbial of Kingston. There was no town where such a warm feeling was shown, due in a large degree to the unanimity of the local dentists. The antagonism existing among the dentists in some places should be done away with. Kingston showed the benefits of unanimity. Two years ago the Eastern Society met in the city, and was glad to return. The time was not far distant when dentistry would not only be recognized by other institutions but by the people at large. If the teeth were kept in good order the doctors would have less trouble in keeping the internal machinery in order. The speaker was glad to notice the advancement that was being made in Kingston. The last time he was here he felt like joining the humane society to go in against the horse cars. Now, he believed, he had taken a nine-mile ride for five cents. No, he paid for the two other fellows, whom the conductor thought were patients for the penitentiary.

Dr. Kilmer thanked his Worship on behalf of the Ontario Dental Society, and the Mayor replied that he was pleased if they were pleased.

Dr. Kilmer, the retiring president of the Ontario Society, was glad to meet gentlemen where a broad and liberal spirit was developed. Any sacrifice of time or expense to attend the meeting would be well spent. Many dentists not belonging to the society could be greatly benefited. Unfortunately some attended the convention for no purpose whatever. To the students the main strength of the society could be looked forward to in the future. A resident committee of dentists should be appointed in Toronto to canvass the graduating class of the Dental College. He dwelt for some time on the wonderful discoveries made by quacks and the worthlessness of their medicines. The World's Chicago Dental Convention was one to be proud of; so should all other conventions.

In the absence of Dr. Brace, Brockville, Dr. Burns read the retiring address of the former for the Eastern Ontario Society. About fifteen years ago the Eastern Ontario Society was organized in Brockville, and he had been a charter member. The society had had its ups and downs. The change made in the Dental Act, whereby the members of the Board could be voted on by mail

was a good one, but why the fee was levied he could not understand. He did not think there was any better place than Kingston to hold the convention.

The officers elected by the Ontario Dental Society were:—

President, Dr. Klotz, St. Catharines; Vice-President, Dr. Leggo, Ottawa; Secretary, Dr. Brownlee, Mount Forest; Treasurer, Dr. Lennox, Toronto; Auditors, Drs. Brownlee Marshall; Ethics Committee, Drs. Klotz, Rose, Peterboro'; Baird, Uxbridge; Executive Committee, Drs. J. B. Willmott, J. Marshall, H. R. Abbott, F. Kilmer, R. Meek; New Members, Drs. Meek, Orangeville; McBride, Campbellford.

THURSDAY MORNING SESSION.

The Convention met at nine o'clock, when Dr. Rose, Peterboro', read a paper on "Calcification of Dental Pulp," followed by a discussion on the subject by Drs. Lennox, Martin, Burns, Kilmer, Marshall and Brownlee. Dr. Beacock, Brockville, read a paper on "Heredity and Environment," and Dr. Martin, Ottawa, on "Modern Dentistry."

THE EXCURSION—A VERY ENJOYABLE TRIP DOWN THE ST. LAWRENCE.

The steamer *Maud*, having on board the members of the Ontario and the Eastern Ontario Dental Associations, left the city about two o'clock. On the outward trip the boat kept to the Canadian channel, winding in and out among the islands in order to give the visitors the best possible opportunity of seeing the magnificent scenery of the river and islands. She passed Gananoque, crossed to Thousand Island Park, and without stopping returned by the American channel.

On the return trip refreshments were served by the ladies, and Misses Orser and Greenwood sang a number of very pretty duets. Prof. McKay contributed a couple of humorous recitations, and Drs. Martin and Lennox contributed to the general amusement by telling several excellent stories. All the city members of the medical profession had been invited, and on their behalf Hon. Senator Sullivan moved, and Dr. Lavell seconded, a vote of thanks to the Eastern Ontario Dental Association, both mover and seconder expressing the pleasure they had experienced in the hospitality of the Society. Principal Grant also extended an unofficial welcome to the visitors, which Mayor Herald made official in a fitting address.

As the boat approached the wharf, at about half-past seven, "Auld Lang Syne" and "God Save the Queen" were sung by the excursionists, thus concluding one of the most enjoyable trips of the season. A large number of ladies and many city medical men accepted the invitation to be present.

EVENING SESSION.

At 8.45 o'clock the delegates repaired to the City Hall to finish the day by several hours of work. The chairman, Dr. Martin, remarked they looked happier and more genial, and showed signs of much greater exhilaration when they took their seats to resume the regular business of the convention than they had previously done.

Before settling down to business, Dr. Burns, president of the Ontario Dental Association, rose and requested the chairman to inform the president and members of the Eastern Ontario Dental Society that the Ontario Society had held a special meeting a short time previously, at which it was moved by Dr. Marshall, seconded by Dr. Brimacombe, and unanimously resolved, "That the members of the Ontario Dental Association express their sincere thanks for and appreciation of the great kindness and hospitality extended by the Eastern Ontario Dental Association during their stay in the city of Kingston; also their due appreciation of the arrangements made by the local committee for an enjoyable trip down the River St. Lawrence and among the Thousand Islands." Dr. Burns asked the chairman to convey to the members of the Eastern Dental Association the thanks of the sister association in accordance with the resolution, and, in a brief but pointed speech, thanked the corporation and citizens of Kingston for the treatment accorded the visiting dentists during their stay. He regretted the meagre attendance, and said that if those who had remained at home could have known that such a warm welcome awaited them they would have attended the convention.

The chairman, Dr. Martin, in conveying to the Eastern Association the thanks of the Ontario Society, heartily approved of all that Dr. Burns had said. He made a very witty address, and paid a high compliment to the Council and people of Kingston. The dentists were always well treated when they came to this city and it should not be forgotten. The dentists to-night could say to the citizens of Kingston what the Mayor said last night to them (the dentists): "If you're pleased so are we."

Other members followed in a similar strain, all expressing the utmost satisfaction with the way in which they had been treated during their stay in the city.

Before he forgot it, the chairman desired to inform those present that the penitentiary and the asylum were both open to inspection by the dentists, and were well worth seeing.

Dr. Stanley Burns, of Smith's Falls, read the first paper, which was entitled "Disagreeable Odors in Operating Rooms."

A very instructive discussion followed the reading of Dr. Burns' paper, in the course of which several of the dentists present gave the meeting the benefit of their experience in the matter. The chairman remarked that he had long ago discarded creosote, and

in its stead now uses carbolic acid, a few drops of which, with enough oil of cloves to obliterate the smell, works wonderfully well. Another member said that many dentists have a habit of keeping the old and decayed teeth they have extracted. These give rise to an odor which is not by any means pleasant. Several members expressed their opinions as to the best method of cleaning spit-toons—one holding that the most effective method was to use plenty of soap and water. Many hints which will, no doubt, prove of value to those who heard them were given, and several subjects of deep interest in this connection to the profession were discussed.

Dr. R. E. Sparks, of Kingston, read the second paper, which, he informed the audience, had been written by Dr. Abbott, of New York, some time ago. It was entitled "Treatment of Pulpless Teeth and Alveolar Abscesses."

In the treatment of pulpless teeth and alveolar abscesses the writer regarded as invaluable the bi-chloride of mercury and chloride of zinc. The treatment of teeth is unique.

Cleansing and disinfecting the teeth are first necessary. There are many means of doing this—with creosote, carbolic acid, etc. But beyond disinfection the pus-forming membrane must be rendered inert, and to do this bi-chloride of mercury, in the proportion of 1 to 1,000, is most effective. Then the foramen through the root should be closed with a small pledget of cotton; the root is then to be filled with oxychloride of zinc, containing in the liquid a small percentage of bi-chloride of mercury. The cotton prevents the filling from being forced through the root and irritation is not likely to follow. But should any periostites occur, paint the gum with a mixture of iodine and aconite.

In treating alveolar abscesses, chloride of zinc is one of the most valuable remedies, as it destroys the lining of the sac, and is both astringent and stimulating to the membrane and facilitates a return to normal conditions.

In the discussion which followed the reading of this paper, Drs. Klotz, Marshall, Baird, Rose, Brownlee and Leggo participated. The opinions of these went to show that thorough disinfection is the most effective treatment of such cases as were under consideration.

Dr. Stackhouse addressed the meeting on "Items of Interest to Dentists."

Dr. Brownlee next engaged the attention of the members by demonstrating "How to Take a Perfect Bite," preparatory to fitting artificial teeth.

The Ontario Society will meet next year at Toronto. The Eastern Ontario Association has not yet decided on its place of meeting for next year.

Selections.

Caries of the Alveolus.

As a general rule, dentists have not in the past given as much attention to pathological studies as they should. Our best men have been ambitious to shine as operators, or as mechanics, and have neglected the first and most important of all studies, if we are to be considered in any sense as medical men. Beautiful fillings are too often inserted in teeth that are not in a physiological state, or which are in relation with diseased tissues, and the consequences are sometimes very serious. Many teeth are extracted simply because an otherwise excellent operator is not skilled in diagnosis and treatment. Diseases which, if properly treated at the outset, might be easily cured, are not promptly recognized, and are temporarized with, receiving only topical applications, until the general surgeon must be called in to remedy the effects of the lack of knowledge. Serious tumors have been dallied with until they have invaded tissues which should have been saved from their ravages.

Many of our schools have not given the attention to surgical pathology that is its due. In some, there is no real comprehensive course of lectures upon this subject, the usual diseases of the teeth themselves comprising the instruction in this department, surgery of the jaws and face being entirely relegated to the general practitioner. There is some excuse for this in the fact that our curriculum is already so broad that it is difficult in a term of six months to find time for the other lectures and demonstrations. Yet the dentist certainly should be able to diagnose any diseased condition, even though he should desire to turn it over to a specialist.

But there are some conditions requiring surgical interference that should never be allowed to go out of the dentist's hands. One of these is caries of the alveolus. This is a disease that is far more common than the average dentist is aware of. By it is meant the death and disintegration of the alveolar portions of the bone, cell by cell, and without any serious complications. It differs from necrosis in that there is not usually any formation of pus, or at least but little, no special tumefaction or inflammation of the soft tissues, and no tendency towards a sequestrum. In necrosis there is a stoppage of nutrition throughout a considerable portion of the osseous tissue, while in caries it is a slowly progressing ostitis that breaks down the bone one cell at a time.

Not infrequently, in the filling of cavities in proximate surfaces

of the teeth, which extend well up in the cervical region, the alveolus between them is injured by wedges, or matrices, or separators, and this induces an ostitis which results in a caries that causes the loss of the whole of the septum. It is at best but a thin lamina, and hence is specially liable to loss of nutrition through injury. We have known cases in which true necrosis has been the result of such injuries, and a real sequestrum of bone has exfoliated.

Sometimes when there has been violent periostitis about a tooth root, the inflammation has spread to the bone and a carious action been set up. In many instances this will continue after extraction. The cavity, perhaps, will not fill up by organization of the plastic exude, the gum will not heal over, and a small cavity will be left. There will be little of inflammation or soreness, and the attention of the patient will not be called to it until the cavity has assumed considerable proportions. If, then, an examination be made with an exploring instrument, the bone will be found bare, and it will be soft and spongy. It will not feel precisely like necrotic bone, but the difference between this and sound tissue can be readily recognized.

A carious condition of the alveolus will sometimes be the result of an anæmic or atonic state. It may be indicative of an inherited syphilitic taint. Of course it will be most often found in those who are in a debilitated state. The dentist should always examine for this when such patients who have been subjected to dental operations fall into his hands. It may be that he will need to scrutinize closely, for sometimes it is not very manifest.

The treatment, of course, is carefully to remove that which is carious and spongy, apply antiseptics, these to be followed by stimulating applications, like iodide and chloride of zinc, ten to twenty grains to the ounce of water. If the caries is at all extensive, the patient will probably be in atonic condition, and alteratives, with liberal diet and careful hygienic precautions should be prescribed. Preparations of iron may be administered, the hypophosphites are are useful, and tonics generally. If there is reason to suspect any constitutional taint iodide of potassium may be prescribed, or the syrup of iodide of iron, from twenty to forty drops three times per day.

But if the dentist does not desire to attempt general remedies, at least he can and should remove the carious bone by means of bone curettes, or perhaps the engine bur, and give such topical treatment as is needed. Unless he is competent to diagnose the condition and do this much, he can scarcely call himself a surgeon dentist.—
Dental Practitioner and Advertiser.

Reviews.

A Treatise on Pyorrhwa Alveolaris. By JUNIUS E. CRAVENS, D.D.S, Professor of Operative Dentistry in Indiana Dental College, etc. Mrs. W. M. Herriott, publisher, Dental Depot, Indianapolis, Ind.

This little volume of forty-eight pages, the printing and publishing of which is a decided credit to the lady-publisher, is the condensed result of over twenty years' observation and study of this puzzling part of dental pathology, "a despair to conscientious practitioners and a humiliation to science." Dr. Cravens differs considerably from most authorities as to the etiology of the disease, and offers many interesting suggestions as to treatment. We shall refer to it again.

Editorial.

The Same Old Herring.

Our friend, the editor of the *Dental Practitioner and Advertiser*, is a Master of Evasion. We do not know if he has also got that degree, but at any rate he is entitled to it "*without attendance at college.*" No doubt he enjoys it as a harmless joke. All the same it is not fair play.

We questioned from facts, the worth of dental education in the United States *twenty-five and thirty years ago*, and proved from facts that it was largely a travesty, and that the D.D.S., as then granted, in many cases after a few months' attendance upon lectures without matriculation, to Cubans and others who did not know the language in which the lectures were delivered, was a farce and frequently a fraud. In the same editorial we did justice to the *present state of education.*

Now, our worthy friend started out by editorially accusing us of attacking the American dental education *of to-day*; and by ingeniously omitting the context made it appear, as the devil is said to quote Scripture, that what we thought about the colleges over a quarter of a century ago is just what we think about them to-day!

The fun of the thing is this. We quoted Dr. W. C. Barrett against Dr. W. C. Barrett, and the editor of the *Practitioner* against the editor of the *Practitioner*, *from the same number of his journal!* We quoted exclusively American journals and American writers on the question of American dental education *in the past*, and we

were unable to find one apologist for the state of affairs a quarter of a century ago.

If the editor of the *Practitioner* takes the position, that it is heresy for a Canadian neighbor to discuss in calmness a question so broad as education, which he and other Americans have discussed in heat and fury, he must take a very narrow view of the rights of journalism and the common interests of the profession, and if he cannot find any better argument than evasion, he had better not trail that same old herring across the scent. It is high time it was disinfected or interred.

The Annual Meeting.

The meeting of the Ontario Dental Society and the Eastern Ontario Dental Society in Kingston last month cannot be said to have been a numerical success, owing, no doubt, to the unbusiness-like way in which the "union" was brought about. It was impossible for this JOURNAL to get any information in time, as to when and where the meetings would be held, and the fact that the programme was not received until a few days before the meeting, shows that the members at large have some excuse for their absence. Kingston is such a delightful city in itself, its people are so hospitable, its dentists so united, that we looked forward to one of the very best meetings in the history of the Ontario Society. It is a great pity that the arrangements had not been made earlier, and we trust that the Eastern Ontario will endeavor to unite next year with the Ontario, and hold a regular rouser in Toronto. We owe it to ourselves as professional men. We owe it to ourselves as Canadians. Our neighbors give us many splendid examples in this direction, which should inspire us in our Society and in our journalism. Where are our young men these days?

The Report.

It is not the business of a busy editor, who was prevented by illness from being present, to make up a report of a meeting out of a batch of newspaper cuttings. That is exactly what was sent to us, and nothing more. The facetious newspaper reporter dealt largely in such lively expressions as "jaw smiths," etc., under the delusion that it was very witty. It must certainly tend to raise the dignity of the profession in the county of Frontenac, that leading newspapers could, without correction, be permitted to stigmatize the profession in such vulgar and ignorant language. If we do not educate the press to appreciate the difference between

a "jaw smith," a "tooth carpenter" and an educated surgeon-dentist, we must not complain, if its reporting idiots continue to indulge in this cheap and obsolete species of wit.

Important Reductions in Teeth.

It will be learned with pleasure that our dental manufacturers have made important reductions in the price list of teeth. It came into force on the first of last month. The S. S. White Co., H. D. Justi & Son, Johnson & Lund, and, we suppose, other manufacturers (we have not received any other notices) have placed gum sections and gum plate and rubber at 12½ cents each tooth, with reductions in lots of \$10 to \$300 varying from 12 cents to 9 cents. Plain rubber and plate 12 cents each, running to 8 cents for \$300 lots. The various crowns are also reduced in price. We could not get along without our manufacturers and *vice versa*; and it makes things pleasant, in hard times, when the necessities of professional life, are brought more to the level of the average pocket than has existed for several years.

Not the "Printer's Devil."

One of our friends in Boston kindly writes us, "Did you ever see a 'debenture' that was not artificial?" See July number of DOMINION DENTAL JOURNAL, page 158, also index on cover.

The fiend who haunts the printer's case is not to blame this time. We were unable to see the proofs of the July number because we were unable to see anything. When the flowers that bloom in the spring bring to an editor the very worst affliction in the way of rose fever, mistakes will occur. For "debenture" read "denture."

Annotations.

DR. BEACOCK'S PAPER.—Dr. Beacock's valuable paper, read in Kingston, will appear in the next issue.

In the last list of death claims of the Royal Arcanum there are the names of Drs. E. A. Whitehead, Luther H. Varney and C. P. Southwell, dentists, and three physicians.

DR. MARTIN'S PAPER.—There is a lot of food for thought and discussion in Dr. Martin's paper. It pricks into bubbles of the past, and what many think are bubbles of the present. It is a paper sure to be much approved and much denied.