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C. H. Hubbard

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Original Communications

PYORRHEA ALVEOLARIS.*

BY DR. A. A. MCINTYRE, SUMMERSIDE, P.E.I.

During the last winter I have travelled from the Gulf of St. Lawrence to the Gulf of Mexico, have visited several dental institutions, and been into the offices of many distinguished practitioners of dentistry both in the North and in the South. There is nothing so inspiring to a dentist, nothing that will give him such a "good conceit of himself," to use the words of the Scotch dominie, as to come in contact with the great men of his profession. He will find them, after all, very much like ourselves, struggling amid failures and successes for higher ideals. There is not such a great difference between men: the difference is in what they accomplish. The great man attempts more, for he is invariably a hard worker, and his greater success lies in his enthusiasm, and the painstaking efforts he puts forth along the lines that the average man is afraid to treat.

Last winter it was my good fortune to become intimately acquainted with Dr. T. P. Hinman, of Atlanta, Ga. Dr. Hinman is President of the Southern branch of the National Dental Association, and is a Canadian by birth. He has probably one of the best equipped offices in the United States, and I know of no one who has a larger practice. His success in treating pyorrhea was so astonishing to me, that I intimated to Dr. Magee, on my return home, a desire to have Dr. Hinman attend this convention. He was unable to come, and this is my excuse for appearing before

* Read at meeting of Nova Scotia and New Brunswick Dental Societies, August 29-31, 1900.

you. (Here the doctor read an extract from a private letter from Dr. T. P. Hinman, in which he expressed the hope that he would some time meet his fellow countrymen who are in the profession of dentistry.)

No lesion of the oral cavity has engrossed the attention of the dental profession so much during the last few years as that condition commonly known as pyorrhea alveolaris. Barrett says that with the single exception of caries, pyorrhea is the cause of the loss of more teeth than any other disease. We think it a serious reflection on our skill to loose a tooth by caries, and yet we see sound teeth—as far as immunity from caries is concerned—loosen, elongate and ultimately drop out one by one, and this too, in the full dawn of the twentieth century, and with all the achievements of modern dental science.

Some attribute the prevalence of the disease to modern dentistry—the frequent use of clamps, rubber dam, etc. This theory is scarcely tenable, however, for it is often found in the mouths of people who never saw the inside of a dental office. But it is a condition too often overlooked by both patient and dentist. This may be why Professor Barrett says, "that to properly care for the disregarded condition of the mouths of the people of the United States, would more than employ all the time of the dentists now in existence." Since Professor Miller, of Berlin, has demonstrated for all time the cause of caries of teeth, the pathology and etiology of alveolar pyorrhea is a fruitful subject of discussion. A proof of its importance is the fact that the most eminent men in the profession have contributed to the literature of the subject; men of national and international reputations have contributed their quota to the investigation and to a better understanding of the disease, and yet the etiology of pyorrhea is still shrouded in mystery. Men who are recognized the world over as eminent pathologists have arrived at different conclusions as to the etiological factors involved in this disease. There is more conflicting testimony among the teachers of dentistry on this subject than any other. This diversity of opinion and lack of authoritative teaching in the schools have been a serious handicap to graduates to grapple properly with this most stubborn of oral lesions.

A good deal of time has been spent in an endeavor to coin a name distinctive enough to meet the various characteristics of the disease. Many names have been suggested to take the place of pyorrhea alveolaris which has been generally used, but has never met with universal favor. The latest of these substitutes, viz.: "interstitial gingivitis," and one, too, that comes from a source to give it considerable authority, has been endorsed by the Section of Stomatology at the recent meeting of the American Medical Association. Professor Black has designated it phagedenic pericementitis, as he believes the initial point to be in the

pericementum. Dr. J. N. Farrar has named it loculosis alveolaris, as it usually has its origin in a pocket beside the alveolus. Some use the term gingivitis, others infectious alveolitis, believing it to be of a communicable nature. Professor Pierce calls it calcic pericementitis, with the prefix of two clumsy adjectives: the one to designate its local or salivary origin, the other expressive of its constitutional character.

Pierce, as you all know, believes in two different pathological states—different, to use his own words, "in their etiology, their clinical history, in their symptomatology, and in their susceptibility to treatment." Miller claims that there are three factors in its production: constitutional diathesis, local causes, and micro-organisms. Professor Barrett, who gives a clear exposition of what is really known of the disease, recognizes in it three distinct pathological degenerations. While there is a great diversity of opinion among the leaders of our profession as to the etiology of the disease, none of them underestimate the fact that it is a formidable pathological state and one of the most difficult with which the dentist has to deal. It may be worthy of mention that the advocates of the uric-acid diathesis and the devotees of the micro-organism theory, and those who still hold that it is a local disturbance, and amenable to local treatment, all invariably agree that the first step in its successful treatment is the thorough removal of all calcic deposits, whether these be of salivary or sanguinary origin. To the ordinary practitioner, therefore, it is not a matter of vital importance whether this disease is local or constitutional, whether it is an expression of the uric-acid diathesis, whether it has its origin in the fluids of the mouth, or in the blood, or whether it is associated with anemia, Bright's disease, tuberculosis, or any other concomitant, the one great point of agreement remains conspicuous—the first step is purely mechanical, "consisting of the thorough removal of all calculus, both salivary and serumal, from the neck and roots of the teeth, washing out the pockets with some antiseptic solution that will put the mouth in a more hygienic condition."

It may now be asked, what are the chief characteristics of this disease viewed from a clinical standpoint? In speaking of these pyorrheal deposits I do not include the so-called green stain found in the mouths of children, nor the white deposit, both of which can readily be removed by the application of iodine, with a revolving brush or felt wheel on the engine. Barrett says that even these superficial deposits, if allowed to remain, will form micro-organisms that will disintegrate tooth structure. Salivary calculus is simply a deposit of carbonate of lime precipitated on the teeth by the action of the breath on the saliva. While calcium forms the basis of both the salivary and serumal deposits, the latter possess characteristics and constituents not found in the other.

The serumal deposit is always on the root, never on the crown, of a tooth. When you can see the chalky deposit about the necks of the teeth, even though the gums be inflamed, you may be sure it is only a simple case of gingivitis, the deposits are salivary and are easily removed. This is a condition of every-day experience and easily cured; but when the deposit cannot be seen, when the gums look irritable and hypertrophied, with small quantities of pus oozing from them upon pressure, then you can conclude that there are nodular deposits present, giving rise to a pathological condition distinct and specific. I do not claim that these deposits are always present. Indeed some say they are never found in the advanced stages of pus degeneration and destruction of the peridental membrane. Again, these deposits may be found where there is no break on the gum at the gingival border, showing they are not formed from the oral fluids. Kirk, Pierce, and Barrett attest that these nodules have been found near the apex, while the gingiva was unbroken. In the majority of cases, however, they unmistakably begin at the cervical margin and work to the apex. These nodules are exceedingly irritating, and very difficult to remove. Barrett says, "that the most mischievous irritant is that which lies deepest and nearest the point of actual attachment of the pericementum and the tooth." These deposits may be found on one tooth or on several. It may appear suddenly and without any premonitory symptoms. It is sometimes found in the mouths of young people, but it is generally regarded as a disease of middle life. The wasting away of the alveolar process is undoubtedly the effect, not the cause, of the disease. In the treatment of this disease the principal thing to watch is malocclusion and malposition of the teeth, and, above all, mechanical irritation, which so often gives rise to inflammation of the peridental membrane.

Many dentists claim that teeth crowned with metal are immune from pyorrhea, that the metal acts as a sort of microbe destroyer. The late Dr. W. H. Atkinson tried this method in the advanced stages of pyorrhea, but the experiment was unsuccessful. There is good reason to believe, however, that devitalized teeth are freer from these concretions than living ones. Pulp removal, then, would be justifiable in a stubborn case. This hypothesis evidently has its origin in the belief that when the blood supply of the tooth is cut off by devitalization, an increased supply is given to the pericementum, or in other words, "an increased supply of nutrient material is diverted from the internal circulation to the external, strengthening the pericementum and fortifying it against the ravages of the disease." It is also claimed that pyorrhea rarely attacks a replanted tooth. In fact, replantation is often recommended in a case where the disease has produced malocclusion, and elongation of the teeth. It is not the purpose of this paper to give any form of constitutional treatment, which is doubtless of

great advantage in many forms of this disease; my object is simply to show that local treatment is absolutely essential in all cases.

A judicious selection of instruments is of paramount importance, for instrumental treatment is the first, and let me add the most, important step, for success or failure entirely depends upon our ability to remove every nodular deposit, however difficult it may be. An application of trichloracetic acid will greatly assist in their removal. Dr. Tompkins recommends dipping the point of the instrument in the solution and carrying it down to the stubborn nodule, when it can easily be removed. I think a 20 per cent. aqueous solution would be of sufficient strength. Dr. Hinman uses lactic acid for the same purpose. He believes with Dr. Younger, that it not only assists in loosening the deposits, but that in these cases it has peculiar therapeutic action as well. Dr. Hinman never treats more than one or two teeth at a sitting. In a few days he treats one or two more, and so on until the case is complete. He rarely, if ever, has to treat a tooth a second time. He is a strong believer in antiseptic surgery, and has his assistant sterilize his instruments after each operation. He believes a great deal of the ultimate success depends on the co-operation of the patient, and instructs him in the great importance of prophylactic treatment, and always prescribes an antiseptic mouth-wash, generally Wampole's antiseptic solution, a preparation something like euthymol. After removing the deposits he washes out the pockets thoroughly with pyrozone, 3 per cent. solution. Pyrozone contains less than 1-20th of 1 per cent. of free acid, which is essential to the stability of all pyrozone preparations—3 per cent. or even 5 per cent. pyrozone will not destroy healthy tissue, though it will destroy recent granulations as well as diseased tissue.

While Dr. Hinman has great faith in the therapeutic properties of lactic acid, pyrozone, etc., he does not ignore the importance of other preparations—borolyptol, for instance, which contains formaldehyde, eucalyptus, etc., and which will destroy bacteria as readily as 1 to 1,000 bichloride of mercury, and yet not injure the mucous membrane. Dr. Black's 1, 2, 3, mixture—oil of cinnamon 1, carbolic acid (crystals) 2, and oil of gaultheria 3—diluted with oil of lemon, is also very popular.

It would only be a waste of time to refer to the thousand-and-one remedies that have been used successfully in these cases. It is results we are looking for, and whatever agent we find the most potent in producing the best results, would be along the lines of what the late Professor Abbott would call scientific treatment. Miller has isolated more than a hundred different kinds of bacteria from the juices and deposits of the mouth. What a study, then, the lesions of the oral cavity require! what a field for observation and investigation! As Professor Barrett says, in speaking of the

conflicting mass of evidence we have on the etiology of pyorrhea alveolaris, "Every real student should strive to add something to the knowledge of the subject, until enough has been learned to form a basis on which to build an hypothesis that shall be unassailable."

SOME THINGS WHICH TEND TOWARD SUCCESS IN DENTISTRY.*

BY DR. C. O. HOOD, BEVERLY, MASS.

Mr. President, Members of the Nova Scotia and New Brunswick Dental Societies, and Friends:

In choosing a subject for this paper I was influenced by the thought that most dentists are familiar in a greater or less degree with the important operations, such as crown and bridge-work, beautiful contour gold fillings, successful treating of pulp canals, regulating of teeth, etc.; and it would seem a waste of your time for me to deal with any of these. In my own practice, however, I have learned that there are many things, apparently small in themselves, which make the larger operations easier and more successful, and I have decided to treat of those, naming my subject, "Some Things which Tend Toward Success in Dentistry"—not necessarily, let me say, *financial* success; though if a dentist be a successful operator he need not worry about his income.

Too little thought is given to such things by the general practitioner, but before these larger operations can be finished and pronounced successful, there are, in most cases, several things to be done, which, though small in themselves, are nevertheless almost as important as the filling is to the tooth and the artificial crown to its root. I refer, gentlemen, to the separation of the teeth and the pressing back of the gum at the cervix to admit of perfect work at that point. It is a fact that more failures occur here than at any other point in the mouth. How often we have operations to perform where the edge of the cavity extends away below the margin of the gum with the hypertrophied portion staring us in the face! It looks discouraging, but by a very little work with chloro-percha and cotton, after the hypertrophied portion has been removed with the lancet, the gum can be pressed away, the tooth separated at the same time, and subsequently filled with very little trouble.

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*Read at meeting of Nova Scotia and New Brunswick Dental Societies, August 29-31, 1900.

Now, had the operator attempted to fill such a cavity at the time of its discovery he would probably have found it very difficult to apply the rubber dam at the cervical margin and to exclude all the moisture; and, besides, he would not have had any separation, and therefore could not have contoured his filling. I think we all know what the outcome of these conditions would be in a very little while, namely: tooth decayed at the cervical margin and all the work to be done over again.

Concerning "contoured fillings," I quote from S. H. Guilford, D.D.S., Ph.D., Dean of the Philadelphia Dental College. He says: "The contour method of filling, based as it is upon physiological, anatomical and mechanical principles, has become the accepted method of operating. Experience has proven it to be the only rational method of treatment of approximal surfaces, for by it we secure all the desirable conditions of preservation of the natural outline of the teeth, necessary contact, immunity from future decay, and protection of gum margins. "To properly perform the operation of filling and restoration of approximal contour requires not only manipulative skill of a high order, but also an artistically trained eye in order that the restoration may in all respects correspond both in extent and form to the original outline of the tooth."

Probably you are all aware that chloro-percha is a mixture of pink laboratory or base plate, gutta-percha and chloroform. Its color makes it easy to detect in the mouth, and after one becomes familiar with it, he can tell by the color how much gutta-percha the cotton absorbs.

Chloro-percha and cotton make one of the most useful agents employed in dentistry; it can be used in so many different ways with so little annoyance to the patient. It is of a very sticky nature and adheres readily to the walls of the cavity, thereby enabling us to use it in places where other things would be a failure unless a great deal of time were spent in their manipulation.

It is important to have the chloro-percha the right consistency to bring out its best qualities, but with a little experience one soon learns the right proportions. There should not be too much chloroform in it, for when the cotton is saturated there will not be enough gutta-percha absorbed to be of any special use in preserving the dressing or in producing a separation of the teeth. On the other hand, if the chloro-percha is too thick the cotton will not absorb enough to be impervious, and the desired results will not be produced.

Very little has ever been said or written with regard to the advantages of chloro-percha in operative dentistry, but the uses to which it can be put are many and varied. A few of the most important of these are: To retain the medicine and exclude all moisture in the treatment of odontalgia, to wedge the teeth, to force back gum tissue, to assist in retaining clamps in position, and

so on. Some suggestions for its use in various cases may be of value.

In applying a temporary dressing to the tooth, absorb what moisture you can conveniently from the cavity, apply the medicine, and over this place a pellet of cotton saturated with chloro-percha.

How often a patient comes into your office with the remark: "Doctor, I wish you would put something into my tooth to stop its aching!" Perhaps you are very busy and can hardly spare the time, even for the relief of pain. But with chloro-percha and cotton you have just the preparation which will enable you to perform the operation successfully and with very little time taken from your other patient. I refrain from saying what medicine to use, as the operator should be the best judge.

One use of chloro-percha and cotton, which has been of great advantage to me in my practice, is for the separation of the molar and bicuspid teeth. When packed in properly it acts as a powerful but slow wedge, at the same time crowding the gum at the cervix and exposing that surface of the cavity which otherwise would have been very difficult to operate upon.

In the preparation of molars and bicuspids for gold caps or crowns, where the decayed portion extends considerably below the gum margin, one is seldom quite sure that the collar or cap is perfect at that point, though he would have no trouble if he could see what he was doing. The easiest method would perhaps be for the operator to say to himself: "I guess that's all right. I'll put it on and trust to luck." Don't guess at it, gentlemen, be sure of what you are doing. Pack a little cotton saturated with chloro-percha to that part of the cavity below the gum, and the next day you will be surprised to see with what ease you can fit your band or cap, at the same time being sure of your work.

There is a great deal of satisfaction in knowing that one has performed a thorough operation for a patient. If we have slighted the work or "guessed it is all right," we feel rather uncomfortable about it every time we meet our patient, and though we would not lisp it for the world, we think, "I wish I had been more thorough. If I could do the work over I would take more pains and have it just right."

Now, if we all resolve in the first place to have the operation thorough from beginning to end, I know we shall feel better and more contented in mind, provided we have any conscience at all.

In some of my most difficult cases, where I need a great deal of separation, I partially excavate the cavity, then pack very firmly with chloro-percha and cotton, crowding it as hard as I can. This I let stay for two or three weeks sometimes. At the expiration of that time I find the teeth well separated and easy of access, the cavity or cavities perfectly protected for the time being by the chloro-percha, while the cotton was so thoroughly saturated and impervious that the plug has not become foul or offensive.

The use of chloro-percha for retaining clamps that are unsteady or that have a tendency to slip, will be found of great benefit to the operator.

But lest it should seem that this whole paper is to treat of chloro-percha and nothing else, I will name a few other little matters, the observance of which helps to make a dentist successful. I have some reluctancy in speaking of these things, they seem so simple; but as there are, now and then, dentists who do not observe them, it may not be amiss to call them to mind here.

First, then, do not try to build up a practice by maligning competitors. The Golden Rule works as well in dentistry as in other walks of life. If you have no good to say of another dentist, say nothing at all; but, on the contrary if there are good things to be said, say them. Your own reputation will not suffer thereby.

Perhaps the *most* important condition of success is to gain the *confidence* of your patient from the start. This is especially important if the patient be a child. If you know a tooth cannot be extracted without pain, tell the child it will hurt, but will soon be over. Otherwise he will know so soon that you have deceived him, that you will never have his confidence again.

If you have broken a tooth in extracting and have been obliged to leave a piece in the jaw, tell the patient so, frankly. If you assert that you have it all, the chances are that when that lie is discovered you will loose not only his confidence but the patient himself as well.

In operating you can gain the patient's confidence by starting in slowly. There is no need to be rough, treating the patient's head as if it were a block of wood. If you gain a reputation for gentleness along with thorough work, your success is assured. In excavating always cut *away* from the pulp, not *towards* it, using very sharp instruments. In my opinion all the apparatus that has ever been invented for painless dentistry is not half so effective as *sharp* instruments in the hands of a skilful yet careful dentist.

In my own practice I have found I can use my time to better advantage if I give a patient whose mouth requires a great deal of attention a number of appointments, making each one comparatively short. The second hour's work with a nervous patient is practically wasted, and could have been used to much better advantage on a fresh patient.

Neatness about the office and its appointments is another element of success. (Of course, the instruments must be kept clean and sterile for sanitary reasons, if for no other.) Patients are quick to notice all these things, especially the ladies; and you can depend upon them to tell their friends how neat and nice Dr. Blank's office looks. "If he is careful about that," they argue, "he must be particular in other things as well."

Now all these things, as I said before, are small in themselves, but all life's opportunities are made up of "little things," so in the end they are not so trifling, after all.

A verse of my school days occurs to me as a suitable ending:

> "Trifles make the life of man;
> So in all things,
> Great or small things,
> Be as thorough as you can."

SPONGE GRAFTING.—THE SURGICAL TREATMENT OF ROOTS OF TEETH, THE APICES OF WHICH HAVE BEEN ABSORBED, PERFORATED OR INCOMPLETELY DEVELOPED.*

BY DR. BRUNTON, LEEDS.

The diagnosis of absorbed, perforated or incompletely developed apices may be made, 1st, by the use of Röntgen rays; 2nd, by the use of a piece of fine piano wire, terminating in a point, with a little hook at the point, and a register which can slide just to the gingival margin at the entrance of the canal, according to circumstances. It is evident that a foreign substance (such as a point used to fill root canals), even if it is inserted with the greatest care, will not prevent the progress of absorption, will become an irritant; and a root, treated in this manner, will not remain long healthy. To demonstrate what I wish to say I will cite an example.

Sponge grafting is a rational and simple operation, the sponge being an animal (one of the lowest); "spongia officinalis," or the skeleton of a porous marine animal, of which the gelatinous flesh has been washed away.

If it is inserted at the right place, that is to say, beyond the root of the part which has been absorbed, the fibrous tissue of human ecomomy unites with the fibre of the sponge and forms a graft, which fills up the absorbed space and prevents any ulterior absorption. Moreover, it prevents the irritation produced by the filling material which is inserted to seal the end of the root canal, also permitting the operator to fill the canal or seal the extremity and insert a crown.

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* Read before International Dental Congress, Paris. Translated by Mr. Mooney.

The sponge which is inserted for the graft is the finest Turkish, containing no sand, well washed, sterilized with phenate of soda and preserved, ready for use, in sealed glass tubes.

A piece of sponge is chosen, large enough to fill the extremity of the absorbed root, of a circular form, small enough, when it is compressed, to be able to pass through the opening of the canal. The piece of sponge, by means of a suitable broach with a blunt point, is pushed along the canal and beyond it just to its proper place in the absorbed space.

The roots which are to be grafted should be aseptic, and the root canal should be sealed as soon as the graft is finished.

FILLING CANALS AFTER TREATMENT FOR PUTRESCENT PULPS.*

By Dr. R. E. Loucks, Smith's Falls.

One cannot treat this subject fully in the short time allowed; and again, one cannot discuss the filling without trespassing on the treatment. The filling depends so much upon the treatment that it is hard to discuss one without the other.

We are all supposed to understand the Calahan sulphuric acid treatment, and to use it in each and every case.

I do not fill canals having putrescent pulps at the first sitting (even with H_2SO_4), but first treat them two or three times. The rubber dam must always be applied to the tooth or teeth, and the cavity cut, so that there is free access to the pulp chamber and canals.

After sulphuric acid and soda application, wipe the canals dry with cotton on a small broach. Wipe again with cotton moistened with alcohol and dehydrate with "Evan's Root Dryer" or hot-air blast.

Now we have canals that are thoroughly cleansed and slightly enlarged, due to the action of the sulphuric acid. It attacks the organic material, destroying it, and at the same time the inorganic, by uniting with the salts of calcium. In the dissolution of the lime salts and destruction of the organic material, the surface openings of the dentinal tubuli are washed away, leaving a cleansed and dehydrated surface, which can be more easily disinfected.

The next step after dehydration is to wipe canals with a disinfectant. When I first started to treat canals this way, I used euca-

* Read before Ontario Dental Society.

lyptus, creosote and iodoform, separately; now I combine them, and with better results. Sufficient of the first two to make a paste. I keep this ready mixed, and find that the odor of the iodoform is much disguised. Both liquids are good germicides and disinfectants, while the eucalyptus dissolves the chloro-percha and makes it adhere to the walls of the canals. It also prevents contraction on hardening.

After wiping canals with this dressing, I pump chloro-percha in until I think I have them full. If you are a little uncertain about having them filled to the apex, place a couple of drops of the chloro-percha in the pulp chamber. Cut a small piece of pink vulcanite a little larger than the cavity, and place over the chloro-percha and gently press. At the first symptom of pain, remove vulcanite and wipe away the surplus.

Insert gutta-percha cones or canal points in each canal, and fill pulp chamber with cement.

The cavity proper may now be filled with any of the filling materials desirable. I have not offered much that is new, but if not new, it is perhaps a testimonial for the old.

Some claim that most anything will do as a canal filling, and you have all the different methods advanced, from briars to cotton and creosote.

Now one man may become more proficient than another in using any of these materials, but I claim his percentage of success will be greater if he uses a filling that is adhesive and non-absorbent. As for the iodoform mixture, I may say that I never saw or heard of its being used in this way, but it suggested itself to me when I was using the drugs separately. Complications and difficulties may arise in the filling of the buccal canals of the superior molars, or in the anterior canals of the inferior molars, where it is impossible to insert the gutta-percha points.

Time does not permit me to treat this part of the operation, but I sincerely hope it will not be overlooked in the discussion following.

Proceedings of Dental Societies

NOVA SCOTIA AND NEW BRUNSWICK DENTAL SOCIETIES.

THE second biennial meeting of the New Brunswick and Nova Scotia Dental Societies was held in the Assembly Rooms of the Mechanics' Institute in St. John, N.B., August 29th, 30th and 31st last, and was attended by a large number of the members of the profession not only from New Brunswick and Nova Scotia, but from Prince Edward Island and the United States. Two days of meeting were somewhat foggy, which was something of a novelty save to the Haligonian and St. John doctors, but the third day, Friday, was perfectly delightful—veritably a made-to-order day for the trip on the beautiful St. John River.

The doctors registered at the meeting were: Drs. G. K. Thomson, Halifax, N.S.; W. F. Ryan, Halifax, N.S.; J. Walker Moore, St. Stephen, N.B.; S. T. Whitney, St. Stephen, N.B.; E. S. Kirkpatrick, Woodstock, N.B.; M. K. Langille, Truro, N.S.; G. J. Sproul, Chatham, N.B.; C. A. Murray, Moncton, N.B.; H. Dunbar, Stellarton, N.S.; C. S. McArthur, Parrsboro', N.S.; J. J. Daley, Sussex, N.B; E. J. Thompson, Lynn, Mass.; C. O. Hood, Beverly, Mass.; F. W. Barbour, Fredericton, N.B.; E. R. Sewell, Fredericton, N.B.; H. Sproul, Newcastle; J. Bagnall, Charlottetown, P.E.I.; H. Lawrence, Wolfville, N.S.; M. S. Campbell, Lynn, Mass.; A. A. McIntyre, Summerside, P.E.I.; H. H. Bigelow, Halifax, N.S.; A. C. Harding, Yarmouth, N.S.; L. Summers, Moncton, N.B.; P. McNichol, Campbellton, N.B.; Sangster, Sackville, N.B.; McAvenny, St. John, N.B.; Robertson, St. John, N.B.; Jas. Magee, St. John, N.B.; Manning, St. John, N.B.; H. C. Wetmore, St. John, N.B.; F. A. Godsoe, St. John, N.B.; W. P. Bonnell, St. John, N.B.; Hannah, St. John, N.B.; Davis, St. John, N.B.; Draper, St. John, N.B.; Maher, St. John, N.B.

The programme of the three days' meeting was as follows:

Wednesday morning—Papers: Dr. C. O. Hood, Beverly, Mass., "Some of the Things That Tend Toward Success in Dentistry." Dr. A. A. McIntyre, Summerside, P.E.I., "Treatment of Pyorrhea Alveolaris." Dr. C. S. McArthur, Parrsboro', N.S., "Cocaine Poisoning."

Wednesday afternoon—Clinics: Dr. H. E. Belyea, St. John, N.B., "Combination Gold and Amalgam Contour Filling—using Matrix." Dr. A. A. McIntyre, Summerside, P.E.I., "Treatment of Pyorrhea Alveolaris."

Wednesday evening—Papers: Dr. E. J. Thompson, Lynn, Mass., "Cleft Palate." Dr. F. W. Barbour, Fredericton, N.B.,

"Immediate Foul Pulp-Canal Treatment and Filling." Dr. H. C. Wetmore, St. John, N.B., "Fusible Metal used in Articulating Models."

Thursday morning—Meeting of Council of Dental Surgeons of New Brunswick. Regular Meeting of New Brunswick Dental Society. Regular Meeting of Nova Scotia Dental Society. Viewing the displays of the exhibitors.

Thursday afternoon—Clinics: Dr. M. K. Langille, Truro, N.S., "Lining Vulcanite Plates," "Crown and Bridge-work," "Making Polishing Cones." Dr. J. M. Magee, St. John, N.B., "Contour Work, using Steel Matrix."

Thursday evening—Dr. C. A. Murray, Moncton, N.B, "Crown and Bridge-work." Dr. G. K. Thomson, Halifax, N.S., "The Remedy."

When the dentists assembled in the ball-room of the assembly suite on Wednesday morning, August 29th, the Nominating Committee appointed at the last joint meeting named Dr. A. F. McAvenny, of St. John, as president for the ensuing two years, and Dr. G. K. Thomson, of Halifax, secretary. The meeting sustained these nominations, and Drs. McAvenny and Thomson were duly elected. The printed programme was at once proceeded with, Dr. McIntyre, of Summerside, P.E.I., being asked to read his paper on "The Treatment of Pyorrhea Alveolaris." (See page 383.)

DISCUSSION.

In the interesting discussion which followed, Drs. Robertson, Wetmore, Barbour, Campbell, Hood, Godsoe, Bagnall and McAvenny, took part.

Dr. ROBERTSON cited two cases which occurred in his practice, *i.e.*, an upper and a lower second bicuspid, which, to all appearances, were affected with alveolar abscess, as they had fistulous openings, with quite a copious flow of pus; but on opening into pulp canals he found the pulps very much alive. He destroyed pulps with arsenical paste, and treated one sitting, only after having made applications of more paste, the remedy used being carbolic acid, full strength (Calvert's gold seal), with complete success. He merely cited these cases so as to ask the writer of the paper if he could give him a diagnosis of the cases. He might state that they were not the only ones he had had of a similar character. He or McIntyre had said that very often the destruction of the pulp will stop the progress of the disease; maybe that was the case with his patients. But Dr. Robertson did not remember having heard of a case of pyorrhea alveolaris with a fistulous opening. Perhaps some of his hearers had.

Dr. F. W. BARBOUR, of Fredericton, remarked regarding pyorrhea alveolaris, that judging by the number of causes given by various dentists, it almost seemed as if no disease, local or constitutional,

but what had received blame for it. He enumerated phthisis, scrofula, syphilis, rheumatism, gout, typhoid, etc. Personally, Dr. Barbour believed it was mainly a local disturbance, aggravated usually by constitutional complaints, and therefore the treatment is mainly mechanical, locally, with applications astringent and stimulating. Saturated solution of chloride of zinc, repeated at intervals of several days for more or less time, depending on severity, has given me the best satisfaction, and has been mostly depended on by me for the past ten years. Such a diversity of symptoms are given as diagnostic of pyorrhea that it is hard to define a typical case. If a typical case is as the name defines, that is, a flow of pus from the alveolus, then such cases are rare in Fredericton and vicinity, as compared with places generally read about. This was Dr. Barbour's experience, though he would not attempt to give the reason. He naturally commended the writer of the paper in making interesting and profitable a subject somewhat hackneyed.

Dr. McAvenny, of St. John, said he was in accordance with the dentists who have given this subject of pyorrhea much thought, when they state there is a great uncertainty in reference to the treatment of this disease. He had an interesting case of a lady patient who had secretion around the first superior bicuspid that all local applications failed to check. This continued for many weeks. On inquiry he found that her father had been afflicted with gout, and also her grandfather. He put her on citrate of lithia, ten grains, three times a day, and before two weeks the secretion disappeared, and he had no further trouble in treating the case.

Dr. Bagnall, of Charlottetown, P.E.I., had much satisfaction in using Robinson's remedy in all stages of pyorrhea alveolaris, and found that some cases appeared to be improved with Euthymol tooth paste, used as a dentifrice.

Dr. Godsoe, of St. John, said, "It has given me a great deal of pleasure to listen to this paper, as it is a subject which every dentist has had more or less practical experience in. I feel myself fortunate in being able to state that I have not been called upon to treat as many cases of the disease as the majority of dentists seem to claim they do; but those cases which have come under my care I have treated with more or less satisfactory results. I do not know that I can lay claim to having made a radical cure of any *severe case*, but have been able to improve the condition and preserve the teeth for months—even years. In cases where the disease had not progressed to any very great extent, I have procured what I would term complete cure. My method of procedure is similar to the essayist, except I used trichloracetic acid, 50 per cent. solution, instead of lactic acid as a final application to the pockets. As regards the claim that affected teeth, when cleansed of all tartar and then covered with gold shells being a cure, I can hardly say

much, as my experience is limited to one case. About nine years ago I had a lady patient who presented herself with all the teeth more or less affected with this disease, but particularly the left superior first molar. I treated the teeth, and as the left superior first and second bicuspids were missing, decided to put in a small bridge, using the molar for one of the supports. I did so, and since then this tooth has been comparatively free from the disease. About every four or five months I see the patient and go over the teeth and this tooth seems less affected now than any of the others, although at first it was the worst—not that the others have become worse, as there is an improved appearance all over. My patient, at times, is very much affected with rheumatism and is, I might say, continually under treatment for that trouble."

Dr. WETMORE, of St. John, said he could not say that he had anything new to offer. He believed that the first step in the treatment should be mechanical and consist of a thorough removal of all deposits from the necks or roots of the teeth; had found that an application of aromatic sulphuric acid to deposits would greatly facilitate their removal. He then washed out the pockets with peroxide of hydrogen and afterwards did not confine to one medicine but used different agents: carbolic, sulphuric and trichloracetic acids being the chief. He felt that as yet he had no cure for the disease, and thought that about all we could hope to accomplish in most cases was to exercise a retarding influence upon its ravages.

Dr. HOOD, of Beverly, Mass., was extremely careful as to what he told his patients regarding the cure of the disease in question. He did say that he could greatly improve upon the existing conditions, but did not promise a complete cure. Was very doubtful if cures were ever made; conditions could be very much improved and the case is often lost sight of when we are apt to conclude the cure was complete. His treatment was along lines already indicated: first, mechanical and then medicinal agents.

Dr. C. O. HOOD, of Beverly, Mass., a visiting practitioner, read a highly valuable and instructive paper entitled, "Some Things Which Tend Toward Success in Dentistry," demonstrating some of these things. (See page 388.)

DISCUSSION.

The discussion which followed Dr. Hood's able writing was quite exhaustive and participated in by a great many of the doctors present.

Dr. GODSOE, of St. John, said he had listened to Dr. Hood's paper with great satisfaction. It was both practical and instructive, and he had no doubt whatever but that it would prove greatly beneficial to the profession represented at the meeting. Personally, he had not used the "chloro-percha" preparation for separating teeth and preferred the use of cotton to rubber. He said he

always sterilized his instruments before using, and thinks it absolutely necessary to have them aseptic.

Dr. MAGEE (St. John) congratulated Dr. Hood on the excellence of his paper and acknowledged that there was very little to criticise about it. He agreed with pretty nearly everything Dr. Hood put forth, the bare exception being the statement that the use of chloro-percha with cotton was the best and only satisfactory way by which one can secure separation sufficient to restore the proper contour of a tooth, the cavity in which extends much above the gum line. Dr. Magee said he purposed demonstrating in his subsequent clinic how that very thing could be accomplished by the aid of the Perry two-bar separator, and in connection with the steel matrix. The doctor claimed that other things equal, the Perry separator could accomplish results with the best satisfaction. Dr. Magee said the use of chloro-percha with cotton was new to him, but he intended trying it, and asked what proportions of chloroform and gutta-percha were used.

Dr. HOOD said he might use his own judgment in the matter, but showed a bottle with chloro-percha about the consistency of thick cream.

Dr. MAGEE said he had a sterilizer and sometimes used it. While he would not say anything to warrant carelessness, he claimed that many times the sterilizing of instruments was not at all necessary. He thought sterilization was only necessary with those instruments that come in contact with the soft tissues of the mouth.

Dr. C. A. MURRAY, of Moncton, said Dr. Hood's paper had given him great pleasure, and many of the apparently minor points in it, if practised, would prove really important. He claimed that cleanliness and neatness as to one's person and office was absolutely essential to proper success in dentistry. It was a good habit to wash the hands before a patient, as it conveyed your determination to be clean before touching the patient's mouth. Another essential, thought Dr. Murray, was to gain the confidence of your patient. If a tooth is broken by you be honest about it and say so, for should the patient find it out for himself or herself afterwards it wrecks what confidence he or she may have in you. If a child is to have a tooth extracted, don't say it won't hurt, and then, as the child is trusting in you, suddenly grasp the tooth and extract it with pain to the patient. Be honest; tell the child what it may expect and its confidence in you will be greatly strengthened. Dr. Murray said he had used chloro-percha in some of Dr. Hood's ways and also the Perry separator. With regard to the latter he finds the patients are apt to complain of the pain caused when the separators are used.

Dr. MAGEE here suggested that perhaps Dr. Murray was, like he was at first, not very well versed in the use of the separator, and offered to show the Moncton doctor how he used them now.

Dr. MURRAY, in continuing, said Dr. Hood was an old classmate of his and his excellent paper was in full keeping with himself.

Dr. LANGILLE (Truro, N.S.) said dentists were sometimes careless about their work, and as to their professional habits. He knew those present would take some of Dr. Hood's terse suggestions to heart. He would, for one.

Dr. BARBOUR (Fredericton, N.B.) said he separated with cotton and frequently gutta-percha, following the plan advocated by the late Dr. W. G. A. Bonwell and practised by Prof. C. N. Johnston and others, of temporarily filling the approximal cavities, leaving it for weeks and, in many instances, for months for the patient to chew upon. When finally the patient returns for operation a nice space is secured and the gum, if it has interfered, is driven out of the way, leaving everything in excellent condition for completing the operation. Dr. Barbour said he boils his instruments in a solution of bicarbonate of soda, and claimed there was no more effective way of attaining purity, or at least he would like to hear of a better way.

Dr. GODSOE arose and gave Dr. Barbour a hint as to sterilizing as he did it. In addition to sterilizing his instruments daily, he has a little dish of carbolized water, and in another powdered pumice stone with the same solution. Before using the instrument he dips it into the pumice-stone dish with a slight stir about, and then rinses it in the carbolized water.

Dr. ROBERTSON (St. John, N.B.) said he did not believe any solution of carbolized water was sterilizing. He used bichloride of mercury and bicarbonate of soda, afterwards boiling. A saturated solution of carbolic acid will sterilize, but no weak solution.

Dr. GODSOE said the carbolized water he used was not considered by him as the sterilizer wholly, merely an adjunct, an aide.

Dr. G. K. THOMSON (Halifax, N.S.) laughingly said he had a pair of Perry two-bar separators for sale at half-price.

Dr. MAGEE (St. John) said he would take them.

Then proceeding, Dr. Thomson said he separated with chloropercha and cotton, as advocated in Dr. Hood's paper. He thought the sterilizing necessary and follows Dr. F. Woodbury's plan of having a granite iron pan, 10 x 5 inches, and shallow, in which is placed a perforated copper dish. The solution he uses is a weak one of Parke Davies' soap, the aseptic agent of which is green iodide of mercury. It is better than formaldehyde, and cheaper too. Excavators particularly should be sterilized, said Dr. Thomson, his plan being to immerse the instruments just a few moments, then lifting the copper dish from the solution with the instruments in it, rinse the soap off in running water. The solution may be used cold.

Dr. BAGNALL (Charlottetown, P.E.I.) believed honesty pays

every time. He often had a patient come back to him with a lacerated gum, asking if he hadn't broken a tooth off. "I invariably ask," said the doctor, "did I tell you your tooth was broken?" If the patient was not told so the tooth was most assuredly not broken. Dr. Bagnall reiterated what Dr. Murray said regarding loss of confidence. It was very necessary to gain children's confidence. He invariably used a little ether if he had to extract a tooth for a child. It would not take much, and the child is made your friend.

Dr. WHITNEY (St. Stephen) said there must always be two sides to every question. He only saw one side to it and would therefore not discuss it. As to the gaining of confidence, he suggested hypnotism in some instances. (Laughter.) In extracting children's teeth he could always get along better without parents near at hand, and makes frequent use of a small piece of rubber tubing over the tooth to be extracted. Cleanliness, Dr. Whitney held, was very necessary and his remark that the doctors present would not think him a crank in that direction, to judge from his personal appearance, caused a ripple of amusement. "But you should see my office!" said the D.D.S. from the border city.

Dr. HANNAH (St. John), in answer to Dr. Bagnall, said the New Brunswick law prevented the New Brunswick dentists from using ether in extracting teeth.

Dr. HOOD closed the discussion by speaking of the pleasure he took in listening to the points of his paper being so thoroughly and interestingly thrashed out.

(To be continued.)

TORONTO DENTAL SOCIETY.

The December meeting was held on Tuesday evening, December 11th, in the Dental College.

Programme—"Impressions of Dentistry and Dentists Gained Abroad," by Dr. Wm. Wunder. "Demonstration of his New Method of Illustrating Facial Contours in Orthodontia," by Dr. Chas. E. Pearson.

A resolution was passed of condolence to the relatives of the late Mr. C. H. Hubbard.

A resolution *re* J. G. Adams, Dental Mission Hospital, was passed.

Announcement for January meeting—Dr. Scadding will demonstrate the use of nitrous oxide and its combinations with ether and chloroform.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO.

The counting of the ballots of the biennial election of the directors of the Royal College of Dental Surgeons of Ontario, was completed, December 12th; nominations closed November 10th. District No. 1, Dr. G. E. Hanna, elected by acclamation; District No. 2, Dr. J. A. Marshall, elected by acclamation; District No. 3, Dr. J. F. Adams, elected by ballot; District No. 4, Dr. C. E. Klotz, elected by acclamation; District No. 5, Dr. A. M. Clark, elected by acclamation; District No. 6, Dr. N. A. Brownlee, elected by ballot; District No. 7, Dr. H. R. Abbott, elected by acclamation. Representative of the Faculty, Dr. J. B. Willmott.

INSTITUTE OF DENTAL PEDAGOGICS.

The eighth annual meeting of the Institute of Dental Pedagogics will convene on Thursday, December 27th, 1900, at 10 o'clock a.m., at the Maxwell House, Nashville, Tenn. Sessions: December 27th, 28th, 29th.

Officers—President, Harry P. Carlton, San Francisco, Cal.; Vice-President, George E. Hunt, Indianapolis, Ind.; Secretary and Treasurer, H. J. Goslee, Chicago, Ill. Executive Board—Henry W. Morgan, Nashville, Tenn., one year; David M. Cattell, Chicago, Ill., two years; Walter E. Willmott, Toronto, Can., three years. Master of Exhibits—George H. Wilson, Cleveland, Ohio. Local Arrangement Committee—Henry W. Morgan, J. P. Gray.

Thursday, December 27th—10 a.m., organization; Executive business. 10.30 a.m., President's address; discussion, Drs. J. Taft, F. F. Litch, H. B. Tileston, F. W. Weisse, W. C. Barrett. 12 o'clock, "The Use of Flexible Rubber in Orthodontia and other Technic Teaching," Dr. J. C. Byram; discussion, Drs. S. H. Guilford, C. S. Case, Walter H. Funderburger, W. W. Evans, W. E. Grant. 2 p.m., "Teaching of Materia Medica and Therapeutics, How and How Much?" Dr. A. H. Peck; discussion, Drs. James Truman, John I. Hart, S. W. Foster, G. E. Hunt, J. D. Patterson. 5 p.m., Exhibit open. 8.15 p.m., "The Use of the Lantern in Teaching Dental Histology in its Relation to Operative Dentistry," Dr. Fred Noyes; discussion, Drs. J. N. Bromell, A. H. Thompson, W. G. Foster, H. T. Smith, Louis Leroy.

Friday, December 28th—9 a.m., Exhibit open. 10 a.m., "Presentation of the Technic of Crown and Bridge-work, Metal and

Porcelain," Dr. Thos. E. Weeks; discussion, Drs. Otto Arnold, Fred. R. Sandusky, R. H. Nones, N. S. Hoff, H. R. Jewett. 1 p.m., Exhibit open. 2 p.m., "Class-room Method of Teaching Oral Surgery," Dr. G. V. I. Brown; discussion, Drs. M. H. Cryer, T. S. Gilmer, Eugene Talbot, J. Y. Crawford, E. N. Kettig. 4 p.m., "A New Feature in Teaching Dental Anatomy and Operative Technics," Dr. A. E. Webster; discussion, Drs. E. C. Kirk, G. V. Black, Wm. A. Montell, G. W. Dittmor, W. H. Whitslar.

Saturday, December 29th—9 a.m., Exhibit open. 10 a.m., "Class-room Method of Teaching Prosthetic Technic," Dr. Grant Molyneaux; discussion, Drs. J. H. Kennerly, J. P. Gray, J. Bond Littig, T. H. Allen, A. O. Hunt. 11.30 a.m., Reports of the Committees on Syllabi of Operative and Prosthetic Technics.

Exhibits should be shipped to the Maxwell House, care Dr. J. A. Dale or Dr. G. H. Wilson, Master of Exhibits, with college name on it, before the holiday rush.

All teachers are cordially urged to attend these meetings. Every school should be represented.

HENRY W. MORGAN,
DAVID M. CATTELL,
WALTER E. WILLMOTT,
Executive Board.

Reviews

Principles and Practice of Filling Teeth. By C. W. JOHNSON, M.A., L.D.S., D.D.S., Professor of Operative Dentistry in the Chicago College of Dental Surgery. With illustrations. Philadelphia: The S. S. White Dental Manufacturing Co. 1900, pp. 283.

Apart from its intrinsic excellence, this work is particularly interesting to Canadians because Dr. Johnson is a licentiate of Ontario, a Canadian by birth, and one who, while faithfully serving his generation in the neighboring Republic, has always had a warm corner in his heart, and a helping pen in his hand, for this Dominion and Dominion dentistry. The Canadian dentist who does not buy Dr. Johnson's book ought to be "hung, drawn, and quartered." It would be a most meritorious work were it written by a born Chinaman, but it is natural to believe that it will have a special interest, written by a born Canuck. The reputation of the author as a diligent student, a clever operator, and a fluent writer, is well established. It should not be necessary to add a

single line of review to the above to induce every dentist in Canada and every dental student to possess the book as soon as possible. We already feel as if we have had a mean advantage of our confrères in being the first to get a copy. The author wisely emphasizes the importance of removing the stains and deposits from the teeth as a preliminary to thorough examination. It seems logical enough, yet it is not always done with scrupulous care. The twenty chapters pretty well cover the entire subject: Deposits on the Teeth, Dental Caries, Examination of the Teeth for Caries, Appliances for Examining, Exclusion of Moisture, Classification and Preparation of Cavities and Filling Materials, Gold Mallets and Malleting, Introduction, Condensation and Finishing of Gold Fillings, Manipulation of Platinum and Gold, Tin, Gold, Amalgam, Cements, Gutta Percha, Inlays, Pulp Capping, Destruction of the Pulp, Filling Pulp Cavities, Treatment of Pulpless Teeth, Management of Children's Teeth. Dr. Johnson has aimed in his book to put the principles and practice of which he treats in unequivocal language. He says exactly what he means and there is no possibility of mistaking his meaning. There is no beauty about the book, but direct, practical advice. It is very easy to see that he has not drawn at all upon his imagination, but gives us the outcome of his own definite experience. It is this feature which adds to the charm of the book. It is brimful of good, practical common-sense.

Dominion Dental Journal

EDITOR:

W. GEORGE BEERS, L.D.S., D.D.S. - - - - MONTREAL, Que.

107 METCALF STREET

To whom all Editorial Matter, Exchanges, Books for Reviews, etc., must be addressed.

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DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The last annual meeting of the association was held in Montreal, at Laval University, on the 5th of September. The attendance was somewhat disappointing. The President, Dr. Stevenson, occupied the chair, and in the absence of the Secretary (Dr. Dubeau), Dr. Ives took his place. The minutes of last meeting were read and confirmed. The president read a short address (see October issue). The reports of the secretary and treasurer were read and adopted. Several notices of motion, having for

their object the strengthening of the financial condition of the association were lost. The report of litigation showed that active measures had been taken, with success, against a number of contraveners of the laws. The election of two members of the Board resulted in the re-election of the retiring members, Drs. Hyndman and Ives. The printed report was sent to every member. We refer our readers to a synopsis of it in the August number.

QUEBEC BOARD FINANCES.

When the new *régime* got in, and the hyper-critics got hold of the helm, we were promised miracles in Quebec. There was to be a new dental Heaven and Earth; the ideals for which the pioneers of the profession had struggled were to be attained by a wave of the hand and a stroke of a pen—the structure was to be built in a day, even if the spire was made before the foundation. The old "timidity" was to be replaced by "enterprising boldness." But just as "timidity" should sometimes read "caution," so "enterprising boldness" should sometimes be writ "foolhardy quixotism," and so it has proved. Some of the "very conservative gentlemen" are dead, but the last report is enough to make them turn in their graves.

Under the former *régime* the members of the Board had the exact amount of the daily fee placed in the Act ($5.00 per day). The "very conservative gentlemen" made the Act read: "There shall be paid to each of the members such fees for attendance (*in no case to exceed five dollars per day.*)" This was done in accordance with the instructions from the licentiates at the first meeting after the organization. At no time since then have the licentiates discussed the question, and the change from "per day" to "per sitting" was made without their knowledge or consent. The new *régime* took advantage of the alteration to vote themselves ten dollars or more "per day." When the "Practical Executive" was planned it was distinctly understood that as it was held outside of the dates named by the law, it could not and should not be charged for. The "very conservative gentlemen" never thought of exacting a fee; but the present *régime* have voted themselves ten dollars a day

—our worthy critic charging for four days! It must be remembered that there is no provision in the Act or the by-laws for any fee whatever! We sympathize with the members in their feeling that the "Practical Executive" should be paid for; but we do not sympathize with the reckless voting of money to themselves without any legal authority.

When the "very conservative gentlemen" of former *régimes* found the funds low they repeatedly met as usual, conducted the examination, and voted the *whole* of their allowances back into the treasury. But this conservatism is evidently not hereditary, for our "very liberal gentlemen" not only voted themselves ten dollars a day for the "Practical Executive," but the whole of this increased allowance for the regular examinations. They doubled the salary of one official, and paid three of their number nearly $1,000 "expenses" to Quebec, opposing amendments to the Act—and more. So low were the funds that these "very liberal gentlemen" for the first time in the history of the profession in any province of Canada passed around the hat, and "to meet the heavy expenses incurred" collected $419.50 for the licentiates. There was a good show of "brains and common sense" in the scheme which the "very conservative gentlemen" never learned.

Three of the Board were obliged to go to Quebec. The secretary made eight trips and spent twenty-four days; the president five trips and twenty-four days; one other three trips and ten and a half days. The two spent $964.45. One of the delegates spent three dollars a day for "cabs"—which would make $72.00 for the twenty-four days. If the other gentlemen spent money for cabs in the same proportion—and why not?—the little bill just for cab hire would run up to $175.50. But one delegate says it cost him $60.00 to drive and wine members of the legislature at the Gouin Club, and that this was necessary "to get their ears." We are conscious in a small degree of the mystic connection between the aural cavity and the stomach of some of these interesting members, and the question arises if desired legislation is dependent upon the quantity of cigars and champagne dispensed to these representatives of the public. One does not need to be a prophet or a mathematician to figure up the certain ending of such extravagance, financially and morally. Gentlemen who would conduct their own private business, or allow it to be conducted, on such

principles, would not be regarded by the commercial world as having much of the "brain and common sense" which the president inferentially stated that the "very conservative gentlemen" did not possess.

Other provinces practise economy. British Columbia pays its members ten dollars *for each candidate*, but most of the members send their papers, for which they only get $2.50 per candidate. The secretary receives no salary. The Manitoba Board members get $5.00 per day; secretary the same; New Brunswick Board members get $5.00 per day; secretary, $50.00 a year. Nova Scotia members only receive travelling expenses; secretary $50.00 a year. Ontario Board members, with twentyfold more demand upon their time than all the other Dominion Boards put together, with a prestige second to none on the continent, and with a surplus of $22,474.43, pays its secretary $10.00 per day. We need not make comparisons between the duties of the secretary of Ontario and Quebec. The former position is almost a business of itself. We have only to compare the two reports to judge easily. The money of the association is not the free property of the few members of the Board, but of the whole corporation. It is simply put in trust by the latter, and the 130 licentiates who contributed most of it have a right to a clear and definite statement of how it has been and is being used. "Men of brains and common sense" would hesitate before promoting any policy that would tend to insolvency. Income, $3,234.49; expenditure, $3,234.49; cash on hand, $12.06; deficit, $545.14. The "very conservative gentlemen" have a great deal to be grateful for in their records.

"QUIS CUSTODIET IPSOS CUSTODES?"

It is not likely that critics who are foolish and reckless enough to pass off their own private opinions for official facts, will give us any credit for honesty when we say that it is a far greater pleasure to be able to speak well than ill of our colleagues, officially or otherwise. But we would be recreant to our convictions of journalistic justice if we permitted the last report of the Quebec Association to pass without comment. In contrast with the wise and economical administration of the affairs of the Dental Boards of

the other provinces of Canada, this Quebec report comes with the startling ludicrousness of a boomerang, after the hypercritical attitude of the present president, and the plaintive appeal he personally made last year for the re-election of the entire Board, "to carry out certain reforms," to which appeal a generous and trustful response was made by the licentiates. This worthy gentleman, no doubt, means well, and, perhaps, entertains a very high respect for the dentists of Quebec *before their faces*. But, unfortunately, he was so carried away by his conceptions that he travelled all the way to Boston, and before an exclusively American audience, performed the serio-comic act of washing the "soiled linen" of Quebec dental politics, after the gratuitous and insulting information that "the standard of dental skill in the Province is probably lower, on the average, than *on the rest of the continent*," and that "the backward state of dentistry there is due to the timidity, or, which is the same thing (?), the conservative methods, of the leading men in the profession. They were reluctant to establish a college," etc. It would be difficult to put more misstatements and puerile twaddle into the same number of lines unless this worthy expert attempted it himself. It would not, perhaps, be charitable to inquire into the motives which led the critic to do his "laundry act" in Massachusetts instead of in Quebec. The audience in the former could have no possible sort of interest in the dirty job which the Quebec official undertook; however, they got an object lesson which we trust none of them will have such lack of self-respect or patriotism to reciprocate in Quebec. We doubt if there is a man in the profession there small enough to do it.

Now we take the liberty of asking the very superior critic, upon what grounds he had the temerity to insult the dentists of Quebec by the statement that "the standard of skill is lower than anywhere else on the continent"? Does he venture to pose as a qualified critic? We think not. It is more likely that the statement is simply a specimen of absolute recklessness. When a man hungers to throw mud on his colleagues he is not particular if there are stones in it. It might not be considered out of place for us to ask if the critic was looking in a microscope or a mirror when he gave a foreign audience his contemptuous opinions of the Quebec profession *behind their backs*.

With reference to the statement that there was a reluctance to

establish a college the critic, unconsciously, is not guilty of telling the truth. We say "unconsciously" because we are quite sure that he probably did not know any better. Evidently he "did not know the gun was loaded." It is, to say the least, a curious absence of memory on his part. It is suspiciously strange that he forgot the fact that efforts were in progress for twenty years for the affiliation of the dentists of Quebec with the leading medical university, and that later on he himself participated in a renewal of the effort (!) and that in another direction a college was actually established, and is still in progress. An antagonizing element arose which seriously disturbed the condition of affairs. But that does not in any way alter the fact that "the very conservative gentlemen" were the founders of the school. The factional zeal of a few agitators succeeded in upsetting all the arrangements originally planned, which had the approbation of the university authorities; but there is not one institution of learning in existence which has not had to contend with just such factional disturbance. The "very conservative gentlemen" did the best they could under the circumstances, but they received a flabby, half-hearted help from the very men from whom they expected most. We have no wish to imitate the example of the "laundry act" in Boston; but the profession in Quebec is entitled to a little more respect and a good deal less insult from its officials "What we want," says the critic, "is men of brains and common sense." Of course, the Brewsters, Bazins, Rosses, Baillargeons, Nestlers, Casgrains, etc., had no brains. The critic fully proves that he himself has plenty of "common sense;" but on this occasion it is that sort which is called "common nonsense." It is a consoling reflection to the "very conservative gentlemen" that in their many peregrinations to read papers, etc., in the United States, they never delivered themselves of such unethical and untruthful balderdash as the worthy critic voluntary imposed upon his innocent hosts in Boston. It is a comfort to feel that they have always stood up for their own country and their own colleagues, and did not make egregious asses of themselves by conceit and calumny. Our L.D.S. (Licentiate of Dental Surgery) has for the first time got a new metaphrase—that of "Laundryman of Dental Surgery." We hope the occupation will not prove a contagious congeniality.

"BOOK-WORMS."

The true student is never afraid of being called a "book-worm." Some shallow people use this term sarcastically. It is better to be a "book-worm" than a "book-booby." Nobody ought to be proud of being a dunce. The man who can operate with the most finished mechanical skill, and who has little or none of that theoretical knowledge which he can only get from study is the kind of a man who hobbles like a Bœotian at a dental convention, and gets badly muddled in his efforts at explanation. Dental literature to-day is well deserving of the student's gratitude.

ANNOUNCEMENT.

We beg to announce to the many friends of the late C. H. Hubbard, who have so long dealt with the Toronto Dental Depot, that the business will be carried on in the future as in the past. We will have, as always, the largest and best assorted stock in the Dominion, and the profession will, "as always," get just what they send for or money refunded.

Wishing you the compliments of the season, we are,

Yours truly,

THE TORONTO DENTAL DEPOT

(Per C. H. Hubbard Estate).

Editorial Notes.

As a journalist we can recall several attempts made by envious or ill-willed critics to belittle the labors of prominent men in authority in the profession in Ontario and Quebec. There are some people whose overpowering personal conceit impels them to deny even the aspiration for perfection to any but themselves. Their infallibility is one of their own doctrines. They would melt a stone stature with the fervor of their yearning for more men

like themselves, of "brains and common sense"; but alas! they are still unborn. A friend proved to us the other-day that even in theology these snarling serpents busied themselves in undermining their colleagues, and tuft-hunting for preferences for themselves. It is no surprise that the dangerous element should have representatives in the less sacred professions. In these attempts to injure a confrère it was remarkable that the accusers seemed to have taken pains to avoid gathering the *facts*. Facts which were open to easy access were not sought for. Fabrication is often more attractive than facts. Men who resort to such methods should introvert their critical attitude. They might discover that they were the victims of a growing hallucination which requires medical care. David, once in his haste, gave an opinion of "all men" that might be applied at leisure to "some men" in dentistry in this country.

MEN have boasted ever since the organization of the profession in Ontario and Quebec, how much better they would have done had they had the chance; how much better they would manage matters, taught, etc. It is a boast older than that of Alphonso X., of Castile, who said, with the same sort of superior conceit: "Had I been present at the creation I could have supplied some useful hints towards the better ordering of the universe."

DR. BLANK is a man who expects to tumble into heaven over the misfortunes and mistakes of his confrères. We think he is more likely to tumble into the other place on account of his own hypocrisy and meanness.

THE dentists of the city of Toronto held a meeting Thursday, November 29th, to discuss matters pertaining to dentistry in general, and to District No. 3 in particular.

THERE are as many falsehoods circulated by honest men for want of thought as by constitutional liars from exaggeration.

COL. JOHN E. ROBIE, Treasurer of the Buffalo Dental Manufacturing Co., died Saturday, November 24th, 1900.

TO be civil or even considerate with some people is just as safe as being trustful of a snake.

Obituary

CHARLES HENRY HUBBARD.

Death removed from our midst, on the 16th of November, 1900, one of the most striking personalities in Canadian dentistry. While not a member of the profession, it is well known that when the Act incorporating the Ontario dentists came into force Mr. Hubbard was entirely within the qualifications of the Act, but with characteristic modesty refused to avail himself of it.

To some of the older members of the profession it will seem but yesterday that they first did business with him, yet for over forty years he was actively among them. Born in Old London in 1832, he crossed to New York in 1851, coming to Toronto in 1856. His original business was the manufacture of gold leaf, in which he remained the only Canadian manufacturer until the day of his death. It was in bringing with him to this country a then complete Old World knowledge of the manipulation of gold that enabled him to put upon the market his justly celebrated foils. The early manufacture of foil was but the first step in the development of a dental depot, which we can say, without flattery or fear of contradiction, stood first in every characteristic that could commend such an institution to the profession. This position was maintained purely because the business was but a mirror of the man.

It is rarely nowadays, and unfortunately becoming still more rare, that we see what we, in the nineteenth century, are pleased to call the "old-style business man"—a man whose simple word is his bond ; a man who values himself so highly that he would scorn to equivocate or even by inference misrepresent; a man whose standard is pure gold 1000 fine, just 24 grains to the dwt., no more, no less.

The innumerable letters of sympathy, the resolution passed by the Toronto Dental Society at its last meeting, which we print below, all bear eloquent testimony to the warm place he held in the estimation of the profession—a place he had gained by a long career where business probity and the highest integrity were always at the command of his patrons. What he was in business life so he was in private, as the many friends he had

among the profession knew. He was a member of the Anglican Church, and, whatever the weather, was to be found regularly in his pew in Grace Church every Sunday morning. In his younger days he belonged to King Solomon's Lodge, A. F. & A. M., and as might be expected of such a typical Briton, was also a member of the St. George's Society. He was a widower, and those who knew Mrs. Hubbard knew how great her loss was to him. He left two children, Mrs. Frederick Crompton and Mrs. Beattie Nesbitt.

The funeral took place from his late residence, 71 Grosvenor Street, and was in spite of the inclement weather, very largely attended.

At a meeting of the Toronto Dental Society, held December 11th, 1900, the following resolution was passed:

> *Whereas*, Our friend, Mr. C. H. Hubbard, has been removed from us by death, and as we, the Toronto Dental Society, are desirous of expressing our sorrow for the loss of the pioneer dental dealer of Canada, be it
>
> *Resolved*, That in the death of Mr. C. H. Hubbard, we have lost a valued friend. Mr. Hubbard was a man known for his integrity and business-like methods. His life was one of devotion to the interests of the dental profession, and a worthy example of the success attending strict attention to business. Though we deeply regret his death we bow with submission to the will of Nature. Be it
>
> *Resolved*, That these resolutions be inscribed in the records of this Society, and printed in the DOMINION DENTAL JOURNAL, and that a written copy be sent to the bereaved relatives as a mark of our sincere sympathy and esteem.

(Signed) J. B. WILLMOTT,
HENRY T. WOOD,
G. S. MARTIN,
Committee.

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Dominion Dental Journal

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OFFICIAL ORGAN OF ONTARIO AND ALL OTHER DENTAL ASSOCIATIONS OF CANADA.

Vol. XII. TORONTO, DECEMBER, 1900 No. 12

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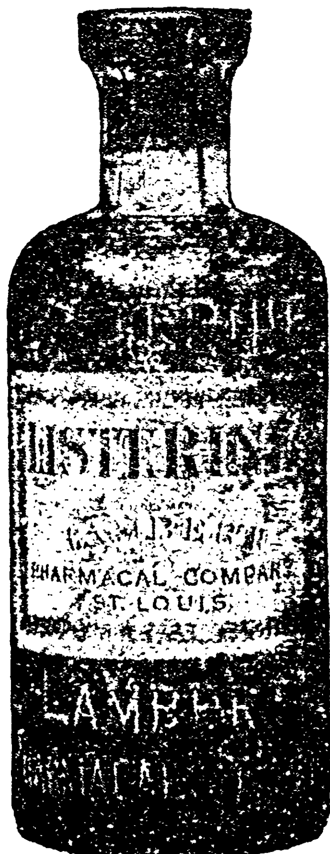

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