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DOMINION DENTAL JOURNAL.

(Official Organ of the Ontario Dental Association.)



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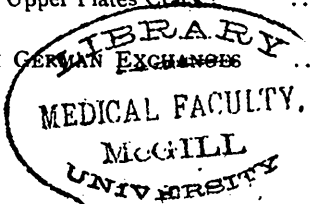
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DOMINION DENTAL JOURNAL.

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No. 1.

Original Communications.

Dental Dots.

By D. V. BEACOCK, Brockville, Ont.

To repair a broken gum-block, grind out the broken part and fit a plain tooth neatly.

The gas, forceps and vulcanizer are ready oftenest in the hands of the general practitioner. Too many are fast becoming a class of mechanics rather than professionals.

When a gum-block comes off, not broken, but the pins all out, it is sometimes difficult to match them. I have overcome the difficulty by grinding with a disk dove-tails in the block where the pins were, and replacing and vulcanizing.

During each twenty-four hours there is extracted from their respective glands an average of two pounds of saliva, ten pounds of gastric juice, five ounces of pancreatic juice, two pounds of bile, besides a large quantity of other fluids, at least twenty pounds daily in all ; there is as much excreted as secreted.

I have a polishing lathe that has been in use over twenty years, the spindle having worn loose, made a great deal of noise, jumping and rattling, when polishing, especially when running fast with a water motor. To remedy this I took off both caps, filed a little from the under side and replaced. This took up the worn part or lost motion, and it works as well as when first purchased. I may say that I have noticed lathes in several different dental laboratories, that just needed this little necessary attention to steady the spindles, keep them from rattling and make them as good as new

It is hard to convince some minds of the value of conserving the teeth. Take, for instance, the fellow who despised the dentist that charged him fifty cents for popping out his tooth so easily, and lauded the tooth carpenter, who charged him only a quarter for dragging him all round the room for half an hour—he could realize the value received. There are unfortunately too many of this class yet. No reasoning has any effect on them; their minds are too obtuse; the only way to reach their brains is to give them a large amount of punishment for a small amount of pay; in other words, humbug them.

Brieflets.

By STANLEY BURNS, L.D.S., Smith's Falls.

Often in putting in plastic fillings, especially where objection is taken to the use of the rubber dam or napkins, it is found very difficult to keep the cavities dry. The following method will be found very convenient under such circumstances: First, heat a small piece of impression compound, then dry off the gums surrounding the teeth to be operated on by means of a pellet of cotton saturated with alcohol; with the thumb and forefingers force the compound over the teeth. It is well to mark on the compound the exact point where the cavities lie. Having done this, while the compound is yet soft, cut out that which overlies the cavities. Carefully remove the *debris*, and it will be found that the lingual or palatine wall (as the case may be) remains intact, in compound. Should any trouble exist in getting the compound to remain in position, better attachment may be had by drying off the gum, and painting it over with copal-ether varnish. This will dry very quickly and adhere firmly.

In the above method the irritation to the sensory nerves is not so great as in the use of either the rubber dam or napkins. Greater freedom is given the patient to swallow the rapidly increasing flow of saliva, and, above all, the advantage in having the palatine wall built up so easily and perfectly, alone repays. If much space exist between the teeth, a portion of compound may be left to act as a matrix between two fillings.

Often after a black rubber plate is polished, it presents a very inferior color—a grayish black. This may be removed by the application of carbon bisulphide. Dampen a cloth with the solution and rub the plate vigorously wherever required. It is well to wash the daubing thoroughly after the use of this solution, as there might otherwise be a tendency to nausea.

Often while grinding down a root for crown or bridge work, it has been found inconvenient to keep the corundum stone wet. A simple method is as follows: Take the syringe usually found on the operating table, fill it with water; loop a small rubber band through the ring on the end of the piston, and pass your little finger through the remaining loop; grasp the syringe well up to the nozzle, and cause pressure to be brought to bear on the piston by drawing forward the finger which is through the loop, thus causing the elastic band to tighten. By this means the operator can cause the water to drop or flow, as desired. By correctly holding the syringe, two fingers will remain free to assist in holding lip, etc.

It may often happen, and too frequently does, in cases where anaesthetics are administered for extracting, that the operator is confronted with a case of hæmorrhage when least prepared for it. A ready and effective method of arresting the unnatural flow is found in tearing off a piece of sponge large enough to fill the wound. Force it into the cavity, and let it remain until such a time as to be thoroughly satisfied that there will not be a recurrence. It is better to dampen sponge in warm water which has been made antiseptic. Owing to its absorbent nature, the free admittance of air through the pores; together with the ragged edge presented, a clot is immediately formed.

Preliminary Education for Dentistry.

By L. D. S., Toronto.

It does not need much discernment to discover that to-day a high standard of preliminary education is desirable for entrance to the liberal professions. We wish dentistry to rise to this rank. No matter to what extent we extend the curriculum of scientific and practical study, we simply make it ridiculous if we do not exact some much higher preliminary standard than a common school education. It is no reproach to dentistry in the past that we have good operators who could not pass even the examination of a common school, much less that of a university; but few of these men are prepared to defend such ignorance as a passport to the profession to-day. It is to our credit in Canada that our universities in law and medicine, as well as our boards of examiners in dentistry, require a classical and mathematical course as preliminary; but in dentistry it did not begin early enough, and some very good men as practitioners graduated as bell-boys and sweepers of the door-step. I say this to their credit in one sense, yet I do not hesitate to declare that it should not be, and that as

a rule it will be found, that whatever obstruction and particular annoyance we have had in our progress, can be traced directly to the "beggar on horseback" conceit and crankiness of this class. It was found to be so in other professions until a stiff preliminary was enacted. During some years' residence in the States, I learned this to be the fact in connection also with medicine, and a wonderful social and moral change has occurred by its exaction in the universities of Pennsylvania, Cornell, Yale, Princeton, Lake Forest and North-Western Universities, Johns Hopkins and the University of Wisconsin. The universities of Ontario and Quebec have always had a standard equal to that required of the universities of Oxford, Cambridge, Durham, Edinburgh, Glasgow, and Dublin, even when there was none whatever of a classical and mathematical character in the United States. For instance, the College of Physicians and Surgeons, even of the old Province of Quebec, quite deterred me ten years ago, by sending me in reply to a request, a programme of the preliminary examination, requiring as obligatory subjects three authors in Latin, three in French, first three books of Euclid, also the measurement of the lines, surfaces and volumes of regular geometrical figures; algebra, including fractions and simultaneous equations of the first degree, with English, *Belles Lettres*, history (ancient and modern), geography, and one of the three following as optional subjects—Greek, Physics, Philosophy. A sound knowledge of the grammar of the languages was required. Failure in Latin, arithmetic, or the mother tongue involved rejection. For a time this was the standard required to enter dentistry, but it was somewhat modified.

In Ontario to-day, candidates for the degree of Doctor of Dental Surgery must pass the examinations prescribed for matriculants in the Faculty of Medicine in the University of Toronto, unless they possess a degree in arts from a recognized university, have already matriculated in the Faculty of Arts, or the Faculty of Law, or the Faculty of Medicine, are matriculants in the College of Physicians and Surgeons of Ontario, or have passed the 1st, 2nd or 3rd class departmental non-professional examinations in which the Latin option has been taken.

The facilities for obtaining such preliminary training, especially in Ontario, are better than ever, and I plead for it with all the emphasis possible. The social character of a profession has great weight in a community. I cannot pretend to explain it, but my observation of residence, both in the United States and in Canada, leads me to the conclusion, that if the bell-boys want to be dentists, and there is no reason why they should not so aspire, they should be first compelled to prepare for entrance by a thoroughly good preliminary education.

Furrowed Enamel.

By B.

An interesting case of furrowed enamel came under my observation some time ago. It was that of a boy aged fifteen. From the gingival margin to about half way down to the cutting edge of the six front upper and lower teeth, the enamel was perfect. Beyond that line the grooves ran across each tooth; the cusps of all the cuspids were absent. Throughout the grooves there were pits and notches. The four first permanent molars were entirely devoid of enamel and no appearance of their cusps.

I learned the history of the case as follows: The child was vaccinated by a nurse when two months old, with vaccine from a syphilitic subject. No hereditary taint in either parent. The sore was like that of chancre, ending with secondary syphilis. The child had eruptions for over twelve months. Of course, it is easy to understand how the enamel development would be arrested from lack of nutrition in the enamel organ. Such cases of arrested development from scarlet fever, etc., are not rare. This is the only case I ever met, due to the cause mentioned, and the history of which is so perfectly clear and reliable.

Septic Infection from a Bur.

By W. GEO. BEERS, L.D.S., Montreal.

An illustration of the danger of "dirty dentistry" came within my observation the other day. A young lady in perfect physical health, and whose mouth was as fresh and sweet as a rose in June, was having a lower molar, cervical cavity, prepared by a dentist, who not only used a rickety old engine, but whose burs were so blunt that he had to put on extra pressure to make them cut!

Twice one of the largest burs slipped out of the cavity, tore the gums, and plunging into the mucous folds lying between the tooth and the cheek, revolved there several times before it could be withdrawn. The patient was dismissed after the cavity was filled, without the least attention being paid by the operator to the wound he had inflicted.

Upon questioning the lady, I learned that she had an intelligent appreciation of what to expect from clean and careful treatment; but that quite accidentally she had fallen into the hands of one of the most careless operators, so far as antiseptic precautions were

concerned. She remarked that his burs were standing erect out of a small stand, and that she noticed the one which slipped was so covered with white *debris*, evidently of the last tooth in which it had revolved, that its teeth were invisible; that she drew the attention of the operator to this fact before he used it, and that he simply dipped it into cold water and wiped it on a soiled napkin.

About twenty-four hours after the accident the gum in the vicinity became tender and turgid. The face was swollen, the inflammation extending along the inferior maxillary, involving the depressor anguli oris, etc.

The inflammation facilitated the ingress of pathogenic bacteria, which are frequently, if not always, present in the mouth, on the *qui vive* for abrasions and wounds, and the consequences followed. The integrity of the gingival margin had been ruthlessly destroyed by an infected instrument, at a point where the epithelium is composed of more delicate cells than elsewhere. A better invention to infect the muscular folds adjacent could hardly be made than a revolving bur covered with matter for inoculation. The day following I saw the case. To be brief, I made deep incisions directly into and across the place where the bur had entered, with a fine lancet, then syringed fully and freely a four per cent. solution of carbolic acid, as hot as the patient could bear it, and packed the wound with absorbent gauze soaked in the solution. The following day I syringed thoroughly with hydrogen peroxide, which was followed by abundant effervescence. The gauze had kept the wound well open, and the syringing with the peroxide did not, as it might if the orifice was small, distend the tissues and partially close the opening. To accomplish this, the lancing was thoroughly done. The next day I treated the case with pure oil of cinnamon on strips of gauze followed by hot water injection. The patient complained twice of scalding. On the eighth day the normal signs returned; the patient in the meantime had syringed every day with a mild antiseptic wash. What at first appearance seemed to prognosticate a dangerous case of septicæmia disappeared under the treatment. The constitutional disturbances were so severe that the patient lost eleven pounds weight, and though convalescent, is still under the care of the family physician.

There may be pathogenic micro-organisms present in the mouth which do no mischief until the soft tissues are wounded—a simple abrasion may be sufficient. It is a fact that there are foul conditions of the mouth, in spite of which bacteria and the patient thrives. It is not the presence of pathogenic bacteria we have to fear, but the wounds which give them ingress. Vaccine will not inoculate *per se*—the scratch or scrape is needed. It is

clear that dirty instruments cannot always be the cause of blood infection in the mouth. We may see displays of dirt on instruments, napkins, headrests spittoons, on the person of the dentist, which one would think the law of self-preservation would alone prevent. Some dirt seems to be healthy. But in spite of the immunity which the power of resistance in the tissues offers to dirt and disease, we never know when dirt may mean death. It is, no doubt, oftener kin to it than we discover. The case I have cited was not one of septic infection from pathogenic bacteria. It was an unmistakable case of direct septic infection from a dirty dental instrument.

Proceedings of Dental Societies.

Odontological Society of Chicago.

At the regular meeting of the Odontological Society of Chicago, held at the Chicago Athletic Club, on Tuesday evening, December 19th, 1893, the following officers were elected for the ensuing year: W. V. B. Ames, President; C. N. Johnson, Vice-President; Louis Ottofy, Secretary-Treasurer; C. S. Case, Curator; Board of Censors, P. J. Kester, A. W. Harlan, J. W. Wassell.

LOUIS OTTOFY, *Secretary.*

Selections.

"No American Need Apply." Why?

By WILLIAM H. TRUEMAN, D.D.S., Philadelphia.

The subject of the opening paragraph of the editorial in the August number of the *Dental Review* (Vol. VII., 1893, page 692), deserves more than a passing notice. Assuming the statements therein made to be correct, it may, perhaps, tend to a better understanding of the matter to consider, dispassionately, the causes that have led, or that may be leading, to the exclusion from foreign countries of Americans desiring to practise dentistry.

If this exclusion is alone based upon the desire to shut out competition, it is certainly no discredit to the foreign countries adopting it, and equally no reflection upon our system of dental education. We, as Americans, have no reason to complain. It is no more, indeed, than the application and adoption of a national

policy, that of protection to home industries, which the United States has always adhered to, and to which it owes much of its prosperity.

As long ago as 1867, a friend and classmate of mine was refused the right to practise dentistry in a town of Switzerland. He was told when he applied to the authorities for the required permission, that a few years before they would have been very glad to have had a well-qualified dentist settle in their midst, but that at that time, several young men, natives of the town, were practising dentistry, after having, at a large expense, qualified themselves therefor by study abroad, and it would be, they felt, an injustice to them to encourage foreign competitors. We see in this incident, I think, the key to the whole matter. There was a time when the American dentist was welcome anywhere and everywhere. He introduced a new industry, or so many improvements upon an old one, that he was welcome to the people who needed his service and equally so to his professional brethren, who found in him an instructor fully equipped and ever ready to communicate.

To the exclusiveness of the Old World he was a stranger. His value as an instructor was evidently appreciated by our British brethren, when in reorganizing their profession in 1878, "for the time being," they decided to recognize the diplomas of two American dental colleges.* This incident is significant when it is remembered that it was done on the representations of British dentists, and that no British subject intending to enter the dental profession could take advantage of it.

Within a comparatively recent period two events have occurred, each having, no doubt, a bearing upon this matter. First, the name, "American dentist," has become the trademark of quacks and charlatans; another instance added to the many, where "the livery of heaven has been stolen to serve the devil in." A second and more important factor is, however, that the American dentist has lost much of his former usefulness to our friends abroad. Largely through his influence foreign dentistry has reached a higher development; natives of these foreign countries have become earnest and apt dental students. They have learned of their American brother many of his practical ways. They have organized, and well organized, too, dental colleges of their own, in their own native lands. They have so well learned from him his practical lessons, that being now prepared to teach they feel able to "go it alone."

Now, it is not natural, right, proper nor just, for any country that has within its borders organized schools where dentistry is

* See the report of the General Medical Council, England. *The Journal of the British Dental Association*, Volume XIV. (June 15th, 1893), page 428. Also *British Journal of Dental Science*, Volume XXXVI. (June 15th, 1893), page 562.

taught, schools which have adopted a curriculum satisfactory to the powers that be, the said schools depending largely upon native students for support, to so frame their laws as to encourage, or, if need be, to compel those desiring to qualify for the practice of dentistry in their midst to patronize them? Patriotism certainly suggests this. American dental colleges have so long had the whole world for their parish, and homage to (so-called) American dentistry has been so general, that it may be to each a rude awakening to find that there are other Richmonds in the field, Richmonds, too, that are likely to stay. We are thus reminded that the world moves.

We thus see that the seed sown by the pioneers who inaugurated a new order of things in dental education at Baltimore in 1839, has been scattered far and wide. That which fell upon a sterile soil and has long lain dormant is beginning to grow, and is likely to produce upon far distant shores abundant fruit. What if it should seem like bread cast upon the waters? Why complain? Let us have faith in the promise that in due time it will return unto us again. In the meantime, what matter if it does seem like a little loss of prestige, a little curtailment of business opportunities, are we not a *liberal* profession? Are we not devoted *solely* to the relief of suffering humanity? Is not this action of these foreign countries an official recognition of the value of an educated dentist's services? Let us therefore rejoice and be glad, in that our beloved profession has thus won for itself so prominent a place among peoples that were but a few years ago dental missionary grounds, where the fields were white unto the harvest, and the educated laborers few and far between.

I am firmly impressed that with this exclusion our system of education has absolutely nothing to do. Within a few days, in conversation with an American dentist long resident in Paris, I was informed that throughout continental Europe there has been growing gradually of late a less cordial feeling toward foreign residents, especially those engaged in business, not, however, particularly directed toward Americans. This less cordial feeling toward foreigners is not, however, confined to Europe. It is also present here in the United States. Our far-seeing statesmen are regarding with anxious thought this question of restricting immigration, and it seems to be generally admitted that in the near future the national legislator will be compelled to take action upon it. With us at present, so far as the question has developed, we have excluded *absolutely* the more humble subjects of a single nationality only. The idea more generally advanced seems to be, to at first restrict the immigration of the so-called lower or labouring classes; simply from the fact that with us at present their competition is more markedly felt. But once any nation begins to close its doors to

those from other nations whose labor conflicts with native labor, rest assured that if the restriction proves to be profitable and politic, it will be applied to any and every calling where the competition exists. These class distinctions are purely artificial; any and everyone belongs to the working classes who is leading a useful life, whether wielding a spade, a pen, or a plugger; by brawn or brain.

The writer of the editorial referred to suggests "our faulty system of education" as a possible cause of this exclusion.

Now, what is the matter with our system of dental education, I would like to know? I do not agree with the writer of the much discussed circular issued by the World's Congress Auxiliary of the World's Columbian Exposition when he says "that the history of modern dentistry is covered by two generations"; nor yet when he asserts that "scientific dentistry had its birth in the United States of America." He was certainly misinformed, or was indulging in a little questionable "spread-eagleism." I take it that scientific medicine and scientific dentistry are twins; born of humanity's needs; they have been nurtured by all civilized races, and in all climes; the land of their birth, however, it would be difficult at this time to determine. There was, however, inaugurated at Baltimore in 1839, by the organization of a distinct dental college, a new system of dental education that was preëminently American, in that it was preëminently practical. It was really a manual training school, whose scholars were taught the art of dentistry and all that rightly pertains to it. The making of and the use of instruments and appliances used in dental surgery were, in its workshops and operating rooms, practically and systematically taught. This system of dental education, having for its object, and its only object, the making of skilful, practical dentists, commenced in Baltimore in 1839, has been, in every reputable American dental college since organized, adopted, developed and improved, so that it has come to be known as the "American System of Dental Education." Its practical advantages over the older methods then in vogue, were so quickly recognized that within a decade the fame of American dental colleges soon drew students from every civilized nation of the globe.

Now, what was the matter with this system? Can we justly call a system faulty that produces so astounding a result?

The practical success of this system has caused its adoption in whole or in part in perhaps every institution where dentistry is taught. There has, since 1839, been a mighty shaking up of dry bones in the old educational centres of Europe in consequence of this innovation, and in their midst excellent schools have been organized, either as distinct dental schools or in connection with

medical institutions. As yet they seem to be, to use a familiar American phrase, "new industries that need government protection from foreign competitors."

Their course of instruction, particularly that of our British brethren, seems to be unnecessarily cumbersome, in that they require a great deal that is not now, and is not likely to be to the average dentist, of the slightest practical value, making the prescribed course inordinately expensive and time-wasting, without adding any corresponding advantage. The only real test of any system of instruction is the result. The real value is not in the cash it costs, nor yet in the time consumed, as the writer of the remarks attached to the memorial sent in to the General Medical Council of England, May 29, 1893, seems to assume; nor yet in the multiplicity of studies imposed. The real practical question is, which system produces the best dentists?

Theoretically, a man thoroughly educated, one who has successfully passed the course of studies embraced by the curriculum of a well-appointed college, should make the most promising dental student. That is the ideal towards which the profession seems to be urged. If I understand the question at issue, the supposed faulty part of our dental educational system is, that the American dental colleges do not demand this preliminary education to so great a degree as do those of some other countries.

Now comes the question. Is the theory correct? Have those who, preliminary to entering upon a course of dental instruction, have graduated from a literary college made the best students? Have they, after their professional graduation, made the most skillful dentists? Have they shown their superiority by better work for their patients? Have their greater intellectual attainments made them more useful in advancing professional knowledge, and made them more helpful to their professional brethren? This is the real practical test.

Without further enlarging upon this, which is merely incidental to the subject under discussion, permit me to say: So long as I find that to the ingenuity and skill of dentists educated in American dental colleges, we, as a profession, are so largely indebted for the most useful of our labor-saving appliances, improved instruments, more successful methods of operating and best examples of individual manipulative ability; so long as the graduates of American dental colleges continue to be so pronounced a factor, as they have been, in the marvellous advance of dental science in all its departments; so long as they hold their own so nobly as they now do, as successful and useful original investigators, so long will I most earnestly contend that the colleges and the system of education in vogue therein which has made these men what they are, cannot justly be disparaged by Medical Councils, Dental Societies, or State Dental Examining Boards.

From the fact that the dental journals of Great Britain so largely depend upon writers who are graduates of American colleges, and the further fact that the graduates of the English system, so far, show no evidence that they are to any appreciable extent supplanting their American brethren as leaders of dental thought, I am impressed that a system of dental education in which the students are selected, the course of studies prescribed, and qualifications passed upon by a medical council containing not a single dental practitioner, is not proving so great an improvement that we need hasten to adopt it.

It needs no "reading between the lines," however, to plainly see that the reflections upon the American system of education in the memorial presented to the Medical Council of England and the discussion thereon, were a mere palaver. The resolve to refuse registration to the diplomas of Harvard and Michigan Universities was a simple act of justice too long delayed. They were in a dilemma—they had to either refuse all or admit all; it was a simple business proposition—they had to either shut off this foreign competition or let their own colleges go to the wall, and they chose the wiser course.

The whole matter the world over is simply one of business. It is being considered by business men from a business standpoint, and will be settled on business principles. Business is business—we may denominate our calling "sacred," as does the divine, or contend that *ours* is a highly exalted liberal profession; it is nevertheless a part and parcel of the world's business, resolutions of the dental societies to the contrary notwithstanding.—*Dental Review*.

Correspondence.

A Dominion Dental Association.

To the Editor of the DOMINION DENTAL JOURNAL:

SIR,—In Vol. I. of your journal you gave good reasons, editorially, why your suggestion of a Dental Society for the Dominion should be established, based upon the plan of the Canadian Medical Association, the British Dental Association, and the American Dental Association. I think the time is now ripe, because the dentists of all the provinces are incorporated by provincial acts, and local organizations already existing make it easier to organize one larger body for the Dominion, which would not have power in any way to disturb local legislation, but which would help to harmonize our position. Local societies are valuable; provincial

societies are necessary ; but a society embracing all these would broaden our interest, and strengthen us as a body. It would give us a greater pride in our Dominion that we should all meet, say, in Kingston or Toronto, and that the brethren from the Pacific should shake hands with those from the Atlantic. The proceedings would be valuable and important. I would suggest that you issue a card to every dentist in the Dominion soliciting opinions on the subject, and that you publish the result.

PACIFIC.

[We will discuss the matter in a later issue. In the meantime we will be glad to hear from those interested.—ED. D.D.J.]

Reviews.

Surgery. By BERN B. GALLAUDET, M.D., Demonstrator of Anatomy and Clinical Lecturer on Surgery, College of Physicians and Surgeons, New York, Visiting Surgeon, Bellevue Hospital, New York, and CHARLES N. DIXON-JONES, M.D., Assistant Surgeon, Out-Patient Department Presbyterian Hospital, New York. Being the final volume of The Students' Quiz Series, edited by BERN B. GALLAUDET, M.D. Duodecimo, 291 pages, 149 illustrations. Cloth, \$1.75. Philadelphia: Lea Brothers & Co., 1893.

This is another of the Students' Quiz Series and one of the most complete in its condensed form. Careful editorial supervision has marked the entire series, of which this is the end.

A Practical Treatise on Mechanical Dentistry. By JOSEPH RICHARDSON, M.D., D.D.S. Sixth edition. Edited and revised by GEO. W. WARREN, D.D.S. 600 illustrations. 662 pages. Philadelphia: P. Blakeston, Son & Co., 1012 Walnut Street. 1893.

This book has become a recognized standard. Dr. Warren has happily undertaken to do for the work of the late Dr. Richardson what Dr. Gorgas has so ably done for that of Chapin Harris. "Useless methods and obsolete theories have been eliminated, thus keeping the dimensions of the book convenient and compact. Much of the text has been re-written, notably the section on crown and bridge work—a volume in itself; it has also been newly illustrated, bringing the treatise fully up to the time of its publication."

Those who are not acquainted with the work may need to know that the contents are quite up to the mark. Part I. comprises eleven chapters on the metals employed in the laboratory, with observa-

tions on fuels and the appliances used in generating and applying heat. Part II. A complete description of artificial dentures, from the treatment of the mouth preparatory to the insertion of plates, etc., to the completion of the most complicated mechanism, in all bases in use, partial, complete, crown and bridge work.

The men who love to boast that they are not theorists, who flatter themselves that practical men need no theory, will discover that even in mechanical dentistry the best practice is based upon sound theory. It is unnecessary to say that the most skilled practical man will find herein much to learn. For students preparing for examination this work is indispensable.

The Hermit of the Nonquon. By Dr. C. N. JOHNSON. Chicago and New York: Rand, McNally & Co., Publishers. Price 50 cents.

We have always believed that, as a general rule, it is the busy men who do the best work. Our readers will be pleased to learn that our friend, Dr. Johnson, has made time, from the western rush of professional life in Chicago, as Professor of Operative Dentistry in the Chicago Dental College, co-editor of the *Dental Review*, active officer of several societies, etc., etc., to give us a story of the Canadian backwoods, true to life and racy of the soil and river. No doubt personal predilection is generally accused of actuating the opinions of a critic. It is a fact, however, that personal knowledge of an author gives a zest to the perusal of anything he writes, and for this reason, if for no other, the story before us should meet a warm welcome from Canadian dentists, and especially from those of Ontario, among whom Dr. Johnson is well known as a brother licentiate and a willing helper.

For the nonce let us forget the doctor's personality, and whether he is a friend or a foe, a white man or a nigger.

Each chapter is a perfect picture in itself, yet the story of Gabrielle, and the other interesting chapters of the Nonquon River are woven into a continuous and picturesque whole, which makes the reader wish the author had made the story longer than the volume of two hundred and thirty-five pages. Those who are familiar with the characteristics of French-Canadian life and character will recognize Dr. Johnson's fidelity in the portrayal of Pierre, whose broken English and *patois* is true to life. It is just such a picture of every-day village and country life as may be met with in the neighborhood described by the author—a mingling of races, each retaining their own idiosyncrasies; while the curious story of "The Wild Man," which runs throughout the tale, and the strange *denouement* has a touch of originality worthy of any of the best writers of America. Briefly to mention a few of the chapters will perhaps induce our readers to make it one of their

first purchases of the New Year: The Indian and the Fish, The Villagers, The Wild Man, A Big Catch, A Cradling Match, A Battle with Turnips, The Deer Hunt, A Horse Trade, Searching for the Wild Man, Pierre Dufresne, An Old-Time Revival, The Country Tavern, Hunting for Tamarac Gum, Pierre and the Wild Man, Back to Life, etc.

And who do you suppose was the wild man? You could never guess until you had nearly or quite finished the story. The tale is not only a clever conception, well told and well written, but it is a positive indication that it is only the first of others to follow, which will make us as dentists proud of the literary as we are proud of the professional distinction of our friend and confrere.

Catching's Compendium for 1893. \$2.50. Look out for it! The gist of the practical matter of all the journals for 1893! In its fourth year. Order it now direct from Dr. B. H. Catching, Atlanta, Ga., U.S. It will be out early next month.

Editorial.

Didactic Lecturing.

The arguments *pro* and *con* as to the value of purely didactic lecturing have been well threshed. There are dentists who boast that they are "practical men," who make cover for their crass ignorance by pretending to sneer at theory. They fancy they annihilate a confere when they speak of him as a theorist. It never occurs to them that however practically skilful they may be, they are as arrant empirics as a practising physician who knows nothing of materia medica, but who relies entirely upon the apothecary; or the surgeon who would undertake to remove a maxillary without ever having dissected one. Practice without theory is unscientific. The purely "practical" dentist is nothing but a mechanic, and that is his proper place. He may be a very respectable mechanic, but he is only that and nothing more. To call such a man a "doctor" of dental surgery is to juggle with titles.

What is the matter with didactic teaching? It is difficult to illuminate scientific lectures so as to keep the attention of the weary student, and it has often occurred to us that something might be done, apart from the introduction of clinical and experi-

mental demonstration in the lectures, to secure more co-operative interest.

It is probable that, as a rule, the lectures are too scientific, embrace experience that no student has possessed, and are delivered with such haste or in such a manner as to go in one ear and out of the other. In fact, the subjects often, and the matter always, are sprung upon the students.

We have been trying a change which so far has had very satisfactory results. There is no pretence as to its originality, but we do not know where else it is used. Briefly, it is this: The subject of the lecture having been announced on a previous day, a series of from twenty to thirty questions are first read to the students embracing the lecture to be immediately delivered. The lecture is then given as usual, and at the end the list of questions is given to each student. When the usual "grind" comes on there is no excuse for unpreparedness if the student does his duty half as well as the lecturer. There is deep interest and investigation shown as the result of this system of theoretical teaching. It establishes reciprocity of inquiry between student and lecturer, and in cases where the student has to appear before a separate Board of Examiners to obtain a license to practise—as in Canada—the list of questions of each lecture could be sent to the Board before whom the students must appear. It is a very ancient axiom that any fool can ask questions which wise philosophers cannot answer; but after such a system of mutual study, embracing all the branches demanded, it must be the fault of students themselves if they fail to reach the standard required to pass.

Idle Teeth.

"Everybody knows" that teeth having no antagonists, elongate in course of time, and even loosen and fall out. Teeth which have only half an antagonist are apt to alter their position. Those which are perfectly free of caries and in perfectly healthy histological surroundings not only elongate, but exhibit recession of the gums, and in time all the worst results of caries. Satan finds mischief for idle hands to do. Nature seeks to be rid of idle teeth. Give them something to do and Nature forgives them if the idleness is not become chronic. It is easily possible to fill all gaps in either maxillary. It is important to do so. Teeth which have become tender in the pericementum regain their normal state when they get occupation. As our antagonists in life's struggles strengthen us if we have any pluck, so teeth are helpers when they articulate properly.

“Dental Parlors.”

We have “church parlors,” “tonsonial parlors,” “wine parlors,” and “dental parlors.” The wine parlors carry a man to the devil more smoothly and speedily than the lowest rum shop. The church would go to the devil, too, if the New York clergymen who want to sell whiskey at cost price under the ægis of the Apostolical Succession, could have their way. Even Judas would have hanged himself rather than have sold wine to the chief priests and elders : but we have ordained apes who seem to have

“Stolen the livery of the court of Heaven
To serve the devil in.”

However, the “church parlor” is not intended for the “church saloon”; but turn and twist it as you may, the “dental parlor” is the very essence of vulgarity, a pretentious and plausible trap to catch the ignorant and unwary—

“Will you step into my parlor?”
Said the spider to the fly.

It smacks of the saloon, and belongs to the barber. Possibly some men use it, as they put their knives into their mouths and use tooth-picks at the table. They may be saints and go to heaven in spite of bad manners. Ike Walton said he thought it would need more religion to save a gentleman than a beggar at the last day : but pretence and vulgarity and sham on earth can be no sort of preparation for the world to come.

Occasionally a young man beginning practice thinks more of the equipment of his rooms than of his professional knowledge. “All is not gold that glitters”; yet, it is suggestive of the gullibility of the public, that many people are caught by some extraneous and adventitious “qualification,” while perfectly blind to what really constitutes personal and professional ability. We sometimes see large practices built up on a maximum of cheek and a minimum of ability. The “dental parlor” always suggests such a reflection.

The Champion Vulcanizer.

The Champion Vulcanizer was made by Mr. Charles Garth, of Montreal, sixteen years ago, for the late Dr. Webster. We got it from Dr. Webster, with a voluntary guarantee that it was impossible to explode it. Since then several Montreal dentists and quite a number of dentists elsewhere have been nearly killed by explo-

sions, and that of one manufacturer did not differ much from another in their ascension to glory. In various ways they "bust" up by accident, the heat being raised thirty or forty degrees above the vulcanizing point. We have known several blow up at 140°, and carry the top and the flasks through the ceiling. But the Champion of America has been going on steadily for over sixteen years, under the care of a succession of assistants who were fearless of sudden death. At least fifty times we have found the heat up to 210° steam gauge, and the hand only stopped by the pin. Upon one occasion, after fourteen years' service, a boy who was "watching it," noticing that the hand did not move, and not knowing that it had already made the grand tour of 210°, *lifted it over the pin*, and gave it a fresh chance to send him to the happy hunting-grounds. After it had got as far as forty degrees on the second round, it occurred to him that there was something wrong, and having a presentiment of an earthquake, he said a rapid prayer, turned off the gas, and bolted. The Champion was almost red hot with rage, but gradually cooled down. If ever it bursts it will not likely leave a scrap of brass, or copper—or assistant—to tell the tale.

Our Grievance.

People who do a little work ; others who do nothing ; those who are able to work, but who are not willing, as well as those who are willing but not able—everybody seemed to have something to kick about last year. We propose to begin the kicking ourselves for 1894, and we hope that, like a scrimmage in football, it will be taken kindly.

1. As the only dental periodical in Canada, this journal has a prior claim to consideration from Canadian dentists. It would be a reproach to us as a body if we had no such organ of our own. Canadian dentists should subscribe to a Canadian journal first and to any of the others they prefer afterwards.

2. It is the business and duty of secretaries of societies, boards, etc., in each Province to send us prompt reports and the papers of the proceedings, and it should be embodied in the "duties" of these officers. Societies prosper best when these reports are best.

3. We want pithy, practical articles from month to month. If we wanted to insult the poorest dentist in the Dominion, we could not do it better than by accusing him of ignorance of his profession. We know that, as a body, Canadian dentists are eminently practical, many of them quite above the average. One does not need a classical education to contribute a practical fact.

Books.

During the year we receive and review some valuable and interesting works necessary for the wide-awake practitioner. Apart from the purely literary interest which may attract us to books, it is absolutely impossible to know what is going on in the science and art of our profession without them. They save us not only a lot of unnecessary labor, but even a lot of thinking. They do for us what a good many need badly—they teach us the proper use of terms; and they take away the cobwebs from the brain. Even if occasionally they teach error, they stir one to discover truth. The "books for review" which come to us are meant to help students and practitioners. It is impossible for us to do justice to most of them. When only a brief mention is made of such interesting aids as the Quiz Series, it is not to be inferred that they are not as important in their respective line as the larger books specially on dental practice, such as Richardson's Mechanical Dentistry, Miller's Micro-Organism, Mitchell's Dental Chemistry, Gorgas' Dental Medicine, and the valuable works of Tomes, Sexvill, Smale, Salter, etc. We hope that during this year our readers will brush up their libraries, and the older they grow as practitioners the more zealous they will become as students.

"I Guess."

It takes a lot of guessing before one discovers how many beans there are in a quart bottle. But somebody either guesses right, or guesses near it. Still it is pure conjecture.

Sometimes we are disposed to guess that there is a good deal of this random reasoning in our profession: that sometimes very dogmatic opinions are pronounced as to the ætiology, for instance, of pyorrhœa alveolaris, upon no sounder reason or pathology than pure guess-work. Perhaps it does no harm after all, and an ignoramus may blunder upon the truth while a genius is diligently in search of it. Nevertheless, if dentistry and dental pathology are admitted to the rank of scientific professions, we must not imagine that there is a separate and distinct pathology of the teeth and adjacent structures, or that we can ignore the possibility, and indeed the frequent certainty of the constitutional origin of the local diseases we treat. Ætiology and symptomatology need to be more strictly studied in relation to dental disease. The fact is, if we stop to think about it, it is often easier to diagnose upon correct principles, than to guess. Our pathology should not be conducted like a bean-guessing bee.

For "Pillow" read "Pillory."

We have long ago despaired of getting every word we write correctly printed. Sometimes the most amusing, and generally the most absurd mistakes occur, and when we look at our own chirography we do not feel like blaming the printer. In the last issue it would appear as if we had invented a new term. Intending to write "pillory us," it appears as "pillow us." May the boyish fun of a good pillow-fight never grow less; but, as between editors over a controversial question, it would be a sight for the gods! It would be more jolly, however, than slinging ink or epithets. The next time we get mad at a contemporary we shall challenge him to immortal combat with solid bolsters.

Digging Their Own Graves.

The crown and bridge-work fad has put money into the purses of a good many practitioners, but it has dug the graves of some professional reputations. The chief agent of the chief apostle of New York quack advertising, was twice sold out in Montreal by the sheriff, and not only has he decamped, but a large number of pound-foolish people had to eat their Christmas dinners, without the aid of the "unremovable and permanent" bridges which provokingly came to pieces, or loosened, and had to be removed for fear they should be swallowed. But it will not stop the procession. The next humbug will probably find the very same fools to favor it.

Our Advertisements.

Do you know that the advertisements are in themselves an education? Indeed, a frank friend once told us that he "never bothered himself to read any other part of the journals." He was one of your "practical men," you know. Nevertheless, the advertisements have an important claim upon the interest of every dentist, and they should be carefully examined every month. They comprise a great deal of information which editors cannot supply. We know a dentist who, when having his journals for the year bound, puts the advertisements of all the journals in one separate volume.

Annotations.

A Curious Advertisement.

We are indebted to Mr. Henry Gray, druggist, for the following:

Mr. George Roberts reminds me that I have an old Court and City Register for the year 1752. At the end of the almanack the following curious advertisement appears:—"Artificial Teeth, set in so firm as to eat with them, and so exact, as not to be distinguishable from natural: They are not to be taken out at night, as is by some falsely suggested, but may be worn years together; yet they are so fitted, that they may be taken out and put in by the Person who wears them at pleasure, and are an Ornament to the Mouth, and greatly help the Speech: Also Teeth are cleaned and drawn by Samuel Rutter and William Green, Operators, who apply themselves wholly to the said Business, and live in Racquet Court, Fleet Street, London." It would be interesting to know what was the price of these teeth, which were "set in so firm as to eat with them, and so exact as not to be distinguishable from natural." The price of the volume was 2s. 6d. with the almanack, and 2s. without it.

WM. SHACKLETON.

The *Western Dental Journal* exposed a fraudulent college in Kansas City, Mo., and asks us to name it. It is the "Kansas City College of Dental Surgery," 1017 Walnut St. The Secretary is J. T. Atkinson. It is a swindle of the first water. We will not charge for this advertisement.

In this connection we have not been asked to draw attention to the fact that the "Kansas City Dental College," of which Dr. J. D. Patterson is the Secretary, and which has a staff of the best teachers, is one of the colleges recognized by the National Association of Dental Faculties, and in every sense a worthy institution. The little trick of the quack institution in using a name much like the respectable college is an old one. It should be made illegal in any State. Moreover, there is no demand for the multiplication of dental colleges in comparatively small cities. The race of fools who are eager to rush in where angels fear to tread, is not extinct.

It often happens that patients ask us for some temporary remedy to relieve odontalgia. Frequently they need it for children or invalids who cannot be brought to the office. We know very well,

too, that the chemists sell a lot of preparations, some of which do more harm than good. It seems, therefore, justifiable for a reliable dentist to supply the public with a reliable preparation. Dr. Henry Levers, of Quebec city, has prepared a remedy of frankincense and balsam, put up in neat little cases with cotton and a convenient instrument for family use, sold at twenty-five cents. It is supplied to the profession in boxes of half a dozen or more. It is a legitimate and useful thing to have in the house.

We would be grateful if our subscribers would send us such personal items as may interest each other—municipal, legislative, military and other appointments of dentists. Marriages— even if a dentist imitates Dr. W—, and does it four times—will be welcome. Deaths will be unwelcome in one sense, yet necessary in another. A friend once wrote us asking “the present address” of Dr.—, and we stupidly replied by postal card, “Do not know exactly—he is dead.”

Without being in any way invidious, we may remark that the leading centre on this continent for practical instruction in prosthetic dentistry is the post-graduate school established by Dr. L. P. Haskell, in Chicago. The Doctor takes hold of college graduates and old practitioners, and after one month's tuition, puts so many new ideas into their heads that they need new hats.

The dentists of Spain met in Madrid, and decided to represent to the Minister of Education, the necessity of reform in dental education, that the dentists should be accorded by law academic rank, and all the rights and privileges of a profession.

Somebody should bring out a curved needle for the hypodermic syringe. In fact, some other improvements are needed specially for use in the gums.