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DOMINION DENTAL JOURNAL.

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Translations.

From German Dental Journals.

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

THIOFORM.—By Dr. Edmond Prigge, dentist, Frankfort a. M.—
It is not to be denied that, notwithstanding the disadvantages of iodoform, we are always called back to its use again, as so far we have not found any drug that possesses all the good qualities of it without also having some of the bad. Iodoform is poisonous, and has a very disagreeable odor which is offensive to the patients. Salicylic acid, boric acid, bismuth, etc., have been tried, to replace it, but none would answer. A substitute has now been found which has none of the disagreeable qualities. It is called **THIOFORM**. The first experiments with it were made by Vet.-Surgeon L. Hoffman on animals with remarkable results, which were followed by experiments by a number of physicians in their practice. I decided to try it and test its usefulness in dentistry. My first trial was with a lady patient, 35 years of age, who was troubled with empyem of the antrum, caused by the root of a first molar. When the patient came to me she complained of headache and occasionally a discharge of pus from the nose. I extracted the tooth and enlarged the opening into the antrum, when there was quite a discharge of pus, and syringed the cavity with carbolized water, 1-100, till there was no more pus. I now blew into the antrum about 1 gm. of thioform powder with a chip-blower and closed the opening. The following day I found no pus in syringing the cavity with carbolized water. This treatment was kept up for several days. On the eighth day I left off syringing and left the powder in the antrum, and in twelve days had a complete cure. The second experiment was on the lower jaw of a non-commissioned officer of the regiment stationed here. He had a fistulous opening opposite the lower first molar

which had been there for several years; it had now broken out through the cheek. I extracted the offending tooth, and carefully removed the degenerated parts around the cheek fistula, made two incisions according to Jane's method and put in two stitches, treated with thioform powder and put on a bandage. After two days I removed the stitches and in eight days had a complete cure. My next trial was on pulp tissue. For this purpose I made a paste of

Thioform.....2 o.

Glycerine.....q. s. f. p. Mollis.

With this I filled the root canal of a lower second bicuspid of a young lady, after I had carefully removed the pulp and covered it with a temporary filling of gutta percha. After seven weeks I removed the temporary filling and could not detect the slightest trace of a disagreeable odor, nor had the patient experienced any pain. The canal was now filled with chl. zinc cement and the cavity with a gold filling. With this same patient I had a still more venturesome trial, which has so far also proved successful. I amputated the pulp of an upper second molar according to the Herbst method, but before I covered it with tinfoil I placed a little thioform paste into the pulp chamber, covered it with tinfoil and filled the cavity. In this manner I have treated a number of patients since, and am well satisfied with the results. The principal advantage of the thioform is that it is not corrosive or poisonous; it is a hæmostatic and slightly anæsthetic. In other respects it has all the good qualities of iodoform.

A CASE IN PRACTICE.—Removal of a supernumerary canine by Ph. Zundel. Patient, a strong young man of 22 years of age, a baker by trade, came to the office with the left side of his face badly swollen. Two years previous he had the left central and lateral extracted and replaced by artificial teeth on a vulcanite plate. Excepting the loss of the teeth there was no further irregularity to be seen. According to the patient's statement, he has had this swollen face more or less since he had the artificial teeth inserted. My first thought was that there might be part of either tooth left in the alveolus, causing the inflammation, but this was not the case, for upon closer examination I found marked fluctuations of the tissues. I lanced the inflamed part, and out of it flowed a greenish liquid that had an odor somewhat similar to peppermint. After the wound was thoroughly disinfected and probed, I found a smooth bony substance in a horizontal position, about $1\frac{1}{2}$ cm. in length. In forcing an elevator into the opening a supernumerary canine was removed. The wound was treated with antiseptics, and healed in fourteen days.—*Monatsschrift Deutscher Zahn Kunstler.*

NERVOUS ODONTALGIA.—Dr. Grätner has used of late in a number of cases of violent toothache the following remedy with very good success :

℞ Antefebrin0.25
 Phenacetini.....0.5
 M. f. pulv., D. t. dis No. 6. S. Three times daily, 1 powder.

Particularly satisfactory were the effects of the powder with a patient in the second month of pregnancy. As is known, toothache at this period is remarkable for its stubbornness. She had suffered excruciating pain for three days and three sleepless nights. After taking the first powder she had relief and slept all night, and after the second powder the following day, the pain had entirely left, and no recurrence since.

PORCELAIN AMALGAM CROWN.—Dr. Vitus Nuki, of Temesvar, Hungary, says : A very simple bicuspid crown is made as follows—Prepare the root same as for any crown, take an impression, select a plate tooth and grind to fit the model. Prepare amalgam same as for filling a tooth, but rather more plastic, pack between and around pins and pivot, building up the inner cusp; when hard, polish and cement to place.

NERVE PASTE.—Dr. Diack considers morphia in a nerve paste ineffective, likewise tannin, aristol, iodoform, cocain or oil of cloves. He adds belladonna ext. to the arsenious acid, two parts of the former to one of the latter, and mixes them into a paste with glycerine. Belladonna acts on the sensitive nerves, and no pain follows the application of the paste.

FORMULA FOR ODONTOL.—

℞ Cocain Hydrochloric,
 Aq. Laurocer,
 Tinct. Arnicaaa. 1.00
 Liq. Ammon. Acetic..... 10.00

Apply on a pellet of cotton in the cavity of the tooth.

ANOTHER TOOTHACHE REMEDY.—

Acid Carbol. Crystals,
 Cocain Mur,
 Menthol.....aa. 1.00
 Glycerine..... 20.00

—*Zahuarztliches Wochenblatt.*

ALUMINIUM FOIL.—In vulcanizing, use aluminium foil to have your plates come out with a bright and finished surface. It does not darken the rubber.—*Zahutechnische Reform.*

Original Communications.

Some Thoughts in Connection with Amalgam.

By CHAS. C. SUTTON, Island Pond, Vermont.

In a country practice we must necessarily be guided by certain circumstances, which may have little or no existence in a practice in a large city. I am led to this remark since coming to reside permanently in this pleasant place and observing the results of many years' practice of older and contemporary dentists in the mouths of many of the inhabitants. Over forty years ago my father practised extensively in this state in Newport, North Troy, Westfield, and in the bordering villages of Canada, and it has been my good fortune to see hundreds of amalgam fillings doing good service, which were inserted by him many years before I was born. I have also seen many fillings inserted about the same time by Dr. Jas. Lewis, of Burlington, Dr. A. J. Parker, of Bellow's Falls, and others, which were better than the day they were put in, because years of mastication had given them surfaces like polished steel. At the same time we must admit that we see in much modern work in amalgam of a very inferior character, and the question naturally arises, "if we are forced in country practice, or by reason of structural frailty, or of other circumstances, to use amalgam, can we explain why this generation of dentists should not do better for the patients than the last?"

1. *The Material.*—Have we, as the result of scientific experiments by scientific men, produced a more durable amalgam than that used half a century ago? To-day most of them are trade secrets. We are told that they have been tried by experts and not found wanting; but are the tests of a laboratory equal to the tests of the mouth? I maintain that the former are absolutely worthless. The conditions of the mouth are not those of a test tube. Expansion and contraction which appears after awhile in the former may be never visible in the latter. We know very well that we can make an amalgam that will expand or contract almost before our eyes; but it is needless to say that I do not allude to such a material. Laboratory tests give many amalgams a satisfactory color, while the mouth test turns them as black as ink. My father used to file down a half-dollar, pass a magnet through it, and adding mercury, use that for years. Then he used as long ago as 1845, a formula, four parts silver to five parts tin, and I have

seen more than a hundred of such fillings in all parts of the mouth put in by him, which had a record of over forty years! As to gold, of which I am not writing, and which has its indispensable preference in so many cases, the record of soft foil is proportionately the same. With reference then to the material, I question if we are any better off to-day as to durability, even though we may be as to color.

2. *Manipulation.*—There was not much ceremony in the old days on this score. It was entirely guess work, and whether you put in too much mercury or not, the question was as to the quantity you squeezed out. My father believed it was a mistake to file or cut the alloy too fine, or work it too long, and he always finished the surfaces by rubbing in as much of the dry alloy as possible. We may get an ideal alloy, the physical properties of which may be destroyed by the manipulation, and it would be well if some one would institute a series of scientific experiments with various alloys to prove which is the best way of preserving these properties for our purpose.

3. *Margins.*—I sometimes think that it would be better for our patients if the dental engine had never been invented; while oftener I feel that it is as good for them as for us that it was invented. The older dentists depended upon files and chisels to trim the margins of cavities, and excavators exclusively to get at places inaccessible to hand drills. To-day we can dispense with files; and it may be that we are not as careful as our fathers were to do our work thoroughly, because we let the engine do a good deal that once our own hand did. It may be, too, that many dentists have not the perfect outfit for the engine which the depots are now able to supply, and having, perhaps, lost the art of using files, or perhaps not having the proper files on hand, we use neither the best of the old methods nor the best of the new.

4. *Fees.*—The older dentists lived calmer and cheaper. They made many of their own instruments, alloys, etc. They were not in such a rush. The patients, too, lived simpler lives, and used simpler food, and the homes of the farmers and the village people did not contain the many destructive constituents of diet which help to predispose the teeth to decay to-day. My father, for instance, got as good fees forty years ago as the average Vermont, Quebec, or Ontario village dentist gets to-day. The cost of materials were very much less; the temptation to expenditure, professional and personal, were less than one-half; the credit system was unknown, and was regarded as a sort of proposed burglary; the dentist every week was able to pay for what he bought, and to lay aside his savings. Is it not true that in city, town and village the average dentist is to-day struggling for a bare existence, and that he is in debt, and is not saving money? It

may be that this condition of affairs is largely responsible for the poor character of a great deal of the artificial work and operative work we see, and that the dentist, living in a rush, with increased expenses and decreased fees, is not able to give the proper time to his labors. If the patients fairly realized this, both they and we would be better served. During several visits to Montreal and Boston, I was amazed to witness the way in which the public is humbugged by the show-case and golden tooth fraternity, who it seems to me, come sufficiently within the reach of your law to have legal restraints placed upon them *in the interest of the public*. The modern craze for cheapness degrades dentistry more than it degrades trade, and these vulgar quacks—for they are nothing better—place the profession before the public on a level with the trader, and people go shopping for teeth, as they go from stall to stall in the markets, beating down the market women in the price of a cabbage. Then again, we have a class of men who condemn these show-case frauds, while they themselves resort to unprofessional and untrue circulars, pamphlets and advertisements, puffing up their own qualifications and running down those of their neighbors. If we could get the public to recognize that dentistry is not a trade these trade tricks would only hurt, their authors, and as a regular reader of your journal, you will excuse me for saying that if the respectable portion of the profession would more generally follow the lead in these questions which you have editorially so long pointed out, the quacks and loose fish of the profession would find their level with the public as they long ago have found it in the profession. Medical men of any pretence to decency do not resort to these trade tricks. Even medical quacks rarely, if ever, use them. They may lie by the yard, but they rarely offer reductions in fees as the chief bait to the ignorant and unwary. Our gutter dentists, as you very properly styled them, can equal them so far as deliberate falsehood goes, but they beat them all hollow so far as offering ten dollars' worth for two. I find I have been led away somewhat from my subject, but these considerations have a direct influence upon the question of amalgam, and, in fact, anything else in practical dentistry.

The Tincture of the Chloride of Iron.*

By G. S. MARTIN, L.D.S., D.D.S., Toronto Junction, Ont.

Were the subject of my paper to-night "Iron," I would perhaps be inclined to write an essay dealing with the therapeutics of the iron preparations, internally as a tonic and externally as a styptic and astringent. I might recall to your mind that iron constitutes a necessary integral part of the red blood corpuscle, and may thus be said to be a food rather than a medicine. I might speak of its use in the treatment of such conditions as anæmia, and neuralgia resulting from anæmia, or of its great value as an aid to the appetite and digestion. But finding myself confined to one of the many preparations of iron—one for which the dentist has little or no use in his office practice—I am convinced that your committee had not in view a dissertation, however learned, on iron and its value as a styptic or tonic.

In what way are we as dentists so interested in the tincture of the chloride of iron as to spend an evening in a discussion of it? Not as a styptic, I am sure, as for this purpose we have in the solution of the subsulphate (known as Monsel's) a much more efficient remedy. As a tonic I find on enquiry among physicians and druggists of my acquaintance, that the tincture of the chloride is the most used of all the iron remedies, it being one of the most efficient and active preparations, and having the additional cardinal virtue of being the cheapest. The works on therapeutics tell us that the objections to its use are its constipating effects and its corrosive action on the teeth. It is to this corrosive action that I wish specially to direct your attention to-night.

In order to a thorough understanding of the question let us ask, What is tincture of the chloride of iron? First, in brief, its source: Iron wire is heated with H.Cl. and the ferrous chloride thus formed (Fe.Cl_2) is converted by further heating with H.Cl. and H.NO_3 into ferric chloride (Fe_2Cl_6). This ferric chloride diluted with three volumes of rectified spirits gives the tinctura ferri perchloridi of the B. P. In physical properties it is a bright yellow or reddish liquid with a strong odor of ether, very strongly astringent and corrosive in its effects and having an acid reaction.

This is the preparation whose effects as witnessed at the dental chair we wish to discuss to-night. I doubt if there is any one who will deny that this preparation has this corrosive effect, but if there are any such a simple experiment will, I think, serve to convince them. A sound tooth placed for a few hours in a solution of one drachm of tincture to one ounce of water will be found on examination so affected that the enamel may be readily scraped away.

* Read before the Toronto Dental Society.

In a practice dating back only a comparatively short time I have many times already heard the words, "Oh dear, I had such good teeth until I began taking iron." I have no doubt those of you who have been in practice some years can recall instances where, after you have put a patient's teeth in a splendid condition, they return to you after an absence of a few months, and to your surprise exhibit the ravages of extensive decay. On enquiry you have found that the patient has been using a medicine containing tincture of iron. Some years ago Dr. Smith, of Edinburgh, Scotland, conducted a series of experiments from which he concluded that of all the salts of iron the most corrosive were the tincture of the chloride, and the sulphate. The authorities, so far as I could find, throw very little light on the nature of the chemical action that takes place any more than to say that it is undoubtedly due to the action of the free acid present. Attfield, in his "Pharmaceutical Chemistry," says that it is practically impossible to obtain a preparation of ferric chloride free from an excess of H.Cl. It is noticed on experimenting on teeth in the test tube that the first appearance of change is a white spot, which rapidly extends over the whole surface of the tooth. This would indicate disintegration due to a mineral acid.

Admitting, then, this disastrous effect on the tooth, we come to the question: What is our duty as dentists? This question is one needing to be handled with great delicacy, involving as it does that other much-vexed question, the relations existing between the physician and the dentist, and it is with some timidity that I approach it. The conscientious dentist will not be content only to repair damage done, but will strive by every means in his power to prevent the occurrence or recurrence of any further damage. If he felt that the use of vulcanite or amalgam would seriously endanger the health of his patient by producing a species of blood-poisoning, he would abandon the use of these articles, though they might seem indispensable to the practice of dentistry. The conscientious physician, judging from the same professional and humanitarian standpoint, will be careful that in treating one condition he does not seriously affect some other organ or part of the system of his patient.

All the works on materia medica and therapeutics that I have been able to consult in preparing this paper, very distinctly say that this preparation of iron is specially injurious to the teeth, and should be used with great caution, so that if physicians are guided by recognized standards of medical practice they will not neglect, when they prescribe it, to give the patient such directions as will enable him to intelligently guard against evil results. From enquiries made and from my own observations, I am led to believe that there is a lamentably large class of physicians who,

judged by these standards, are not conscientious in their treatment of patients. Druggists with whom I have conversed inform me that a large percentage of "iron prescriptions" contain no caution whatever as to taking. Many patients indeed are not aware what medicine they are taking. During the past month I found two patients of mine taking an iron preparation prescribed, and in at least one of the cases dispensed, by a physician. No directions had been given and the patients did not know that any bad results might follow.

Even when physicians do their duty in this matter it is doubtful very often if the result is satisfactory. Let us look at some of the means employed. The medicine is prescribed in a very dilute form, in the hope that thus the injurious effects will be avoided. The experiments of Dr. Giblin, of Boston (to whose paper [International '92] before the Harvard Odontological I am deeply indebted), go to show that to dilute the tincture of iron with water is to increase its injurious effects. A tooth immersed in a strong solution will become incased in a hard coating of oxide, which will at once act as a protection from free acid, while the oxide formed on a tooth immersed in a weak solution is flocculent and non-protective. Even when patients are instructed by their physician to use a tube I question if many of them will exercise sufficient care to make it of much use, as the tube must be carried well back of the teeth to insure success.

That there is an increasing interest being taken in this important subject is evident from the number of proprietary preparations advertised in our drug journals, each claiming to have preserved all the promptness and efficiency of the tincture and at the same time to have eliminated all the dangerous effects. I fancy the price of these preparations will be an effectual barrier to their general use. The use of alkaline gargles before and after taking the medicine seems to commend itself to me as the best way of counteracting the bad effects. It certainly is not for us as dentists to say to physicians what remedies they shall use, as we cannot be expected to trace through the whole system the action of a particular drug; but when the results of their treatment so seriously mar our work, and if by care these results might be avoided, then we are surely at liberty to criticise this want of care and to tell the physicians of our patients how, in our opinion, these results might be avoided.

Opening Lecture, Dental College of the Province of Quebec.

MR. DEAN AND GENTLEMEN,—It is my pleasant duty to welcome you at the beginning of another session. We have reason to feel greatly encouraged as to our College, and also as to the recognition that the profession of dentistry in this Province is at last beginning to receive from the universities.

Great institutions, like great minds, move slowly, but, thanks to the united efforts of the Board and the Dean of the College, arrangements for affiliation are making good progress, and there is every probability of the degree of D.D.S. being granted in the near future to those who successfully qualify. The obtaining of affiliation alone is a great step in the right direction. It means the uplifting of the profession, and therefore of the individual members of the profession.

There has been some remark on the part of a few about the standard to which the matriculation examination has been raised. But, gentlemen, it must be clear to anyone who thinks of it that the raising of the standard of the general education required is the only way in which we can attract a refined and intelligent body of men to our ranks. The days are forever gone when a man who can neither write nor speak his mother tongue correctly, can hope to climb to the top of the tree in any profession, dentistry not excepted. The intellectual training which is the consequence of a good general education, puts a man at once in a position to recognize the important points of every new phenomenon with which he is brought in contact, so that he will grasp and assimilate a new subject of study with comparative ease and enjoyment; while the man who has never received this intellectual training will spend hours over unimportant details, and miss the main point or principle which it is important for him to grasp. Those of you who have had to compete in the medical school with men who have graduated in arts will no doubt have verified this statement. Then, too, a good general education gives a man a sense of freedom and ease when brought into contact with people of culture and refinement. I heard the other day that a number of school teachers had matriculated in dentistry in Ontario, so that if at any time they wished to give up teaching they could take up the study of dentistry. I for one would welcome such men to our ranks.

In this Province, until recently, there has been no organized effort to teach dentistry. But we are at last beginning to wake up to our responsibilities, and by the hearty co-operation of all the licentiates, we shall, without doubt, achieve a degree of success of which we may justly feel proud. Banded together as we are in the interests of a common pursuit, we should be influenced by an

esprit de corps which should make us ONE in sympathy, in aim and progress—determined that the profession amongst us shall be second to none, not even to medicine; and that dentistry in this province, by the thoroughness, the accuracy and the progressive spirit of those engaged in it, shall be placed in the forefront of the profession on this continent. We have yet, perhaps, our reputation to make, but that it is in process of making I feel assured.

Gentlemen, I set before you a high ideal; one that can only be reached by each individual exerting himself to the utmost. We may be sure that we shall never win collectively while we are not prepared to do our best individually. Let us endeavor to work therefore as if *all* depended on each one, and let us uphold a high standard for our profession, in order that we may be able to be proud of it as a whole. To this end it will be necessary that we keep our minds open to the reception of new *ideas*, that we never for a moment allow ourselves to rest satisfied with what we have already gained. As has been said of the ideal life in morals, so I would say of our profession: "To stand still is to stagnate, to cease to advance is to begin to retrograde." I believe in a future for our profession. It depends very much upon ourselves whether we are content to remain as we are, or to press forward until we receive the recognition due to a calling in which learning, skill, and patience are prime factors. We ought to be a body of so much importance that no university could afford to ignore us. To this end let us try to overlook any points of disagreement and work together for the common good. For it is only by presenting a united and harmonious front that we can hope to win the respect of the public. Differences of opinion as to matters of detail there are sure to be; but that we are all united in our desire for the advancement of our chosen profession there is no doubt. Our College is an infant only three years old, and it is not surprising, therefore, if it has not gone forward at the rapid pace that we could wish; but this year the prospects are greatly brighter, and I think we may safely prophesy a real and substantial advancement over any former year. Not that I would for a moment seem to despise what has been done in past years. Gentlemen, the College and its staff, imperfect though they may have been as to equipment and methods, were *vastly better* than the former regime, whereby the dental student, so-called, was simply an apprentice for the manufacture of rubber plates, and obtained his slim knowledge of operating by occasionally torturing a charity case from among his preceptor's patients. Let us not "despise the day of small things." "Tall oaks from little acorns grow," and although the signs of life have not been as vigorous as some of our more progressive friends demanded, yet there are many indications that we have passed the most difficult and dangerous years of our existence, and that the future will be brighter.

To those students who come to us for the first time I would say, take every course and every clinic that you can attend; "knowledge is power," and the next few years will be the great opportunity of your lives for storing up facts and theories; cultivate a habit of study and seek to understand all points as they come up for discussion, because the curriculum will be arranged so that there will be no repetition on the part of different lecturers. Let me remind you to cultivate a kind and considerate manner at the operating chair while in the infirmary, for you have chosen an occupation which is very wearing to the nervous system, and it is therefore of importance to your success in life that you should form good habits of address. I need not emphasize the absolute necessity of good and honest work in every case if you mean to climb to the top of the tree. Aim high! the drudgery is hard to endure but success awaits you.

Do not despise the primary course; remember you cannot practise intelligently unless you understand the construction and functions of the body which you have daily to treat. There is a disposition on the part of some to regard everything that is not directly connected with the treatment of the teeth as an obstacle put in their way to prevent them from obtaining their diploma, and to look upon their lecturers, and most of all the Board of Examiners, as their chief enemies in life.

If anything I have said has encouraged you to set your standard higher than a contentment with merely obtaining just a sufficient percentage to gain your diploma, I shall feel amply rewarded. Let me remind you of the vast strides made in late years by such men as Kingsley, Flagg, Farrar, Miller of Berlin, Black, and many others whose names will at once occur to you.

Subscribe to the various journals and read them carefully—especially any articles by men of repute. Let me remind you that there is a great need for systematic and scientific research. We do not know how to prevent the occurrence of caries of the teeth, and an ideal filling material has yet to be found or invented. It was a Montreal dentist named Spooner, who first introduced the disagreeable but effective method of devitalizing dental pulp by arsenious acid, a mode of treatment which is in almost universal practice to day. Why should not a graduate of this college discover a method just as sure and without the attendant pain?

We have splendid examples of what a dental college may become in those of the great republic alongside us, and the work they are doing may well make us proud of our confreres in the profession. Let it be ours to equal if we cannot surpass them in friendly rivalry, that we may feel that we are bearing an honorable share in the amelioration of physical suffering, in the cause of humanity, and in the advancement of scientific research.

Proceedings of Dental Societies.

New Brunswick.

The sixth annual meeting of the New Brunswick Dental Society was held at Sussex in August. The President called the meeting to order and the general routine of business was transacted, after which papers were read by Drs. Murray, McAvenney and Wetmore. The papers were generally discussed by those present. Clinics were given by Drs. Magee, McAvenney and Wetmore which were interesting and instructive. The following officers were elected: Pres., Dr. J. G. Sproule, Chatham; Vice-Pres., Dr. Wetmore, St. John; Sec.-Treas., Dr. Bonwell, St. John. The Council is composed of the following: Drs. McAvenney (Pres.), Somers, Sangster, Sproule, Godsoe, Magee and Murray. Dr. F. A. Godsoe, Registrar.

Dental Association, Province of Quebec.

It may be perfectly safe to say that the most disorderly dental meeting on record, was that held in Montreal of the Dental Association of the Province of Quebec, on the 18th of last month, for the election of a new Board of Examiners. It was not only a Bedlam of tongues in two languages and a pantomimic exhibition of gesticulating arms, but one of those shameful breaches of the commonest rules of etiquette of public meetings, for which the Province of Quebec has been many times in its political history distinguished. The chairman had no control of the meeting, partly because of the abominable acoustic properties of the room, and partly because of the bad manners of some of the members. The reports were by no means sufficient or satisfactory; half of the members could not hear the discussions. Some gentlemen smoked good cigars and bad cigarettes, and there was an utter absence of dignity or decorum. Several parties had their tongues at full cock with angry and argumentative ammunition, but they missed fire. Motions to adjourn were put about lunch time, and a large number got up and went out, thinking the motions were carried, and were much surprised when they returned afterwards to find that there had not been an adjournment, and that the elections were over!

The following were present: Drs. Brewster, C. F. F. Trestler, Bazin, S. Globensky, S. J. Andres, Casgrain, Lovejoy, Nichols, Venner, Bourdon, Leblanc, Stevenson, McDiarmid, Wells, E. B. Ibbotson, J. S. Ibbotson, F. S. Ibbotson, B. S. Stackhouse, S. Stackhouse, jun., W. Kerr, G. Hyndman, A. W. Hyndman, J. G.

Globensky, Vosburgh, A. Lemieux, L. N. Lemieux, G. Lemieux, Springle, Gardner, Gelinas, Fortin, Watson, McHarg, Jenks, Fauteaux, Lalonde, Delisle, Giles, Bloomfield, Dubeau, Franchere, Dorval, Gaudreau, J. B. Trestler, W. S. Cotton, Gravelle, Mrs. Ridout, Tansey, Mauffette, Maillet, Bourbonnais, Brown, Gareau, Cleavland, Gentles, Larose, Oliver, Gendreau, Lauthier, Seers, Nolin, Barton, Garneau, Mercier, Ives, Pichette, Coleman, Pepin, Danais, Beers.

At the last meeting of Licentiates, in 1892, the Board was instructed to centralize the educational efforts in one English and one French university, and McGill and Laval were chosen. The motion was unanimous at the time and \$500 was voted by the members present towards the "Dental College of the Province of Quebec." In the meantime Bishops University complained that in preferring the two others injustice was done to its interests. There was no such intention. Bishops went to the Local Legislature seeking to nullify the Dental Act in so far as it affected its interests, but met with absolute defeat. Some very hard words were exchanged, and finally compromises were proposed, and at the meeting on the 18th Dr. Beers moved the following resolution, which was unanimously carried: "That the incoming Board be instructed to make such arrangements as may be possible with Laval, McGill and Bishops Universities for affiliation of the Dental College of the Province of Quebec, in accordance with the Act of incorporation, and that the by-laws of the Board and the rules of the College be so amended as to harmonize such arrangements."

As an illustration of the intrigues to which the association is constantly exposed in Quebec, an amendment to the law was obtained at the eleventh hour by some students who wanted a year deducted from their indentureship. The following resolution, moved by Dr. Beers and unanimously carried, is intended to bring matters back to their original position: "That the Board be instructed to make such representations to the Local Legislature as will expose the fact that article 4068, wherein the word "four" was changed to "three," was accomplished without the knowledge or consent of the Board and in direct contravention of the desire of the Licentiates and to the injury of the educational interests of the students and the protection of the public."

Drs. Bazin, Stevenson and Nolin were appointed auditors, to report the same day.

The following gentlemen were elected to the new Board: Drs. S. Globensky, Lovejoy, Casgrain, Hyndman, Ibbotson, Nolin, Beers. The latter refused election and Dr. L. J. B. Leblanc was chosen instead.

There was considerable hot discussion over the discovery, which was not announced in the reports, that the members of the Board,

for the first time since the organization in 1869, had voted themselves \$10 instead of the \$5 per day as originally fixed by the decision of the Licentiates by the Act of incorporation. It was then moved and seconded, "That it is the sense of this meeting that the fee of the examiners for regular attendance should in no case exceed \$5 per day." The motion was not put on account of the uproar.

The scrutineers did one little act quite unconscious of its seriousness, which is sufficient to void the election. The Act of incorporation provides that the election "shall be by ballot by the members qualified to vote and present," and who in order to be qualified must have paid all dues, etc. This is the sole and only restriction upon the franchise of the Licentiates. Not even the by-laws attempt in any way to interfere with it. The Board had provided slips of paper officially stamped, and distributed one such slip to each member, upon which the members were requested to vote for the seven members required to constitute the new Board. When they reported the result, the meeting was informed that they "had thrown out one paper which was not that supplied by the Board." Of course if it can be proved that a regular member used this paper instead of "the one supplied by the Board," the member was illegally disfranchised, because the Board has no right, by the Act or the by-laws, to enforce the use of such slips. There is no law to prohibit a member from placing his vote on a piece of birch bark or sole leather, if he so chooses, instead of a piece of paper.

The meeting broke up in disorder without any motion for adjournment.

Board of Examiners.

The supplementary examination was held during the first week of this month, and resulted in the following gentlemen receiving their license for Quebec: Messrs. H. C. McConnell, Chas. Rondeau, P. Vosburgh, Allan I. Martel. Three candidates were referred back.

National Association of Dental Faculties.

The twelfth annual meeting of the National Association of Dental Faculties was held in the Ocean hotel, Asbury Park, N.J., commencing Saturday, August 2nd, 1895, the President, Dr. Frank Abbott, in the chair. The entire membership of the association was represented at this meeting as follows:

University of California, Dental Department—L. L. Dunbar.
University of Denver, Dental Department—R. B. Weiser.

Columbia University, Dental Department—J. Hall Lewis.
 National University, Dental Department—J. Roland Walton.
 Southern Medical College, Dental Department—Frank Holland.
 American College of Dental Surgery—Louis Ottofy.
 Chicago College of Dental Surgery—Truman W. Brophy.
 Northwestern College of Dental Surgery—J. A. Whipple.
 Northwestern University Dental School—George H. Cushing.
 Indiana Dental College—George Edwin Hunt.
 University of Iowa, Dental Department—A. O. Hunt.
 Louisville College of Dentistry—Francis Peabody.
 Baltimore College of Dental Surgery—M. W. Foster.
 University of Maryland, Dental Department—F. J. S. Gorgas.
 Boston Dental College—J. A. Follett.
 Harvard University, Dental Department—Thomas Fillebrown.
 Dental College of the University of Michigan—J. Taft.
 Detroit College of Medicine, Dental Department—G. S. Shattuck.
 University of Minnesota, College of Dentistry—Thos. E. Weeks.
 Kansas City Dental College—J. D. Patterson.
 Western Dental College—D. J. McMillen.
 Missouri Dental College—A. H. Fuller.
 University of Buffalo, Dental Department—W. C. Barrett.
 New York College of Dentistry—Frank Abbott.
 Ohio College of Dental Surgery—H. A. Smith.
 Western Reserve University, Dental Department—H. L. Ambler.
 Pennsylvania College of Dental Surgeons—C. N. Peirce.
 Philadelphia Dental College—H. L. Guilford.
 University of Pennsylvania, Dental Department—Jas. Truman.
 Meharry Medical School of Central Tennessee College, Dental
 Department—G. W. Hubbard.
 University of Tennessee, Dental Department—J. P. Gray.
 Vanderbilt University, Dental Department—Henry W. Morgan.
 Royal College of Dental Surgeons of Ontario—J. B. Willmott.
 The following colleges were admitted to membership :
 University College of Medicine, Dental Department, Richmond,
 Va.—L. W. Cowardin.
 Atlanta Dental College—Wm. Crenshaw.
 Birmingham Dental College—T. M. Allen.
 Cincinnati College of Dental Surgery—G. S. Junkerman.
 Cleveland University of Medicine and Surgery, Dental Depart-
 ment—S. B. Dewey.

The following, laid over under the rules from last year, were adopted as here given :

Resolved,—That in view of the recommendation of the Executive Committee that this association now in session shall require that all colleges, members of this association, shall extend the term of the session of 1896-97, and of succeeding sessions, to not less than six months each ;

Beginning with the session of 1895-96, no college shall be permitted to retain membership in this association if it is conducted or managed, in whole or in part, by any person or persons who do not practice dentistry in accordance with well recognized and generally accepted forms, generally known as dental ethics, or if they are owned in whole or in part by men or women who are engaged in disreputable dental practice, or if any college have upon its list of trustees, the faculty, demonstrators, or in any other capacity, any one who does not practice dentistry in accordance with the principles above mentioned. This shall refer to dentists only.

Beginning with the session of 1896-97, the examinations conducted by the colleges of this association shall be in the English language only.

The other resolutions which came over from last year for action were laid on the table.

A resolution was adopted requiring each college holding membership in the association to file with the secretary, sixty days before the next meeting, a detailed statement of its equipment and facilities for teaching; all new applicants to file a similar statement with their applications. The secretary was instructed to have blank forms printed for the purpose and forwarded to the various schools.

The report of the Special Committee on Preliminary Examinations was received and the committee discharged.

The following resolutions offered by Dr. Patterson were adopted:

Resolved,—That students in attendance at colleges of this association are required to obey the laws regulating the practice of dentistry in the various States, and failing to do this, shall not again be received into any of the colleges of this association.

Resolved,—That when a college of this association has increased the cost of tuition fees, no student shall be received at the former fee except those who have matriculated at such college prior to such action.

The Committee on Text-Books reported in favor of the adoption as text-books by the colleges of the association of two works, namely, "Dental Anatomy," by G. V. Black, M.D., D.D.S., and "Methods of Filling Teeth," by Rodrigues Ottolengui, M.D.S. The report was adopted.

The following lie over till next year:

Amendment to the rules offered by the Executive Committee:

That each college be allowed two delegates, and be limited to one vote for each school.

By Dr. Peabody:

That when a student who has matriculated within the time limit in any recognized college shall, from sickness, death or sickness in family, lack of funds or other reasonable cause, be com-

pelled to retire from that college before the expiration of the term, he may be allowed to make up the deficit of time in the same or any other college (provided he enter at a date not later than that on which he retired), be examined by the last college entered, and if the examination be up to the requirements of that college and otherwise satisfactory, may be given tickets for advanced standing or graduated, as the case may be.

By Dr. George Edwin Hunt :

Amend the last portion of Rule 3 to read as follows :

“ Except on such conditions as would have been imposed in the original school, and these to be ascertained by conference with the school from whence he came.”

By Dr. Gray :

Moved that when students from one college apply for advanced standing to any other college of this association it shall be the duty of the Dean or secretary of the latter college to ascertain by correspondence with the college from which the student comes if there be any objection to his acception.

By Dr. Gray :

Resolved, That all colleges of this association shall charge not less than one hundred dollars tuition each session.

By Dr. A. O. Hunt :

Resolved, That a student who is suspended or expelled for cause from any other college of this association shall not be received by any other college during that current session.

In case the action of the first college is expulsion the student shall not be given credit at any time for the course from which he was expelled.

Any college suspending any student shall at once notify all other members of this association of its action.

The following resolution offered by Dr. Ottofy was adopted :

Resolved, That the endorsement of applications for membership, made during the coming year, shall be based upon definite knowledge obtained by a careful examination of the methods of teaching, the equipment and the efficiency of the Faculty.

The report of the Committee on Revision of the Constitution, Laws, and Codified Rules was considered section by section, and laid over for final action next year ; and the committee, consisting of Drs. Louis Ottofy, A. O. Hunt, and J. D. Patterson, was continued.

The following were elected officers for the ensuing year : S. H. Guilford, president ; Geo. H. Cushing, vice-president ; Louis Ottofy, secretary ; Henry W. Morgan, treasurer ; J. Taft, Thomas Fillebrown, B. Holly Smith, executive committee ; H. A. Smith, A. O. Hunt, and T. W. Brophy, ad interim committee.

The newly elected officers were installed and the president announced the standing committees as follows : J. A. Follett, L. L.

Dunbar, Geo. Edwin Hunt, C. N. Pierce, and T. W. Brophy, committee on schools; J. D. Patterson, A. O. Hunt, J. B. Willmott, T. E. Weeks, and J. P. Gray, committee on text-books.

Adjourned to meet at the call of Executive Committee.

National Association of Dental Examiners.

The thirteenth annual session of the National Association of Dental Examiners was held at Asbury Park, N.J., commencing Monday, August 5th, 1895; the President, Dr. L. Ashley Faught, of Philadelphia, in the chair.

The following State Boards were represented at the sessions:

Alabama—T. B. Whitby.

Delaware—C. R. Jeffers, D. M. Hitch.

Georgia—J. H. Coyle.

Iowa—J. T. Abbott.

Kentucky—H. B. Tileston.

Kansas—J. O. Houx.

Colorado—R. B. Weiser.

New Jersey—F. C. Barlow, Chas. A. Meeker, Geo. E. Adams, E. M. Beesley.

Pennsylvania—Louis Jack, W. E. Magill, L. Ashley Faught, Jesse C. Green.

Tennessee—F. A. Shotwell.

Virginia—J. Hall Moore.

District of Columbia—H. B. Noble, Williams Donnally.

The following Boards were elected to membership:

Connecticut—George L. Parmele.

New York—William Carr.

New Hampshire—Edward B. Davis.

A resolution, offered by Dr. Barlow, requiring credentials to the association to bear the official seal of the State Board making the application, was adopted.

A resolution offered by Dr. Donnally last year, and laid over, permitting persons who have been delegates to the association to be associate members without the right to vote or hold office, was taken up and adopted.

Dr. Jack offered the following, which was adopted:

Resolved, That this body would express to the Association of Faculties the importance of an examination of the equipment, methods and facilities of instruction of all the dental colleges of this country; it being understood that such examination is to be purely in the interest of higher educational standards and toward an approach to ultimate uniformity in the curriculum and methods of the schools, and more particularly to enable safe action to be made with respect to new schools.

Later, a communication was received from the secretary of the National Association of Dental Faculties to the effect that the association had ordered the secretary to secure information from the various colleges regarding their equipment and general facilities for teaching; that this information would be systematized so as to be available at the next annual meeting of this body.

The following "Plan of Requirements for the Recognition of Dental Schools," offered by Dr. Jack, was adopted, with a proviso that it shall apply only to colleges making application after the close of this session:

That each dental school which may in future come before this board for recognition must have a teaching faculty composed as follows, to wit: At least three professors of dental subjects, namely, for operative dentistry, for dental prosthetics, for dental pathology and therapeutics. For the medical subjects there must be at least five professors, namely, for anatomy, for physiology, for chemistry, for pathology and for materia medica.

Its students must also be taught the subjects of chemistry and bacteriology in laboratories adapted to the purpose and under suitable instructors.

That such special school must possess, in addition to suitable lecture-rooms, a well-appointed dental infirmary and a general prosthetic laboratory; also, each school must be provided with a room or rooms suitable for manual training in operative dentistry, and must furnish in this way systematic instruction to its students.

All of these provisions are to be determined by careful inspection on the part of the Board of Examiners of the State within which is located the school, or other authorized body duly indorsed by this association; and upon the result of this examination may depend the question of reputability.

The following colleges were added to the list of recognized schools: Dental Department of the University of Denver, Denver, Col.; Department of Dentistry of Detroit College of Medicine, Detroit, Mich.; Dental Department of Western Reserve University, Cleveland, Ohio.

Applications from the following were laid over for one year: University of Buffalo, Dental Department; Atlanta Dental College; University College of Medicine, Dental Department, Richmond, Va.; Birmingham Dental College; Cincinnati College of Dental Surgery.

The Committee on Colleges in its report, which was presented by its chairman, Dr. Jack, expressed the view that more should be required to establish the right of dental schools to recognition by this body than good organization and the fulfilment of the rules of the Association of Faculties. Evidence should be furnished that the teachers are of high standing; that they require of their matriculates the stipulated preliminary training, and that they are

carefully qualifying their students in every necessary direction. To ascertain these facts is a matter of difficulty. It is necessary, too, in addition to an ascertainment of the character of the faculties of any school, to discover the degree of confidence which has been developed in the minds of the local members of the profession.

The number of students in actual attendance in all the schools of the country for the session 1894-95, excluding those attending special courses, was 4,979, as against 3,997 at the previous session; graduates 1,208, as against 911.

The committee also expressed the conviction that it is becoming evident that the dental schools are increasing in number beyond the needs of the public, owing to the tendency of medical schools to inaugurate dental departments. The installation of dental departments in connection with medical schools is necessarily often incomplete, and therefore the committee believes that restrictions should be placed upon the rapid increase of inefficient dental colleges. As the practice of dentistry is largely based upon knowledge of chemistry and bacteriology, and as manual training has become an integral part of the curriculum of some of the better schools, we recommend that the association do not in future recognize any school unless satisfactory evidence is furnished that the students of such schools applying for recognition are being taught in modern chemical and bacteriological laboratories, and also furnished with every convenience for manual training in prosthetic and operative dentistry, and that this latter mode of practical instruction is systematically carried on in at least the first year's course.

The committee also called attention to the importance of a higher standard of preliminary education, and to the impropriety of schools advertising as instructors practitioners who occasionally clinic before the students, but are not a part of the staff of the institution. The report was adopted.

The following resolution, offered by Dr. Magill, was unanimously adopted:

Resolved,—That we will not in future consider favorably an application for recognition from any college which has as a member of its faculty one who also holds membership in the State Examining Board.

Dr. Donnally moved that final action shall not be taken on the application of any college until such application has been in the hands of the chairman of the Committee on Colleges for at least ten months. So ordered.

The following were elected officers for the ensuing year: J. T. Abbott, Manchester, Iowa, president; H. B. Noble, Washington, D.C., vice-president; Charles A. Meeker, Newark, N.J., secretary and treasurer. Adjourned.

The Question Drawer.

Address all correspondence connected with this Department to DR. R. E. SPARKS, Kingston, Ont., Can. Matter for publication should be in the hands of the Editor not later than the 10th of each month, and must have the writers' names attached, not necessarily for publication, but as a guarantee of good faith.

18. *Q.*—A lady, aged 20; health good; teeth kept in good healthy condition. About two years ago the right superior central began to protrude and clongate until it stood about one-fourth inch beyond the line of the arch. The tooth is sound and healthy; no crowding in the arch and no diseased teeth in the mouth. What is the cause and treatment?

The question is not easy to answer without seeing the case. Antagonism of the lower teeth against the front upper incisors often cause irregularity, but if this pressure is not the cause, I look for disease of the cementum or of the socket; exostosis of the root will cause it, and so will loculosis alveolaris (or as the French call it, pyorrhœa alveolaris), cause the same result. The first cause is easily done away with by grinding the lower teeth; the second and third cause are both difficult to do away with. Exostosis cannot be cured short of extracting and scraping the root—a treatment I never resort to. The last cause if cured and the tooth corrected will remain, only by a permanent retaining mechanism. Sometimes exostosis cases can be corrected and the teeth be held in the same way. Partial sets of teeth (artificial) when such are necessary, are sometimes practicable for retainers, not only for these cases, but also for loculitic cases.

J. U. FARRAR, New York.

19. *Q.*—What is the Hale method? Does it depend on cocaine for its anæsthetic effect?

T. L. HALLETT, St. John's, Newfoundland.

Am not in position to answer: sent the query to Dr. Hale, but up to time of going to press had received no reply. If one comes later, will publish it.—ED. *Q. D.*

Questions.

21. *Q.*—A lady presents with right central incisor filled on both sides; tooth dark but apparently healthy. She reports it to have had nerve removed and canal filled. Left central incisor filled on anterior prox surface with gold; small cavity on post prox surface. Tooth bright and apparently healthy. Abscess discharging over end of root, probe entered alveolus at that point; diagnosed dead pulp; drilled through enamel on palatal surface, found dentine quite sensitive; drilled into pulp chamber, found pulp in putrescent state.

1. How was sensation transmitted from the dentine?

2. Is it safe to diagnose dead pulp from alveolar abscess in the absence of other symptoms?

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[No. 10

What Profiteth It a Man?

We do not suppose that it ever occurs to the average reader of professional journals in Canada that if the conductors of these periodicals consulted their own selfish interests, they would retire upon their laurels and dedicate the time they give to journalism to the commercial aspect of daily existence. There is a superstition extant in this country that if a man is associated with a journal of a College or a Board of Examiners, it is of direct, as well as of collateral, financial value. Even the salaries which may accrue to professors in the schools, and the fees which the law allows to the members of the Boards, are regarded by some with envious eyes. All the time the critics overlook the fact—that not one man in fifty but finds these connections financially injurious. Moreover, there is a prevalent opinion in the mind of the general public that the dentist who keeps his nose to his grindstone is better qualified for its purpose than one who is also a lecturer, a journalist, or a member of a Board. The public does not care a fig for his ability and learning as a lecturer. The public think more of the products of his pluggers than those of his pen. The public prefer that he should devote his time to examining his own deficiencies rather than those of the unfortunate students. This is not peculiar to Canada. It is not an exception that even medical men, and those connected

with education in other spheres, seem to think lightly of dental educationists. Coming into contact, as some of them often do, with men who perform excellent "work" as dentists, yet whose knowledge of grammar—not to speak of general culture—places them at a very low educational level, it does not seem to occur to them that the dentist is any the better dentist because he is a scholar. It is a true as it is a trite remark that one may be over-educated: that there is no analogy between the possession of Greek and the ability to perform the simplest operations. It is not uncommon too to find that a classical and mathematical education has actually unfitted small minds for the full development of the scientific and the practical in a profession. The self-made man is often the best all-round man. It is difficult to contend against facts and objections such as these. We believe that education does pay: that a thorough mastery of a science is better than a smattering; that the dentist who labors, even unrewarded, in the educational fields of his profession, is the better dentist for it, and the better able to serve his patients. To defend the principle that of two men, equally skilful as operators, the scientifically-educated one is not superior to the one who is nothing but a mere mechanic, is to expose oneself to ridicule in the estimation of all educated men. But the mischief of it is, there are so many in the community who look upon dentistry as a sort of bastard profession, little better than a trade, and there are many dentists, who, by their conduct and their advertisements, justify this criticism. Those who in any sphere assist the better and higher education, as well as the ethics common to all dignified professions, may not make it of commercial profit, and it is questionable if they will get much gratitude either. But if they do their duty honestly, they will indeed find the profit in that very duty, as well as the direct advantage in personal and professional culture.

"See the Mighty Host Advancing."

From the *Dental Review* we learn that during 1894-95 sessions of the Dental College in the United States there were 5,366 matriculates; 5,154 in attendance; and 1,243 graduates. This does not include three colleges from which there was no report. They are getting worse than grass-hoppers. The latter have their fitful periods of recurrence, in skips and jumps of time; and by the opening of the schools, there is not one left to tell the tale. The graduates, however, come out in regular and increasing force, and, as they multiply in annual succession, it is apparent that their scope does not widen. The grass-hoppers have every blade of grass and green leaf to fatten on; but the graduates find few

unoccupied spots whereon to lie. We may be able yet to send them to Mars or the moon. But the inhabitants there may be as toothless as hens; and if not, it is quite likely they have much higher standards of requirement to practice than on our own planet. Or, perhaps they do not pay taxes or rent, or need food and fuel and clothes. If that were so, there would be a big immigration from this world, if we could only get there, and it would not take too long to get acclimatized. So let the trumpets blaze and the big drum beat, and the procession of our graduates proceed. God bless you, ladies and gentlemen! God help you, too!

The Pathos of Practice.

Once in a town we called to see a dentist, who, in his seventieth year was still in active practise, standing at his chair most of the day, and still working the old-school methods with the old-fashioned instruments, and having no practical knowledge of the materia medica of dentistry beyond arsenic and creosote. He had lost one leg, and was obliged, when leaving the chair, to use a crutch; he was rheumatic, and for thirty years had never known one day's relief from pain. He had brought up and educated well a large family; some of whom were dead, and others in distant parts of the world. He had lost his wife, to whom he had been married for forty years, and, having been obliged to part with his home, he had preserved but few relics of his family environments; nothing, it may be said, but a picture or two and a few books. Everything surrounding his daily labor was half a century "behind the times," and his honesty impelled him to send elsewhere patients whom he knew needed more modern services. Pain, and the constant company of hard times, had made him weary of life, but he made no lament. He was a lonesome, forsaken, used-up and suffering old man, but he was determined to die in harness, and he did. One afternoon a new patient called to see and surprise him, and found him dead beside his chair, having fallen in a fit, and broken his crutch. The new patient was one of his sons, whom he had not seen for twelve years. This is a true and unvarnished tale.

To Our Exchanges.

For some unaccountable reason we have missed more of our exchanges during the past two years than in all the previous years of our journalistic experience put together. At least one of them, though issued with great regularity every quarter, fails to reach

the Editor except on personal application to the conductor, and we do not suppose it is his fault as he is not supposed to be concerned in the mailing. The publishers themselves ought to look into this matter as one of self-interest. Of the *Dental Weekly*, for instance, of thirty-two numbers to date, only seventeen have reached us. We hope that the subscribers are more fortunate. We would respectfully ask that all the journals in the English language be sent to the Editor at Montreal BY NAME if possible, so as to avoid a confusion that might arise on account of a similarity of names in that of this journal and a dental depot. Also that duplicate copies be sent to Dr. Martin, at Toronto Junction, Ont., that the German exchanges be sent to Dr. Klotz, St. Catharines, Ont., and the French to Dr. Bourdon, 103 St. Denis Street, Montreal.

Correct to 80,000.

On page 257 of the last issue, line 20, the mistake is made that "there are only English-speaking people" in the 200,000 population of Montreal. Some people, in such a case, always instinctively see that an error has been made. Other people have no such instinct; and if your editorial declares that two and two make five, they believe you mean it, and of course that you are an idiot. Will our readers please correct this in ink in the margin of the September JOURNAL, and make it read 80,000? We meant to show that the English population, like that of Toronto, is too well supplied with dentists.

WE are pleased to see on the market a new vulcanizer, and more especially so as it is the invention of a Canadian, Dr. Casgrain, of Quebec. The particular features of it are ease and rapidity of manipulation with a homogeneous product. This is due to the large amount of metal, which makes it "heat up" slowly, but insures more perfect vulcanizing. Reliance is placed on the steam gauge solely, there being no risks of overheating through a broken thermometer. We hope Dr. Casgrain's invention will achieve the success its merit deserves.

SITUATION wanted by Dental Graduate. Good references as to ability and character. Box 10, this journal.