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# Dominion Dental Journal

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No. 9

## Original Communications

### A CASE OF TRISMUS FROM SPASTIC IRRITATION OF THE MASSETER.

BY W. GEO. BEERS.

Mrs. W., aged 45, a poor laundry woman, was referred to me on account of the complete closure of the jaws. She had suffered much pain for four weeks on the left side of the face, the contraction of the masseter being due to the irritation of an undeveloped left lower dens sapientiæ. She had been treated for several weeks without any thought on her part, or suggestion from the hospital physician, of the dental trouble, faithfully applying hot poultices externally to relieve the pain, and, as she hoped, to relax the contracture; but the day she came to me an abscess had pointed externally. By probing I discovered the position of the tooth and found that it was partially underlying the second molar. Probing gently through the fistula, the instrument came into contact with the widely divergent roots, and a considerable discharge of pus followed, which was encouraged by massage. However, as the intention was to open the jaws, and extract the unseen tooth, no further attention was paid to the external opening, further than to use proper antiseptic precautions. The patient was etherized, and after no small effort, by means of a mouth-gag, the jaws were slowly separated. All that could be seen of the tooth was the mere surface of the mesio-buccal cusp, the tooth being tipped by the narrowness of the maxillary. The coronoid process and the alveolar process are very thick in the region of the third molar, but the mylohyoid ridge, just as this point is thinner, and as Black has shown, it is not as difficult to extract a dens sapientiæ

as would at first appear, providing the roots are forced to the lingual and distal with a physic's forceps or an elevator. The elevator in the hands of the previous generation of dentists was very skilfully used in these cases, and I remember witnessing operations by Brewster, Bazin and Trestler, of Montreal; Day, of Kingston, and Baillargeon, of Quebec, which surpassed for safety anything that can be done to-day with the forceps made for the purpose.

To tell a tedious operation briefly: I dissected away the thick operculum of gum which covered the crown, and lanced deeply on both sides of the alveolus; then, by means of an excising forceps, cut both plates on a line with the apex in three straight lines. The object was to get below the crown in extraction for fear of the fracture likely to occur when only the crown of a tooth is seized. The next movement was to use the same excising forceps between the third and second molars, rotating and pressing it gently forwards and upwards. By means of the bayonet alveolar forceps—which, by the way, I use very generally in both jaws—I succeeded in cutting through the excised alveolus, and bringing the tooth with small portions of the excised alveolus adherent to the roots. The abscess was not a sequence of the death of the pulp, as it was alive. Subsequent syringing with an antiseptic solution was enjoined. The case had a speedy recovery.

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### Correspondence

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#### A NEW SUGGESTION FOR OUR NEXT MEETING.

*To the Editor of DOMINION DENTAL JOURNAL:*

SIR,—I am a licentiate of Ontario with a grievance. I have only attended two meetings of our Provincial Association, because I am alone in my office; am pressed close by cheap and inferior competitors, and have no ambition to hold office. My grievance is that the Society does not try some effective way of educating the public. It is the business of the college professors to educate the students, and we know that there can be no complaint made on that score. Hundreds of students go out of the college well educated in dentistry, but not at all in suggestions as to what they can do to educate the public. Is this not properly one of the uses which could be made of the Society? I would suggest that a big boom on this one subject occupy the entire session of the next meeting, and that a large number of ten-minute papers be prepared, to be discussed, and that those who think as I do should come prepared with practical ideas on the subject, and this subject

only. I believe it would bring together by far the very largest number of our licentiates. There is so much to be said, and so many who could say something. You could issue a big boom number of the JOURNAL, from which thousands of cheap reprints could be supplied to each licentiate, and their influence used in their respective localities to get the newspapers to discuss the subject.

Yours, L. D. S., Ont.

[A capital suggestion. We are sure our publisher would meet it more than half way. But, does it not occur to our respected correspondent, that his absence from the meeting has been a lame excuse, and that if he expects co-operation for his ideas, he should co-operate actively with his conferees. Too much is expected of a few.—ED. D.D.J.]

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### WHO ARE THE ELECT?

*To the Editor of DOMINION DENTAL JOURNAL:*

SIR,—Are not our associations run by cliques? We find medical societies open to all ethical members of the profession, but we do not find all ethical members of dentistry members of our societies. What we want is a broad entrance and a warm welcome to all who act decently.

Yours,

X. Y. Z.

[This is unfair and ungenerous. Our societies in Canada are quite sure to welcome all who choose to conform to their requirements. Our correspondent recalls a story. A political clique met and carried the following resolution: "Resolved, That only the elect shall inherit the earth. Resolved, That we are the elect." We do not know of any such organization in our ranks. The "entrance" is generally broad enough. The "welcome" depends upon the personal and professional character of the applicant.—ED. D. D. J.]

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### "FOLLOW NO LEADER."

*To the Editor of DOMINION DENTAL JOURNAL:*

SIR,—Truly your prophecy with regard to the degradation of the profession, by quack and sensational advertising has come to pass. When you predicted that it would not stop with the quacks who began it, but would contaminate others from imitation, or from fear that they would lose business if they did not also do it, some critics "pooh-poohed" your opinion, advised you to let the advertisers alone, that you were magnifying the danger. Now what do we see? Nothing in Chicago is worse than the dental

advertising of Toronto and Montreal. Men who claim to be honorable, and even some who were chief promoters of the code of ethics have "fallen from grace," and are in full imitation of the "quacks" they condemned! We have not paid enough attention to this subject in Canada. No matter what practical progress we make, this stain is indelible, and drags us into the gutter. Every respectable dentist who "minds his own business," as they say, and who takes no interest in purifying our ranks, is guilty as an accessory of these sensational advertisers. We cannot demand recognition as a learned profession and occupy an ethical position below the scale of the other professions. We are to-day suffering and shamed, because so many have withheld sympathy and support from efforts made by the JOURNAL and by members of the profession.

Yours,

L. D. S.

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## Proceedings of Dental Societies

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### NORTH-WEST TERRITORIES.

We have to thank Dr. W. D. Cowan, Regina, for copies of the Ordinance, respecting dentistry in the North-West Territories, and the constitution of the North-West Territories Dental Association. The following are the officers for 1899-1900: President, Dr. W. D. Cowan, Regina; Vice-President, Dr. L. D. Keown, Moosomin; Secretary-Treasurer, Dr. P. F. Size, Moose Jaw; Registrar, Dr. C. R. Stovel, Regina. The annual meeting of the association is held on the first Tuesday in April in each year. An equivalent standard and reciprocity on equal terms is demanded to entitle any other Canadian province to register their provincial licenses in the North-West Territories. Dental diplomas from foreign institutions, which required at the time of issue attendance at its regular course of lectures, and an apprenticeship of not less than two and a half years, are recognized. The adopted standard is a fairly high one, based entirely on dental knowledge. If the profession in our North-West Territories flourish half as well as the country itself, the members should be in a happy condition.

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### VERMONT BOARD OF DENTAL EXAMINERS.

A meeting of the Vermont Board of Dental Examiners will be held at the Pavilion Hotel, Montpelier, October 18th, 1899, at 2.30 p.m., for the examination of candidates. The examination will be in writing, and include anatomy, physiology, histology,

bacteriology, chemistry, metallurgy, pathology, therapeutics, surgery, materia medica, anesthesia, operative and prosthetic dentistry, together with an operation in the mouth. Candidates must come prepared with instruments, rubber-dam and gold. Applications, together with the fee ten dollars, must be filed with the secretary on or before October 10th.

GEO. F. CHENEY, *Secretary.*

St. Johnsbury.

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### Medical Department

Edited by A. H. Heers, M.D., C.M., D.D.S., L.D.S., Montreal, Que.

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#### MULTIPLE NEURITIS THROUGH NECROSIS OF THE LOWER JAW, CAUSED BY AN ILL-FITTING DENTURE; EASY REMOVAL OF SEQUESTRUM; RAPID RECOVERY.

The patient, a female, aged 25 years, had suffered from facial neuralgia on and off for years past. In 1894 several decayed teeth were removed and she wore a denture which was ill-fitting. Subsequently a few more teeth decayed, which were extracted, and she wore another denture equally bad. She could not be persuaded to leave off wearing the denture and thus made herself a martyr to pain, resulting in insomnia, mental irritability, anorexia, and loss of body-weight from 11 stones in 1894 to  $6\frac{1}{2}$  stones in Oct. 1898. She consulted me on Oct. 10th last for motor paralysis, hyperesthesia, wasting of the left upper limb, and swelling of the right side of the lower jaw from the external oblique ridge to the symphysis. She had four fairly good lower incisors, but the two canines were much decayed by the clasps of the denture, and there were four decayed molars in the upper jaw. She was compelled to give up the denture. From October 12th to November 5th she received fifteen sittings of combined electric current. She was put on liquid diet with digestives, and hemoglobulin, cod-liver oil and hypophosphite emulsion, and phosphide of zinc were administered in succession. She also received anodynes and hypnotics. The tenderness of the upper limb gradually disappeared, and by the middle of November she regained motion and the muscular structure showed signs of filling in. She was also relieved of neurotic symptoms from other parts of the body. Simultaneously with this constitutional treatment an incision was made along the right alveolar border of the lower jaw, reaching to the osseous surface, eucaine being used as an anesthetic, and some purulent discharge was evacuated. The cavity was daily syringed with carbolic acid lotion and an antiseptic mouth wash was used. Notwithstanding the swelling rapidly increased and caused intense pain. Four leeches were applied externally, giving temporary relief,

followed by purulent discharge through one of the leech bites. Shortly afterwards the sequestrum could be felt by a probe loose in its cavity. On December 1st three grains of eucaine in solution were injected along the alveolus and the discharging cavity was enlarged. The sequestrum was drawn up by the forceps and was removed from the cavity by the patient with her fingers. Still the necrosis kept on creeping toward the symphysis. Profiting by the experience of Sir J. Tomes I adopted "a less conservative line of treatment" and removed all the teeth, with the result that the purulent discharge ceased and the pain and swelling subsided. The so-called hysterical symptoms disappeared and appetite and sleep were restored. After a gradual decline in health and weight for five years the patient regained her weight in three months, weighing 11 stone in April last. It is needless to state that during her prolonged illness she had been treated for many ills that flesh is heir to and had swallowed as many patent nostrums as she could get. The case is remarkable for the long-suffering of the patient, the easy removal of the sequestrum, and the rapid recovery.

—*Montague D. Makuna, M.R.C.S., Eng., L.R.C.P., Lond., in Lancet.*



THE RELATION OF DISEASES OF THE TEETH TO THE CHRONIC SWELLINGS OF THE LYMPHATIC GLANDS.

The title indicates that the author has tried to show how, through a bad tooth, injurious matter may get into the lymphatic system. The most important question to settle was whether a so-called "dead tooth" only can serve as an entrance way, or also teeth with an inflamed pulp.

The author, by experimenting on dogs' teeth, has succeeded in proving the latter. The pulp of a narcotized dog was laid bare, some Prussian blue painted on, and the cavity closed with cement. After two to three days the dog was killed, and the pulp of the tooth as well as the submaxillary glands examined with a microscope. Some particles of the Prussian blue were found dispersed through the whole pulp up to the apex of the root, and also in the lymphatic glands, although in very small quantities.

How to explain this capability of absorption of the pulp is a further chapter of the work. It is a fact that in most researches lymphatic vessels in the pulp could not be discovered microscopically, therefore the author has tried to determine by Gerota's method, by means of an injection of Prussian blue into the tissues of the pulp, whether there existed embryonal absorbing combs—in other words, lymphatic crevices, lymphatic capillaries, or lymphatic vessels in the pulp. The experiments were made on freshly-extracted human teeth and on calves' teeth. A whole net of vessels and capillary veins could be seen, but they were proved to

be exclusively blood-vessels. The result of these experiments was, "that there was no embryonal lymphatic vessels or spaces in the living pulp."

But if the first experiment still showed an absorption on behalf of the pulp which even extended to solid matter, this absorption does not take place in a regularly formed lymph-path, but it is evidently done by the intercellular stream of liquids in the tissue, probably even simply by wandering cells, which absorb the color and carry it. If once the absorbed matter gets beyond the apex of the roots, there is no more obstacle in the way of its carriage to the lymphatic gland.

Apart from these experimental investigations, the author has also tried to prove clinically that "dead teeth," as well as "living" defective teeth, may cause swellings of the lymphatic glands. He has examined about 4,000 children, a far greater number than any of the earlier fellow-workers has reached. To avoid the mistakes made in any of the earlier statistical researches, the author has prepared statistical tables, which exactly indicate how many milk-teeth and remaining teeth every child had, how many teeth had recently been taken out, also the spot of defect in every bad tooth and the degree of it. The condition of the gum of every child, as well as those local or general illnesses which cause swelling of the glands, were likewise taken into consideration, in order to exclude such cases in the estimation of swellings of the glands caused by illnesses of the teeth.

The author, after closely studying the source of every single gland, was quite convinced that the upper teeth have no connection with the submaxillary glands, because the lymphatic vessels appertaining to them empty themselves into glands which are externally not perceptible, and he has arranged two different tables. To the first belong the teeth of both jaws, in order to compare the results with those of former researches; to the second—the more correct one—belong the dead teeth and those having an injured pulp of the lower jaw, whilst the teeth in the same condition in the upper jaw are not taken into account; a third table only enumerates the cases of swellings of the glands in proportion to teeth with an affected pulp.

The children are divided into three groups: The first group comprises 319 children who had no swelling of glands at all; 236 (74 per cent.) had no bad teeth which might have caused any swelling of the glands; 80 (26 per cent.) had such bad teeth. The second group comprises children who had swellings of the glands in different degrees, but there were no other causes besides bad teeth, consequently these children cannot be counted in statistics. 3,161 children are left for the third group, who had swellings of the submaxillary glands in different degrees, for which no other causes could be found except those arising from bad teeth.



At the tabular total of this third group the proportions of the numbers were as follows: Among 3,161 children with swellings of the glands were 2,334 (or 78.8 per cent.) who had teeth of the third or fourth degree in the lower jaw. With 1,646 (or 70 per cent.) of these children the bad teeth, with regard to their position, intensity of illness, etc., corresponded exactly to the position and the degree of the swelling of the glands; with 688 (or 29.5 per cent.) the bad teeth and glands did not agree, or partly only. The third table proves that more than half of all the teeth made responsible for any swelling of the glands had still a living pulp.

The author states the summary of the result of his work in the following sentences:

1. Bad teeth—carious ones especially—play an important part as etiological factors in swellings of those lymphatic glands in the regions of which the teeth are situated.
2. As long as the caries is limited to the enamel and dentine of the tooth, without influencing the pulp, there is no swelling of the gland to be feared.
3. If the pulp is deprived of its epithelial protection, which consists of the enamel and dentine of the tooth, there is the possibility of a swelling of the lymphatic gland through the medium of infectious or otherwise injurious matter.
4. Not only bad teeth with open cavity and root canals must be considered the entrance-way for infectious matter, but also the teeth the pulp of which is still alive, if exposed to the injurious influence of outer contact.
5. There are no lymphatic capillaries and no lymphatic vessels existing in the pulp, and yet the pulp possesses the capability of absorption.—*Dr. H. Horner Halle, Berlin, in Dental Record.*

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### Tit Bits from the Editors.

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IN an editorial entitled "Union," the editor of *The Journal of the British Dental Association*, writes as follows: "The big sea between England and America, was, a few years ago, of small account among the other great separating factors that kept the two nations apart. To-day it is almost the only thing that divides us; but in the broad and deep highway of professional intercourse, which, like the Atlantic ocean, links and differentiates two great English-speaking nations, never, we hope, again to be estranged, there linger rocks of offence which surely need but recognition as impediments to be avoided or removed by our American cousins. Every day something happens to remove a barrier, to destroy a prejudice, or to create a new bond of union, and it would be as strange as it would be unfortunate if the better

understanding did not reach to our own profession and its *cis*, and trans-Atlantic practitioners. The *Cosmos*, in a recent article, comments upon the differences of the past, and hopes, as we hope, for the closer union of the future; and it may hasten rather than retard these happier relations if we frankly consider for a moment certain lingering misunderstandings. First, there is the name 'American Dentistry,' an anomaly in itself, and as mischievous as it is absurd. Wherever educated scientific men live in any numbers, there is certain to be the best surgery, dental or other, that modern education and science can supply. The good men in America, Australia, Canada, as in Britain, will do the best possible work, teach all that should be taught, and advance the general fund of scientific knowledge from which all the world may draw. There are no secret systems or hidden mysteries in dental surgery, or in any branch of the great healing art: the man who refused to share his knowledge or his discovery would be banished from professional life. Let us, then, get rid of an expression which infers some special inspiration, some miraculous excellence such as no educated professional man or body of men could claim without a blush. The *Cosmos* is justly proud of the past achievements of dental workers over there, and so are we, and we must *both* be proud of those who, living over here, have made some not unimportant epochs in dental history. Whether their life's work be here or there, in the old country or in the new, they are *ours* in the larger sense of the word, and we will be proud of them all *together*. Geographical features may limit and confine other nations, but our English-speaking race refuses to be so constrained. The science and art of dental surgery is a building which we all build together, and in which we have to live together. Let us learn, living in it, to know each other better. The name 'American' has been put to very shameful uses in this country in connection with dental surgery. It has been the war-cry of quacks and charlatans, irrespective of nationality; the uneducated imposter, the half-educated rogue, the ostracised and disgraced outcast from other walks of life—all have sheltered under this name undisturbed: and, what has most sorely tried the patience of British practitioners, without that prompt disavowal and unanimous protest that might have been expected from those who have a real title to the name of American dentist. This disavowal, we feel, is still due to the profession at large. We asked for it ten years ago, but in vain. Speaking at the annual meeting of the British Dental Association, held in Dublin in 1888, the then sub-editor of this Journal appealed to all that was honorable and upright in America and in this country to openly and publicly disavow the thing that without justification assumed the great name of America as a cloak for vile quackery. Referring to the then dental invasion of Ireland,

he said that from a journalistic point of view there were other worlds to conquer, in the task of obtaining the co-operation of American journalism in exposing and denouncing the frauds that were being daily perpetrated in the United Kingdom under the name of American dentistry. May we not now congratulate ourselves on having achieved at least a partial victory in the cordial utterance by our influential transatlantic contemporary of a hope for the final removal of every remaining misunderstanding. Happier times have dawned since that appeal was made. Ten years have passed away, and with them many old barriers have disappeared. The coming decade may have better things in store for us. We know that there is a magic in association, and a better knowledge of each other is perhaps all we want. A great meeting is in the near future at Paris; let us meet to bury the old recriminations and to recommence a new era of international dental surgery."

THE editor, Dr. Frank P. Foster, of the *New York Medical Journal*, has the following appreciative remarks with regard to the American dentist of the present day: "The art of dentistry is well known to have had its real origin in the United States. But it is not as a skilled and ingenious workman alone, or even chiefly, that the American dentist is to be regarded; he occupies a position second to nobody else's as a scientific investigator. If he takes up his abode in some European city—and he often does—it is not merely for the ingenuity displayed in the appliances he takes with him from his native land that he is distinguished; he soon makes it understood that he is practising for the love of his art, and that he is at the same time seeking by unsurpassed methods of scientific study to advance odontological science. Whoever of the medical profession may be unaware of this would lose nothing by attending a few meetings of the New York Odontological Society; indeed, he would probably pick up information that he might find of advantage in his own work. We mention that particular society simply because it is one of which we have knowledge founded on observation, and not because we imagine there are no other dental societies in the country that might serve as equally noteworthy examples of the progressive character of the dentist's work and the high position of odontology among the medical sciences; indeed, our present reflections have been prompted by a paper presented before the Section in Stomatology (a term, by the way, which we do not approve of) of the American Medical Association at the recent Columbus meeting, by Dr. Frederick B. Noyes, of Chicago, and published in the *Journal of the American Medical Association* for August 5th. Dr. Noyes' paper was the outcome of a most pains-taking histological study of the periodontal mem-

brane, one fraught with exceptional technical difficulties, as the author explains. It is illustrated with fine half-tone reproductions of photomicrographs and a diagram of Dr. G. V. Black's. Unfortunately the cuts are not numbered, though they are referred to by number in the text. Such an occurrence will occasionally mar the publication of an important article; the rush attending the preparation of a large weekly journal is such a tax on the editorial staff that nobody can justly be blamed for it, and certainly we should be the last to cast a stone at our excellent contemporary for a blemish which, after all, is probably to be imputed to the author's omission, impossible to repair if noticed at the last moment, and apt not to be noticed at all till the paper comes out. Like things have occurred in our own pages, and we do not expect to escape them so long as human faculties are finite. Dr Noyes' article is of value, not only by reason of the observations recorded in it, but also for the suggestions the author offers as to solving the problems that still confront the histologist with reference to certain epithelial structures found in the periodontal membrane, and for his criticism of argument that ought to be founded on histology; but has come with profusion from men who admit that they have not made a histological study of the structures concerning the diseases of which they discourse. In other words, it is as an incentive to further work on the part of his fellow dentists that Dr. Noyes' paper is sure to prove of great value, for they are far too devoted to the advancement of odontology not to heed what he says. Admirable as their everyday work is, as recently exemplified in perfecting dental anesthesia and in the use of porcelain fillings, it is subordinate to their intelligent and unremitting pursuit of the science that underlies their art. The American dentist of the present day is most assuredly in the advance guard of scientific progress."

ALLUDING to the advertisements in the public press of such remedies as Mrs. Winslow's Soothing Syrup for children teething, the editor Dr. J. L. Williams, says, "We should have thought it was a matter of common knowledge that coroners, at inquests over children who have died from taking these 'soothing' syrups, have condemned their use, and pointed out that if not always fatal in their effects, they are invariably injurious. . . . The silence obtained by 'soothing syrups' containing opium often resolves itself into the permanent one of death. But even when this is not the case, lasting injuries to the brain and system must result from such dosing of tender infants. . . . The fact is, of course, that the dental quack wishes to keep the public in ignorance; the second-rate qualified dentist has neither the time nor the ability to educate the public, and the first-class dentist thinks it beneath his dignity and savoring of self-advertisement to attempt this important task. But, until these latter give up this opinion, we shall not only have 'teething' made

an excuse for child-murder and brain mutilation by means of noxious drugs, but we shall also—and this serves the silent ones right—have the advertising quack and the powerfully syndicated dental ‘company’—of limited liability in every sense of the word—injuring the public while they take the bread out of the mouths of men who have spent years to fit themselves for their profession, and for the honored place on the register of its practitioners to which their studies and work entitle them.”—*The Dentist*.

WRITING of the dental conventions, the editor, Dr. Jas. Truman, says, “These organizations are the leaders of thought in the profession. If they fail in this duty, then they cease to be of value and deserve to go out of existence. This responsibility is, it is feared, not regarded by the members as it should be, hence the want of respect felt for these organizations by the best-thinking minds. . . . The dental profession in the United States has made most satisfactory growth in theory and practice, but in what may be called the higher moral excellencies it has remained practically where it was half a century ago. It has failed to cultivate the professional spirit, and the reason why this has not been done lies largely at the door of the national organizations. From the first body organized to the last, there has been developed a petty commercial spirit, antagonistic to true professional spirit, and, in fact, has practically destroyed it. This commercial spirit is so strongly entrenched in the minds of the members that any attempt to overcome it has always met with decided opposition. . . . What is needed in all dental organizations is a high moral example.”—*International Dental Journal*.

REFERRING to pyorrhea alveolaris the editor, Dr. Ed. C. Kirk, remarks, “It is generally admitted that no more complex problem has confronted the dental pathologic, and no other has called forth so many and diverse opinions. These two facts are in themselves highly significant, as indicating the probability that what was originally regarded as a single disease, or in its various manifestations but so many modifications of a single disease, is in reality a complexus of conditions having different etiological relationships, as well as diverse clinical expression. . . . The empirical method of study of pyorrhea alveolaris was a necessary phase of its earlier investigation.”—*Dental Cosmos*.

REFERRING to the recent decision rendered in the New York courts in favor of the International Crown Tooth Company, confirming the validity of patents held, and which litigation has extended over seventeen years, affecting \$10,000,000 claims, the editor, Dr. F. J. S. Gorgas, states that the Dental Protective Association will fight the decision, and that hundreds of dentists will join the Association.—*American Journal of Dental Science*.

## Selections

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### SOME CRITICISMS SUGGESTED BY GOLD CROWNS, AND BY A CERTAIN CLASS OF GOLD FILLINGS OFTEN SEEN IN THE ANTERIOR TEETH.

BY DR. WILLIAM JARVIE, OF BROOKLYN.

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My attention was especially drawn to this subject during the past winter by quite a number of cases that I happened to see. In some mouths were gold crowns which had been so inserted as to display the gold in a most repulsive manner. Another class of cases showed the manner of gaining access into cavities between the incisors so that the teeth were permanently disfigured, and a display of gold or other filling material made necessary during the duration of those teeth. It seems to me that this is the age of the abuse of gold crowns. Crowning with gold has been and is one of the great advances that have been made for restoring to usefulness teeth that are decayed and broken down ; but the abuse of those same gold crowns is a crying evil. The display of gold that we see in the mouths of people of good taste and refinement, as well as in the mouths of people of low degree, is simply barbarous, and to my mind it is on a par with the custom of the savages of South Africa, who wear enormous rings in their ears or in their noses. I presume if these barbarians should see the gold in the mouths of the highly civilized people of the United States, they would think it just as barbarous as we consider their rings and other adornments.

The bicuspid gold crown is rarely needed, and rarely ought to be used in the mouth ; but we see it continually, and coming from the hands of men from whom we expect better things. What has brought this subject more forcibly to my mind than anything else is the fact that a number of the cases I have lately seen have been done by recent graduates from colleges, indicating that if they were not following the teaching of the professors in the dental schools, it was the result of their environment while in the college.

Let me cite a few cases : One is that of a refined, intelligent, and prepossessing lady who had five gold bicuspid crowns in her mouth, two on either side of the upper jaw and one on the lower ; and to prove that *gold* ones were entirely unnecessary, I will tell you that I removed all of them. Strange to say, it had never occurred to this lady that they were disfiguring until I removed one of them, which was quite defective, and put a porcelain crown in place of it, and

she was so pleased with the result that she requested me to remove the others, which I did, effecting a wonderful improvement in her appearance. The condition of this mouth was simply barbarous, because there was an unnecessary, extensive, and disfiguring display of gold. These crowns were inserted by a dentist who had been in practice a number of years.

Another case which came under my observation last winter was that of a lady who had six gold crowns—four bicuspid and two upper central incisors. The effect was most repulsive, and the work was done by a young man who graduated from a dental college four years ago. The mechanical adaptation was good, but artistically and esthetically it was horrible. This lady was in my office last Saturday, and I said to her, "I have forgotten the reason you gave for having *gold* crowns put on your front teeth. What was it?" She said, "The dentist said that it was the only thing to do. I had been told he was a wonderfully skilful man, and I thought he was until he said, toward the finish of the work, that he was glad I had fallen into his hands, for the dentistry I had had done before seemed to have been done by a blacksmith. I did not like that, for the gold fillings he referred to, you had put in twenty-five years ago."

Another case was that of a child twelve years of age, with the six front teeth somewhat crowded, although there was a well-shaped arch. The dentist had extracted the lower left first bicuspid, which was free from decay, and crowned a first permanent lower molar on the same side, in which the pulp was dead. Just think of it! Extracting a perfect bicuspid so as to crown a pulpless first permanent molar in a child of twelve years. I thought that was one of the most outrageous cases of maltreatment I ever heard of. In ninety-nine cases out of a hundred such a tooth will not be retained more than five or six years. The gum is all inflamed now, and there is an incipient abscess there.

Another case which came to me in the early part of the summer was that of a lady who had a number of gold crowns, at least five, possibly six. They were all more or less defective, one being particularly so, more or less decay having taken place near the gum-margin. I removed the crown, and to my astonishment found an almost perfect molar underneath. There had been a large, simple crown cavity in it, involving only the grinding-surface—an easy cavity to fill—and yet the tooth had been covered by a gold crown. The crown had been imperfectly fitted, leaving a space between the gold and the neck of the tooth, and decay had occurred there. I filled the new cavity and also the one on the grinding-surface, and the natural crown is in evidence instead of the gold one. This occurred early in the summer, and I have not seen the lady since. My present intention is to remove every one of the crowns in that

mouth, for from that one experience I have an impression that I shall find fairly good natural crowns under all the gold ones. The previous cases I have criticized solely from an esthetic point of view, but this is a case of rascality pure and simple.

Another class of cases, of which several have come to my attention during last winter, is where cavities between the incisors have been opened into from the labial surface, leaving the palatine surface intact, although the cavities were not very large, thus disfiguring the teeth and necessitating the display of gold or other filling material. It is a discreditable practice, yet it is quite prevalent, and is done by men who are skilful manipulators of gold foil. I have seen some beautiful fillings in such cavities as far as the mechanical adaptation of the gold to the tooth is concerned, but from an artistic or esthetic point a wrong had been inflicted upon the patient.

There is another reason why the display of gold ought to be avoided if possible. Nothing is more beautiful, and there is nothing more admired, than perfect manly or womanly physical condition. Every decayed tooth is a defect, and a display of gold in the mouth calls attention to the fact that the wearer of it is physically defective, in regard to the teeth at least, and the persons in whose mouths such defects are seen are just so much less attractive in the eyes of those who see them. So one is doing an injury to his patients every time he permits a particle of gold to be displayed that can possibly be avoided. I do not say that gold should never be seen in the mouth. We must look at things from a practical standpoint; but if you can repair the ravages of decay with porcelain, or insert gold so that it cannot be seen, do so and you will do your patient a service. I have seen bicuspid, and even incisors, crowned with gold, and it was the very best thing that could be done under the circumstances, but while they were very useful and served a good purpose, they were never beautiful. The subject of porcelain inlays, that was referred to early in the evening, would naturally come in here. One cause of the defect in porcelain inlays has been the cement. We can make a porcelain inlay so perfect that it is almost impossible to detect it; but in time the cement or oxyphosphate is dissolved, the inlay drops out, and you have a larger cavity than you had before. I think this line of investigation is a wise one, and if the cement that Dr. Walker has referred to will prove insoluble, and so adhesive as to retain the porcelain in the cavity, porcelain inlays would be perfection.

I have only introduced this subject, and I hope it may be continued by others. Go where you will, in the streets, in the hotels, in the theatres, and you see this display of gold. It is a crying evil. It is not in the line of true art, and we ought to do all in our power to prevent its spread.



Mr. E. T. DARBY, of Philadelphia—Dr. Jarvic's paper suggests a field for thought and discussion. It would hardly seem possible, however, that there could be but one opinion as to the undesirability of placing gold crowns upon any of the anterior teeth, or even bicuspid, which would be shown in conversation; and yet the frequency with which we see the opposite is the best evidence that all practitioners are not agreed upon this point.

I am frequently shocked when I see the mouths of some people to find glaring gold crowns on the bicuspid and anterior teeth. Only last week I met a lady in a trolley car in Philadelphia whom I had known years ago, but who for some years past has been living in one of the southern states. As soon as I had entered into conversation with her I observed that she had three gold crowns on her superior bicuspid, and a great display of gold in the incisors and cuspids. A pretty face almost ruined by this shocking display of gold.

I have sometimes thought that this craze for crowning teeth with gold was more prevalent in the western and southern states than in the middle and eastern states, but it may be that my attention has been more frequently called to cases coming from those sections of the country. I should be sorry to think that the esthetic sense or love of the beautiful was a matter of locality. But of one thing I am sure—the great majority of the people who compose my *clientèle* would not tolerate the display of gold which is so frequently seen by all of us. I cannot condemn in terms too strong the practice, which of late has become so prevalent, of mutilating teeth that gold crown and bridges may be fastened upon them. It has seemed to me at times that in certain localities the dentists had gone mad in their desire to crown teeth and bridge spaces. I have seen in some instances a sound cuspid and second bicuspid mutilated that a gold crown might be put upon each to hang a tooth between. Worse than that, I have seen a lateral incisor covered with a *gold* crown, and a first bicuspid mutilated and then covered with a gold crown that a cuspid might be hung between them. These are extreme cases, and yet they illustrate the tendency on the part of some practitioners to bridge and crown everything that comes along. I would not seem to condemn gold crowns in every instance, nor for extreme cases. I would be just. I have in two or three instances covered as many as eight of the anterior teeth and bicuspid in a given mouth; but these were for men well advanced in life, where the teeth had been worn down at least one-half of their entire length, and where the occlusion of the opposing teeth was such that it seemed the only feasible thing to do. A long upper lip or a heavy moustache have in each of these cases done much to hide from view the objectionable display of gold. To have done the same thing in the mouth of a lady would have been

exceedingly inartistic, if not absolutely reprehensible. Circumstances *do* alter cases, and what would be condemnatory in one case might not be in another where the conditions were totally different. The same may be said of the unnecessary display of large gold fillings in the anterior teeth. The highest degree of skill is evinced by concealing rather than exposing gold. Many of the fillings required in anterior teeth could be hidden from view if the operator would cut from the palatal rather than the labial border of the cavity. The Jenkins system of porcelain inlays when once adopted and generally put in practice will do much to limit this vulgar display of gold in the teeth. Only yesterday I was talking with an American dentist who has been residing on the continent of Europe. He told me that European ladies will not have gold fillings in their anterior teeth if there must be a display of the gold, much preferring white cement ones, even though it becomes necessary to renew them after a few months' time. I have no doubt that this objection has been one of the factors which has induced Dr. Jenkins to work so energetically to perfect his system of porcelain fillings. Just in proportion as education and refinement predominate, just in that proportion will the people demand the highest art, and that lies along the lines of the nearest attainable approach to nature. Barbaric people are pleased with glittering show. Civilized American and European people of refinement are pleased with natural beauty, and the nearest approach to that is *nature* itself. I should be glad indeed if the Odontological Society of the city of New York would put upon record its hearty protest against the indiscriminate practice of mutilating teeth for the purpose of crowning with gold, whether it be for the attachment of bridges or the restoration of so-called frail teeth.

Dr. J. ADAMS BISHOP: I have a little clipping from one of our "yellow journals" in this city. It is headed "Frowns upon a Fad," and reads thus:

"TO THE EDITOR:

"Allow me to call your attention to the gold tooth, which is becoming so popular with the young ladies of this county. I am desirous of interesting you in this subject, so you will by your influence advise the people through the *New York Journal* to stop having one of the greatest gifts they possess destroyed (their teeth) just to have one of those unsightly gold teeth placed in front of their mouths. What a pity it is that the American girls indulge in such a barbarous custom! It is not unlike one of the characteristic traits of some of the tribes on the Philippine Islands, who blacken their teeth to make themselves look more beautiful.

"(Signed) M. B. BELL, D.D., Baltimore."

The writer of this article seems to think that this foolishness is due to the young ladies, or to the people; but I think it is more the fault of our operators. The workmanship of the present age in dentistry is so wonderful and skilful that it seems to me he is not a very good artist who places a gold crown in the front of the mouth by the side of beautiful natural teeth, where he has the most exquisite work of his Creator to model after. As teeth in their color and size are created by a mind greater than man's, he may little hope to succeed who attempts to restore nature by such contrasting effects.

The talk we have here to-night ought to be put into actual practice by every dentist who desires to elevate his calling.

A week ago last Thursday I had a young lady in my office who had beautiful teeth with the exception of the left lateral. I cannot tell you the reason, but some operator had put a gold crown upon it, between two teeth most beautifully colored by nature. The glare of that one tooth threw into shadow the rest of the mouth. It was well put on, but it was a great disfigurement. Last Wednesday afternoon I placed in the mouth of a young patient a lateral tooth. The life was still in the root, the pulp was healthy, and I saw no better way than to take a thin piece of gold plate and, with one of my handle-pluggers as a pattern, strike it up so as to make a half-thimble to fit the lingual side of that root. Then I took a porcelain crown and ground it out so that I could put on a lining; then these were fitted, soldered, and cemented, successfully completing the operation. The life is still in that root, and the appearance is that of a good natural tooth. This method can be adopted in almost all cases, and its superiority to the use of a gold tooth must be evident to the most careless.

Dr. HODSON: There surely is but one thing to say from the esthetic point, or in fact, even the civilised one. It is quite impossible to imagine anyone with any artistic sense doing such a thing as placing these gold crowns in the front of the mouth. I have seen many of them in the mouths of the shop girls in the stores, and I fancied it was quite as much in consequence of their determination to have the vulgar display as it was the advice of the operator. I cannot conceive of any artistic operator doing it under any conceivable circumstances. I have carried even cervical cavities—those "impossible" things for temporary stopping—along for years and years, in the mouths of women particularly, who could not cover up their mouths with a moustache, with oxyphosphate fillings, recognizing the fact that they wear out rapidly and must be often renewed. I am praying for the Jenkins system to become so defined as a matter of practice that it can be used in difficult cases like cervical stoppings. It is easy enough to place porcelain filling in the front face of the crown of a tooth, and to

cement it with almost anything and expect it to remain. I have known of that being done twenty-five or thirty years ago. But the place where we need it most and oftenest is the cervical margins of the teeth, particularly in the mouths of women—the very place where no cement of any sort will stay, and where, on the other hand, it demands the best cementation because of the shallow, marginless encircling cavities at those points. I should think very seriously of even smoothing off and accepting a broken-off section of a front tooth before I would even build it down with gold. I do not approve of gold in the front of the mouth. I would rather have my patients go about with half a front tooth gone than with one made of gold.

Dr. VAN WOERT: I want to reiterate what I said in Albany last May, which is: that nothing has come to the dental profession in the last twenty-five years that has done so much damage as crown and bridge-work. The young men have been led to believe that they could save more teeth in that way than any other, particularly when busy and pressed for time. The result is a dropping off of the large gold or master operations, and eventually the elimination from their practice of that skill which is necessary for the making of a proper gold filling. You will agree with me that it makes little difference what the capabilities of the man are, if he follows that practice for a number of years he incapacitates himself for the proper handling of a reputable practice. As to the application of gold to the front teeth, as spoken of by Dr. Jarvie, I am sorry to say that in many cases I have made it more conspicuous than it should have been, but I have learned by experience. When we see teeth where crowns have been put on, like a cover to a box, without the preparation of the roots for their reception, and those crowns are taken off, the teeth filled and doing good service to-day, it seems to me time to call a halt.

Dr. M. L. RHEIN: It has frequently occurred to me during the past few years that the reputation of American dentistry is beginning to seriously suffer from this horrible abuse, of which we have heard so much this evening. It is unnecessary for any of us to go into any further details as to example. I doubt if there is a gentleman in the room who cannot follow up every case that has been mentioned with other cases that will parallel it or distance it. The motive I have in speaking upon this subject is to see if there is not some method by which this evil can be abated. The president, in asking the gentlemen to discuss this subject, said we should make our discussion as strong as possible—of course, in condemnation of this evil—but of what avail will that be? in what way will it abate this crime that is being committed upon the teeth of a long-suffering American public? The class of people that we reach are the dentists of the country, who read and pay some attention to the

reports of our meetings in the journals. We all know that but a very minute proportion of those men, if any, are the ones who do these things. I do not at all agree with the view Dr. Hodson holds—that the people want this thing done. I have studied the matter very extensively and seriously, and my view agrees with that of Dr. Jarvic, that the person who had it done knew nothing about it, and relied entirely upon what the dentist told him. That has been my experience in every case I have seen. The dentist said that was the thing to do, and the patient, going with confidence to that dentist, permits him to do what he advises. Taking this view of the case, it has struck me that the only way in which we can lift this stigma from our profession is by educating the public at large upon the subject. We gain nothing by voicing our sentiments on this subject to the men who know better. It is true that there may be a few men among us who would debase themselves by doing this work; but I believe their number is very small compared with the great amount of this work that we see. The point struck me forcibly, when Dr. Bishop read that little clipping from the newspaper, that that is the way to reach this subject. It is for a society or a number of societies to educate the public at large. As a branch of the healing art, the dentists of the city of New York, and especially members of our societies, during the past twenty years, have held themselves very much aloof from anything that would give a taint of appearing before the public. The feeling has been that we did not want to do anything that would appear like advertising, and in that way I am afraid we have gone too much to the other extreme. The medical societies that meet in this building consider the public welfare as part of their sacred duty, and not only the attendance upon patients and obtaining their fees for their services. They look upon the education of the public as part of their duty, and it should be so with us.

The thought came to my mind while Dr. Bishop read the clipping that that was the only means by which this evil can be overcome. Educate the people thoroughly in this way, and I have not the slightest doubt that you would meet with cordial co-operation in your work. The livelihood of a large number of men whom we consider a disgrace to the profession would be greatly diminished, and some of them might have to seek another outlet. I often wonder that our Law Committee has not thought this a way of interfering with those men much more seriously than by legal proceedings. If they would educate the public as to what dentistry is when properly performed, and what abuse of dentistry leads to when it is done in this way, it would prove of great value. I do not care to go any deeper into this matter, except that I would like to see this society take some initiative in this respect. It would take very little work for a proper committee of this society

to do something which, if commenced in New York city on a proper scale, would be taken up by the dental societies all over the country, and it would be but a few years before this evil would be abated.

Dr. A. L. NORTHROP: I am in hearty accord with the remarks of Dr. Jarvie and some of the other gentlemen. I do not think it will need legislation, or any great tact on the part of dentists, to do away with this evil. I recollect a number of years ago, when our good friend Dr. Arthur published a work on the "Arthur System," many dentists went into it as the greatest thing that was ever brought before the public; but I do not think it is used much nowadays. I saw this summer so many people with bicuspid, incisors, and lateral incisors gold-crowned that I was completely disgusted, and I made the remark to a gentleman, who was sitting on the deck of the steamer with me, that it would not be a great while before it would be done away with, and many dentists who were doing it largely now would be ashamed of themselves. Crowns are now used extensively, but it will not be a great while before you will find that they will be used only where nothing else can be. It is one of those things that will remedy itself. Dentists are so confiding that if a man has a good thing and brings it before the profession, they all want to go into it. If there is a new gold, they all want it, and say it is the greatest thing that was ever used. In a little while it passes away. Two years ago nearly all the dentists in England and France were using the Solila gold almost exclusively; this year I could not find one in London who was using it exclusively. When crown and bridge-work die out, and we become conservative in the use of them, no doubt something else will come up. It will always be so. Patients come in and are willing to have the gold crowns taken off, which shows their dissatisfaction. Some dentists will tell you that they have drawers filled with bridge-work. That shows that their patients are dissatisfied with them. We are getting down to a conservative, judicious mode of operation. We do not need any legislation. When dentists advise their patients properly, we will get down to a solid and sound basis.

Dr. J. BOND LITTIG: Dr. Jarvie voiced my sentiments, except when he said he thought the professors were to blame. I would be very loath to be responsible for what the boys do when they leave college. I would be very loath indeed to have them tax me with their failures, any more than Dr. Jarvie would like to be held responsible as a State Board Examiner for those he passes. But my young men will bear me out that I have said all the way through, "Never put a gold crown on any tooth that you can fix in any other way," and you all know that I have tried for a long time to get something that will do away with gold. I have

been trying to find inlays and everything else to do away with this indiscriminate use of gold.

Dr. JARVIE: The discussion has been very interesting, and before it is closed I would like to say two or three words in response to some things that have been said. I want to say to Dr. Evans that I commenced by paying a high tribute to gold crowns. They are of very great value. It was their abuse that I called attention to. I also said there were cases where putting a gold crown on a bicuspid was the wisest and best thing to do.

I did not want to be understood as making any reflections upon professors in our dental schools. I did not blame the professors because recent graduates were inserting gold crowns where they were not indicated, but said some of these operations were performed by young men just out of college, and they must have been influenced to do it by their environment while at college.

There are four professors in our dental schools in this room, besides several teachers and lecturers, and I have a very high regard not only for them personally, but for their teachings, so much so that I may ask them to lay still greater stress in their lectures to their students to avoid doing what some of the young men who have graduated do now. Being warned what not to do is sometimes of as much value as being taught what to do.

I think Dr. Rhein has made a very good suggestion, viz., that the dental societies owed a duty to the people at large. Discussions at the meetings of this society, and their publication in the dental journals, reach comparatively a small percentage of the dental profession. The men who as a rule do what has been denounced to-night do not usually belong to dental societies, or read dental journals, and I think this society should issue some sort of an article, or a series of articles, to the press, making it known that the display of gold is not approved by the members of the profession at large, but that it is very objectionable.

The PRESIDENT: Before adjourning I want to add a few words. I recall no meeting of this society that has given me more satisfaction than the one we have just held. My gratification arises from the emphatic condemnation you have given the practice of setting gold crowns in conspicuous places in the mouth. For many years I have watched with pain and regret the growth of this dreadful practice. Dr. Jarvic, in applying to it the term "barbaric," has used the only word that fittingly describes it. I know no single word in the language that so fully expresses my feeling in reference to it.

For years it has been a wonder to me that our profession has not united in some emphatic and effective protest against it. That it should have gone so long unrebuked has shaken my faith in the boasted advance of dentistry throughout the world. It has con-

stantly forced home the thought that dentists are still not far removed from the jewellers, from whose ranks in the early days so many were said to have come. It is a sad commentary upon the taste and refinement, not only of the dentists who will do such work, but also upon the public that will allow it! Each are guilty of a disregard of the first principles of true art.

We boast of our modern civilization! What has it brought us? The "dental parlor," with its shocking show-case, and its shameless display of vulgarity!

It is safe to say that most dentists who do these things do them for the money to be made from them; we therefore meet commercialism at every turn—on the railways, in the hotels, on the stage, in the parlors of the rich as well as the poor—everywhere where men and women congregate.

It is enough to make one grow sick at heart. I have not words in which to express the feeling I have when I see the human face divine so treated!—speech made so ghastly!

It would seem as if the great masters of art through all the ages had lived in vain—as if this age of mechanism and invention had crushed out or smothered that fine appreciation of beauty that should be one of the gentlest and choicest attainments of the race.

Shame on us as a profession that we do not make some effort to stem the tide that has already so degraded us in the eyes of those who have artistic instincts, and who feel that beauty, after all, is something *real*, and worthy of man's highest efforts!—*Dental Cosmos*. [No apology need be made for the late insertion of the above. Ed. D. D. J.]

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## WHAT THEY THINK OF IT IN AUSTRALIA.

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That this question, or rather the abuse of its legitimate application in dental practice, is attracting a large amount of attention in America and elsewhere, is made very much more manifest if we read many of the dental journals. In these we find the same unstinted censure of this travesty of artistic work. Whilst crowning with gold has been, and is, one of the great advances made in dental art, yet it is the abuse of these gold crowns which is a crying evil. It is not in the true line of art, and we ought to do all in our power to prevent the spread of this abuse.

May well the question be asked, what a satire on professional effort? And what a disgrace it is that these unsightly all-gold crowns for front teeth should have become the fashion! An English exchange, in commenting upon this matter, quotes the



*New York Herald*: "What a pity it is that the American girls indulge in such a barbarous custom! It is not unlike one of the characteristic traits of some of the tribes on the Philippines Islands, who blacken their teeth to make themselves more beautiful." So far our young ladies seem to have more sense.

It is greatly to be deplored, and spoken of with regret, that in the present age, with all the advancement of scientific knowledge and research, and with the greater facilities of education provided, and with the increased amount of money expended in this direction, those who follow the practice of the noblest of all professions—that of medicine—and in a like manner those of our own profession, should, after the time and study spent in training, have to compete with and struggle against that hydra-headed monster of empiricism and quackery which, by means of plausible and spacious advertising and pamphletising, strewn broadcast throughout every civilised country, is "educating the public up to date," into the belief that all the ills the flesh is heir to can be cured by these belauded nostrums. We are told that even here in Australia the question is not so much the efficacy or value of the quack remedy, as the amount of money the would-be vendor cares to spend in this specious advertising if he desires success in money-making.

With us in the practice of dentistry, the crying evil from which the patient and educated dentist alike suffer is a similar clap-trap, wherein the proprietors of the quasi-imitations of the "American dental parlors" (so much denounced by the professional mind in the States) advertise the so-called *painless dentistry* and cheap monstrosities in false teeth, and make their windows and door-posts hideous to sensitive minds with repulsive exhibitions of their wares. We may be told people like to be gulled and taken in, and will tolerate anything that is cheap. In a phrase often quoted, Carlyle says: "People are mostly fools," and as all of us have some weak point, if we prey upon the weakness of our fellowmen, or deceive them, we not only do them harm, but ourselves also. If that which is useful, and, above all, durable as well as artistic, appeals more quickly to the inherently practical American of to-day, and he has learned that the most costly is often the cheapest, and he cheerfully pays a larger price for that which lasts the longest, surely the same conditions are capable of development here in Australia. It then follows that a very important duty has to be done by the dentist, for whilst he is forwarding the evolution of dental education in the ranks of the profession, he should willingly assist, to the best of his ability, to educate the people "up to" demand a standard of good work artistically and scientifically constructed and adapted.

This, then, the endeavor to educate the people to take greater care of their teeth by a more thoughtful appreciation of their value

from a health point of view, as well as the demand for a high standard of artistic excellence in the restoration of them, is one of the phases of professional ethics which will well repay further development. For if we study human nature with the desire of benefiting that which is good, of being helpful to those who are weak, ignorant, or misguided, we shall help forward our work by our knowledge of human nature, and thus gain the respect and confidence of all those with whom we are associated.—*Australian Journal of Dentistry*.

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## Reviews

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*Chemistry and Metallurgy applied to Dentistry.* By VERNON J. HALL, Ph.D., Professor of Chemistry and Director of the Chemical Laboratories in the Dental School, and in the Woman's Medical School of North-Western University. Published by the Technical School at Evanston, Illinois. Pp. 246.

Students of the sciences in general, and, we may say, dental students in particular, now live in auspicious times. The progressive spirit, which for centuries was fanatically opposed by "the Church," now laughs at the vagaries and superstitions of the old ecclesiastical charges of sorcery, when men of genius like Roger and Francis Bacon were persecuted by Franciscan and Dominican, and the study of chemistry and natural philosophy were interdicted. In 1317 Pope John XXII. issued a bull against the alchemists, but it was levelled at the beginnings of the science of chemistry. In 1380, Charles V. of France forbade the possession of furnaces and apparatus necessary for chemical processes, and imprisoned chemists who defied the law. Men died in the Inquisition on account of their determination to investigate, and the experimental method, as late as 1624, was prohibited by the Parliament of Paris under penalty of death. The Bible was travestied by the theologians as a text-book of science, and the world for centuries was deprived of great results by the superstitious ignorance of the creeds of the time. These facts have to be remembered in a retrospect of the slow advance of the sciences. We hardly appreciate the privileges we enjoy to-day, fought for in opposition to the old fanaticism of the Church everywhere in Europe. Chemistry, in its special relation to dentistry, has had no such opposition; yet for a long time it lagged behind, and when the work of Piggott appeared, a treasure-trove was opened. Still it cannot be said that the literature of this science was specially

adapted to the practice of dentistry until quite recently. The work of Watt was too much tinged by his personal opinions on questions of controversy, and could not be accepted in any sense as a text-book. Mitchell was the first who gave us anything worthy of acceptance. Essig filled a blank with his delightful little volume on Metallurgy. The volume of Dr. Hall adheres to three intentions: "First, to adapt the course to the time commonly allotted to the study of these subjects; second, to reduce it to a laboratory training, supplemented by the necessary amount of text-work; and, finally, to eliminate those things which are not likely to be taught in a practical course. The absence of the smatterings of organic, of physiological and of pharmaceutical chemistry which are so often given in text-books of medical and dental chemistry is a conspicuous feature of this book." The chapters on the metals, descriptive details, qualitative chemical analysis are concisely written. Part II. is devoted to chemical technology applied to dentistry. The properties and assay of amalgam are well discussed, also dental cements. The special problems of the analysis of teeth, urine and saliva form an interesting chapter. Altogether, the volume is useful, well written and well illustrated.

# Dominion Dental Journal

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## "THE VEXED QUESTION."

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Several of our contemporaries over the border, as well as the American Academy of Dental Science and other societies, have recently discussed the pros and cons of ethical and unethical advertising. It must be admitted that, like most other questions, this one affords opportunities for strong argument on both sides. The limits of the recognized codes of ethics are generally accepted by the better disposed members of the profession; but the class who are led by the vagaries of public opinion, and who enter our ranks with the same purely commercial instinct with which they might engage in the manufacture of boots and shoes, and other perfectly respectable mechanical trades, want no restraint upon any theatrical, or sensational, or even fraudulent purpose they have in view, to catch the public eye and ear. The whole question simmers down to one of professional morality. If the medical and dental professions feel that sensational advertising is contrary to the principles of honor, and in many respects decep-

tive, and intended to deceive, it is no argument that they are justified in doing to the public what the public in trade and commerce do to them. There is no analogy whatever between the two. The public can be more easily misled on questions concerning the treatment of disease than the value of commercial articles such as boots and shoes, and beef, and clothes. If the public encourage the violation of a code made in defence of public interests, they do so from ignorance. A large proportion of the public patronize a dentist not because he is a gentleman, or because of his superior moral tone, but because, by falsehood and bold assertion, he has made them believe, in their ignorance, that his *confrères* are cheats, and that he and his cheap and nasty work are equal or superior to that which the ethical dentists supply. And where does the public get the most of the "education" which is so flippantly and frequently suggested as the remedy? Chiefly from the lying advertisers who fill the columns of our newspaper press. The public do not read the proceedings of our societies or our journals. When we condemn sensational advertising we simply condemn the vice of lying, and the meanness of boasting. We do not condemn all advertising, and it would not amount to a row of pins if we did. If it is ethical for the highest legal luminaries to insert their cards in the public press, why is it unethical for the dentist or physician? The fact that circumstances of established practice, of wealth or otherwise, exempt certain practitioners from any such necessity, has nothing whatever to do with the case. The circumstances of the large majority of practitioners demand that they must make themselves known to the public. A large number of the clergy do not think it unethical to use sensational headings and subjects to attract the public to church. There are many collateral methods of advertising used by practitioners and their friends almost as condemnatory as those used by the sensational advertiser. We have known gossiping women distribute the cards of their friends in various organizations to which they belonged. It is known to us all that this friendly tooting for business is carried by some people to a disgraceful extent, with the full knowledge and consent of some whose mock humility is shocked at the more modest advertising in the public press. The hypocrisy which is honestly indignant that should think it hypo-

critical, is the very meanest kind of hypocrisy. It is never difficult to define a true gentleman. It should be no more difficult to define an honest dentist. If the public knew the true inwardness of the quack advertiser they would avoid him like a plague. The public do not want to be cheated. They do not want to run risks of infection. But the public are traditionally credulous, and ready to believe falsehoods, just as they are ready to swallow loudly advertised concoctions of the medical quack. "Educate the public!" If the prestige of university cities, like Toronto and Montreal, has no educational influence against perambulating medical quacks; if the medical profession, with all its political and professional influence sit dazed before the unblushing Munyons, etc., how is the much less influential profession of dentistry to do better? We have discussed this subject continuously for many years in our Canadian journalism. The JOURNAL only reaches the dentists. Will the wise men, who so glibly let the suggestion "educate the public!" roll off their tongues and pens, come down from the clouds in which they soar and give us something practical. We know that the JOURNAL has done its duty to the profession. How are we to do our duty to the public?

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### THE "OVERCROWDED" QUESTION.

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There will naturally be differences of opinion among perfectly honest men, as to whether or not the practice of dentistry is overcrowded in Ontario and Quebec. There are perfectly sincere men who declare that the statement in the affirmative is a baseless dream. But there are others quite as honest, who possess exceptional opportunities for knowing the facts, and whose convictions being strengthened, feel it their duty to be perfectly frank. There are personal reasons why it is not possible to be as definite. Some of us come into special contact with many experiences which confirm our convictions. An editor has the frequently uncomfortable position of a constant touch on the pulse of the profession, and receives scores of confidences which do not make it necessary for him to draw either upon his imagination or his presumption

for facts to verify his statements. To those of us who enjoy an established practice, the facts of overcrowding are perhaps not so apparent or appealing, unless we also possess special facilities for observation. The intensely selfish may measure every opinion by their own environment. They see no particular harm in circumstances which do not threaten their own interests. They can afford to be blind to those of their less fortunate *confrères*. The perfectly honest, too, may express opinions without full knowledge of the facts. Differences of opinion must, therefore, exist.

We are prepared to admit that dentistry would not be "overcrowded" to such an extent were the public and the medical profession fully educated on the importance of preserving the natural teeth. The profession has devised and endeavored to carry out various schemes to reach the public, but we are met by the more specious appeals in the press by the advertising fraternity. The public will not regard the salvation of the human teeth, so easily replaced, as of the same importance as other organs of the body. A man can live, and move, and have his being if he loses every tooth in his head. He is more functionally handicapped if he loses an eye. Pain in the teeth is cured by extraction. We cannot impart the enthusiasm of our conservative beliefs to the public. We have, too, no inconsiderable number of practitioners who cannot get the public to value or pay for conservative dentistry, and who publicly educate their victims to get artificial substitutes. It needs no genius or arithmetical knowledge to foresee the results. Ethical men do little or nothing to counteract this, and if they do they may be accused of collateral advertising. The public press of Canada, as everywhere else, confines its influence to the men who give it the most advertising. It will need more than a miracle to revolutionize this state of affairs, and we do not suppose our aspiring students and practitioners have entered the profession for philanthropic or miracle-performing objects. We have not, as a profession, even got the ethical restraints upon licentiates which law and medicine enjoy. We cannot even interfere with the liberty of medical men, many of whom, especially in the country districts, extract by the bushel, teeth which should and could be saved. Moreover, dentistry is not alone in the complaint of being overcrowded. Legislative measures have been suggested to meet

the same difficulty in medicine, law and civil engineering. Even the theologians find that the proportion of men who want to work from the pulpit, is far in excess of those who are ready to support them from the pew.

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### EXPLANATIONS WANTED.

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Why is the atmosphere to-day so full of open quackery, and quackery-imitation? Why is there such a commercial spirit among so many practitioners? Why is there such a social and professional decline, not alone among struggling beginners, but among men who have held high positions in the gift of the licentiates? Why is it that, in spite of the splendid educational progress in Ontario, in spite of the devotion of many who adhere to ethical methods of conducting their business, we witness the most degrading and fraudulent advertisements in our public press? It is all very well to pretend to ignore the seriousness of the statement that dentistry is overcrowded; but it is a fact which cannot be questioned, that there are more dentists in Ontario and Quebec than can find profitable practice. We never had better qualified men, excepting perhaps in prosthetic practice before the introduction of vulcanite. If these and other worse conditions are not the natural results of overcrowding, and the commercial competition which is its outcome, to what are they due?

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### A WARNING TO ASSISTANTS.

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We feel it our duty to warn assistants and licentiates of the provinces outside of Quebec, against the rascality of one or two notorious characters in Montreal, who are ready to hire assistants at fabulous salaries. As they never pay them, and bring them to Montreal under false pretences, and at best are scoundrels who should be in the penitentiary for fraud, they can afford to swindle their employees. Several pitiful cases have been brought to our notice. The profession must be certainly overcrowded when



medallists, and bright and clever young licentiates, are tumbling over one another in the rush to get a salary of seven and ten dollars a week, without the slightest prospect of obtaining a right to practise.

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### EDITORIAL NOTES.

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SOMETIMES we are told that all our life-work against quackery and quack-imitation in our profession, is just so much wasted effort. There are people who say the same of every honest effort, whether it be the reformation of the sinner or the uplifting of the poor. If honest effort waited until everybody had faith in its prospects, there would never be any effort made. We would still be waiting. This would not be the thirtieth anniversary of Ontario incorporation if Drs. Day, Relyca, Wood and others had waited until everybody believed in the certainty of success. We know better than anybody else in existence, that the ethical efforts of journalism in Canada have not been wasted. There is no province in the Dominion which has not its stories to tell of quackery check-mated, and the imitation of quackery shamed into repentance. We are in possession of facts in this connection, given to us freely or in confidence, which leave no room for despair. Any one who expects all quackery to be extinguished, might, with as much reason, denounce the pulpit because all sin is not removed. As a general thing the *personnel* of the Canadian profession in every province is gratifying to our self-respect. As a rule we have a well-educated body, which serves the public conscientiously. Montreal and Toronto, and a few other places, are no different from other populous centres in other countries, in having specialists whose distinguishing specialties are out-sataning Satan in a genius for lying and fraud. When the devil dies, so will his satellites.

“I HAVE observed a characteristic of the members of the dental profession as distinct from those of any other profession I know,” writes an eminent medical man, from whose letter we venture to make this extract. “So many of you are so timid of attacking the quacks, and at the same time so fearful of being caught saying a good word for, or giving the helping hand to, those who labor for

the dignity of the profession. What would your profession be to-day were it not for the fidelity of the few, who have worked hard in the past to elevate dentistry to the status of the learned professions? No better than a mere trade, or, at best, the travesty of a profession. I was giving ether in the office of one of your *confrères* one day, and I remarked that, as a young man, he had reason to be grateful to those who have laid the foundation of the profession's progress. 'Yes,' he replied, with exquisite egotism, 'but you see we weren't born then. We are making things hum now.' Blessed, perhaps, is the man who imagines, like Caius Caligula, that the world would have been better made had he been consulted."

CANADIAN MEDICAL ASSOCIATION, TORONTO.—Dr. I. H. Cameron, President, in his presidential address, pointed out that it was becoming more and more difficult for doctors, especially in the cities, to make a living. The disadvantages to the public by this surplus of medical men was the multiplication of specialists and the spread of quackery and humbug. Unfortunately, the public liked to be humbugged in medicine, and thus the temptation to the struggling doctor to give them what they wanted was great indeed. Yet there was no profession whose members strove so hard to be honest as the medical. One remedy for the overcrowded state of the profession was to act on the suggestion of Sir William Banks, and stiffen the entrance examination, so as to keep out the uneducated and the ill-bred. Once a man passed the entrance examination he was certain to qualify, if he was determined. He would exact from every medical student such literary training as was included in what is known in the university as the general course.

OUR quacks and quack imitators make a point of challenging the world in general, and reputable dentists in particular. They challenge us, and they challenge each other, for they lie about each other as readily as they lie about us. Each one publicly declares that he is the only genuine and unadulterated genius in the profession; that he is the author of ideas, which were old before he entered the profession; that he is the inventor of applications, which everybody else has the good sense not to use. His

tricks of trade abound in theatrical superlatives, and the adjectives of the circus advertiser. We challenge any one of these humbugs to name any one of his kind, dead or alive, in any country on the face of the earth, whose lies were not eventually discovered, and whose disgrace is not on record. Sooner or later the boaster and the liar are silenced by the rebounding force of their own deceit. We challenge any one of our sensational advertisers and "cheap Jacks" to give even one solitary instance of any better ex.ing.

IT takes some people a long time to find out the stumbling-blocks in their way. Others, even blind men, discover them by instinct. We have for a long time heard the wail from the medicals, the lawyers, and the clergy, that their professions are overcrowded. It is only natural that if young men are anxious to enter a profession and read the wails and the warnings of the three mentioned that they would, as a last resort, seek to enter dentistry. If we are willing to take the "back-wash" of these three professions, we should not allow young men to be deceived as to the prospects, and the costs of study and of entering upon practice. There is no reason whatever why we should lower our standard to make dentistry easier of entrance than any other profession. The time to make a warning effective is before applicants enter. There have been far too many roses strewn in the path. It is only fair to expose the concealed thorns.

AN honest man dreads even the suspicion of a stain on his character. It has always been a dangerous thing to call an English-speaking man a liar to his face. They do not seem to mind it in France just now. But the quack dentist rather revels in the shame of being stigmatized as dishonest. It is no libel to call a thief a scoundrel, or to call a liar a liar, any more than to call a spade a spade. Some people would draw their epithets mild, and call a thief a kleptomaniac, and a liar a gentleman who sometimes forgets to tell the clear truth. These milk-and-water apologists are gentlemen whose back bones need some stiffening. They may be hypocrites, or cowards, or parasites. Whatever they are, they are of no use.

If we were permitted to publish our personal experience during the present summer, we could give not only positive but

the cruel truth of the overcrowding of the profession. The rush into dentistry is largely due to the prevailing superstition that it is the most easily entered profession, and that young men are sure of an immediate practice. Some of our "kids," too, like to boast of the awfully busy time they have, don't you know, and that they haven't even time to collect their accounts, poor fellows. It ought to be impressed upon candidates for entrance to study that it costs more to begin the practice of dentistry than all the other professions combined. We are constantly meeting cases of the keenest impecuniosity—young men who are absolutely suffering. "Everybody has an assistant." "Every place is occupied." "I've spent all I had looking for a place to settle, and I'm as unsettled as ever." These are very common remarks to hear.

DR. R. G. McLAUGHLIN, Toronto, sends us the following item with reference to a case which, strange to say, seems to have been heedlessly passed by. The patient was in the last stages when brought to the hospital: Albert Gostic hailed from Foute's Bay, Muskoka. When he consulted a visiting physician he was suffering from a heavy swelling in right submaxillary region, which he said resulted from the extraction of a superior molar on same side some three weeks before. Jaws were closed and rigid, so it could not be discovered whether a lower molar was effected or not. Physician pronounced it a case of blood poisoning and sent him to the hospital, where he died about twenty-four hours after arriving.

WHEN we began practice we could have staked our lives that we knew all that anyone needed to know. There was no difficulty we could not solve, either by operation or by calm indifference to etiology. "The forceps is a great consolation in obscure cases." "One of the speediest ways of treating difficult cases of irregularity is to extract the teeth." The quack gets out of all his quandries by extraction. But many who are not quacks do the same. Sometimes they are not to blame. The portion of the public who dictate to the dentist, and who neither want nor take his advice, force weak men to methods which are obnoxious to them.

A WORTHY young man told us a short time ago that his environment is such that he would positively starve if he refused to extract

all the teeth that he knew could be saved by filling. His capital had been spent in his education. He would have preferred to be a pure philanthropist if he could have discovered a way by which it would pay his debts to the dental depots. There are a lot of beautiful moral sentiments in existence, but they never paid a dollar of a dentist's debts. Depots must be conducted upon unrelenting business principles; the immoral customer who pays his debts is more desirable than the saint who starves for his principles.

AT the last meeting of the Canadian Medical Association in Toronto, the question of overcrowding was discussed, and the very emphatic opinion prevailed that something had to be done to save the profession from the evils of the rush. Medicine is jammed. Dentistry is jammed. Theology is jammed. And the Dominion of Canada, with its glorious possibilities for young men in other active fields of enterprise, has room for many millions of agriculturists. Yet the poor beggarly dentist imagines he is a superior man to the independent farmer!

THE commercial spirit which speculates in the profit to be made out of several hundreds of unfortunate students, is one of the meanest phases of dental education. There has been a notable change for the better in all college matters over the border. Brother Jonathan is traditionally tolerant to speculative vices; but he has wakened to the unprofessional doings of the fraudulent schools, and if the public and the state legislatures do not follow his lead, it will be all the worse for the public and the profession.

ONE has only to read some of the dental college advertisements in the United States public newspapers, to recognize the injury they are doing to the profession. It needs no particular genius or gumption to observe, that if the object of this mean sort of public advertising is not purely philanthropic—and no one believes it is—it is intended as a bait to swell the already overcrowded list of students, and to bring fat profits to the professors.

WE do not get sufficient credit or compensation for experience. Young beginners have none. They have just what they have learned as students. They get their experience every day, and

as they get it they lose their "gall," and the older they grow the wiser they should grow. The rich experience of a faithful and enterprising old practitioner is a "qualification" worth money in the market of practice.

WE are not only apt but pretty certain to forget the pioneers who laid the foundation of our progress. It was a graceful act on the part of the Ontario Dental Society to say kind words for those whose presence may be absent, but whose monuments remain. We are so young and impatient in Canada, we "water" the memories of the past, and too often reserve our appreciation for the obituary columns.

WE are in receipt of a copy of the constitution and by-laws of the American Dental Society of Japan, organized last June in Tokyo, and of which our good friend Dr. Louis Ottosy, of Yokohama, formerly of Chicago, is president, and Dr. T. C. Suganuma, secretary. Regular meetings are held on the second Saturday of each month, except July and August.

SOME one aptly remarked: "As a professional man I charge for services, not for results." There is a world of wise suggestion in this observation. The mere tinker who gets into dentistry, charges on speculation for results, not for services. He is like the patent medicine quack who guarantees that his pills will never fail. They never fail—to disappoint their patrons.

TYPOGRAPHICAL ERRORS.—In July issue, page 253, for "Caloric Deposits," read "Calcific Deposits." Page 255 for "asophagus" read "æso-phagus;" for "alvicolar destruction" read "alveolus destruction;" for "adherent alveolar" read "adherent alveolus." If you can discover more such errors, give the printers' devil his due again. We did not see the proofs.

THERE are fashions among public prostitutes that had better be left to them to monopolize. The conspicuous gold crown and the vulgar plastering of the full labial portions of the incisors are among them. By-and-bye they will be among the "trade marks" of the *demi-monde*.

THERE is living to-day in Honesdale, N.J., the only surviving witness of the trip of the first locomotive brought from England to the United States, Dr. Otis Avery, who is still practising dentistry at the age of 93.

WE never knew "cheap dentistry" that was not also dirty dentistry. One's surroundings may be all silver-plated. But the morals of the cheap advertiser cannot be even nickel-plated.

GET all you can for all you've got, and get all your patient has got for the least you can give him. That seems to be the ambition of our sensational advertisers.

THE author of "David Harum" was a son of the late Dr. Westcott, one of the pioneers of dentistry.