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THE
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ORIGINAL COMMUNICATIONS.

EDITORIAL NOTES ON PRACTICAL SUBJECTS.

A FEW MORE HINTS ON EXTRACTING.

BY W. G. BEERS, MONTREAL.

We should have said in the January number, that we are particular in lancing the gum around both upper and lower wisdom teeth, especially at the farthest extremity, near the tuberosity of the palate bones. We will endeavor to give reasons for this preliminary, and a few final hints on extracting.

What is the danger of not severing the connection of the gum with the wisdom teeth? When the teeth are remarkably small, as wisdom teeth sometimes are, or when the gum has receded from the necks to a considerable extent, no danger may be apprehended, as in both cases, the teeth have but little hold in the jaw; but when they are of the ordinary size, and firm in their sockets there is danger of tearing away much of the adjacent membrane, and especially, a part of the duplicature of the mucous membrane at the posterior edge of the palate bones. At the wisdom teeth, the alveolar processes terminate, and the gums are continuous with fleshy folds of muscle and mucous membrane. The liability to fracture of the process or maxillary is lessened at this point, owing to the smallness of the dens sapientiae roots and the thickness of the bone; but when we consider the usually firm attachment of the gums to the periosteum of the

alveolar process of any of the teeth, and the laceration which sometimes occurs, even in cases where the lancet has been employed, it is clear that the wisdom teeth being more clasped by gum than any other, owing to their anatomical situation, are most exposed to the accident of which we write.

In the lower jaw, broad and fleshy muscles, continuous with the gum, arise at the side of the wisdom teeth; and the mucous membrane here is much exposed to laceration. We cannot enlarge further upon this subject, but will give a case in our practice. We had to extract a left upper wisdom tooth for a lady. She objected to lancing, but we succeeded in separating the gum on the buccal sides. The forceps was applied; patient perfectly quiet, and the tooth was removed from its sockets, but judge of our surprise to find that though the tooth was out, and the entire roots exposed to view to their very end, that the attachment of the gum was so strong at the posterior side, which we had not lanced, that when the tooth was drawn downwards the mucous membrane covering the posterior edge, and even part of the floor of the palate bones was clearly loosened, and seemed inclined to come away with the tooth. The case was interesting, and before cutting away the gum, which had to be done before the tooth could be safely removed, we assured ourself of one fact, and that was, that the extraction of the tooth would necessarily lacerate a wide surface of membrane of the palate, unless the attachment was severed. This was only one of several cases in our own practice, and we have no doubt but that it is parallel to cases in the practice of others.

Any thick accumulation of tartar should be removed with a scaler before attempting to extract. Such a deposit may conceal a cavity into which the point of the forceps might crush, and fracture the crown of the tooth: at any time, however, tartar is in the way of the application of the instrument.

If in the administration of an anæsthetic, a cork is placed between the teeth to keep the jaws open, it is advisable to tie a strong string to it, in case it should slip down the patient's throat during inhalation. A patient swallowed a cork some years ago, while inhaling chloroform in a dentist's office, and died before it could be extracted.

We were more than ever struck with the value of starchy towels for chloroform, during a recent operation, in which Dr. Reddy

of Montreal, proved to our satisfaction, that by their use, less chloroform is required, and quicker anæsthesia obtained.

The eye should follow the removal of a tooth, from the application of the forceps to extraction, and the end had in view from the beginning. A volume might be written on the position of the operator and the proper application of instruments. Indeed this important part of dental surgery offers a large field for improvement, and study, especially in the adaptation of instruments, and the relief to be afforded in the pain of the operation.

One last word. As surgeons do we not lack thoroughness, when occasion offers in our operation of extracting under an anæsthetic, when we only remove the teeth? Of what further use in the economy are much of the outer and inner plates, and the transverse septa of the alveolar processes? Why not assist Dame Nature by going over the entire maxillary after the teeth are out, with cutting forceps and removing much of the processes? There is little or no pain in this operation if it is done before the gums close.

INFLAMMATION.

BY W. C. BARRETT, DENTIST, WARSAW, N. Y.

Inflammation is the first stage in nature's great reparative process. It is not a morbidity of itself, although it is an indication of a morbid pathological condition. Whenever there is any functional derangement, nature always attempts a cure. It is the province of the physician to do what he can to assist, for it matters not how judiciously he may select his remedies, they can only be the instruments with which nature may work a cure.

Especially is it important that the dentist should understand all forms of inflammation, for it is only by knowing when to excite, and when to allay its action, that he can in many cases, tell how a cure may be effected. It is one of the most common, and frequently met with, of all cases that require the care of the dentist. At the same time, its study is one of the most complex and difficult upon which the student can enter.

While inflammation is a part of the process of recuperation, unless its progress be stayed at the reparative stage, it becomes one of the most dangerous of diseases. A great majority of all the ills to which

flesh is heir, have their origin in, are accompanied by, or end in inflammation. Its study is one that is equally interesting, whether regarded in its healing tendencies, or its morbid condition. It is by inflammation that foreign substances are removed from the body; that wounds are closed; that ulceration is healed. The importance of a thorough knowledge of its conditions therefore, cannot be overrated.

The word inflammation we derive from the Latin *inflammatio*, which signifies a flame, a burning, and chemistry teaches us that there is, in a philosophical sense, an actual and excessive combustion going on in the part inflamed.

The symptoms of inflammation, when the part effected is external, are too well known for any extended remark. They are an alteration in size, color, temperature, and functional action of the parts effected. These conditions may all occur simultaneously, or only one or two of them may be visible. But where some organ beyond the range of vision is affected, its diagnosis is more difficult. Pain is one of the usual concomitants of such inflammation. It serves a useful purpose, by preventing the use of the affected part; yet it is well to remember, that the pain is not always located in the affected part. For instance, in some cases of Ophthalmia, the pain is felt along the fifth pair of nerves, and in the teeth, in consequence of the intimate connection of the nerves. So too, the pain accompanying inflammation of the pulp of a tooth, may be felt at some distance from the organ affected. Yet the careful dental student will find little difficulty in diagnosing inflammation of any of the dental organs.

Local inflammation may cause constitutional derangement. Febrile symptoms very frequently accompany. The tongue is coated, the skin becomes hot and dry, the pulse quick, hard, and full, the secretions arrested or diminished, and the patient is tormented with the thirst of Tantalus. Such symptoms require constitutional treatment.

The cause of inflammation may be either local, or predisposing. If local the first thing will be the removal of the irritating cause. If predisposing the treatment will be more complicated. Inflammation may terminate by Resolution, or by Metastasis.

The termination by Resolution, means a return of the affected part to health. The irritating cause having been removed, the pain lessens, the swelling subsides, the redness fades out, and the disordered organs resume their wonted functions. With regard to the internal

relations, the dilated blood vessels contract, the blood discs that had been dammed back and stagnated in the affected part, are loaded with the effete matter and pushed on, absorption which had before been dormant steps in and removes the *debris* and extravasated matters, and secretion helps to build up the waste places.

The termination by Metastasis is simply a change of location. Inflammation driven away from one point, seizes another. To induce this change we sometimes apply counter-irritants, that the inflammation may leave the proximity of vital organs, and locate itself upon the surface where we can thus more readily control it.

Failing to terminate in either of these ways, inflammation passes by regular gradation from the primary or simple condition of the disease, to some other form.

When lymph is thrown out, it has reached the adhesive stage.

When pus is secreted, we have suppurative inflammation.

When an ulcer is formed, it is called ulcerative inflammation.

When the part affected dies entirely, and commences rapid disintegration, the gangrenous inflammatory stage has been reached.

Inflammation may spread to other tissues, by proximity or contiguity, by meta tasis, or it may be carried by the blood, thus causing numerous centres of inflammation. Necrosis is frequently the effect of inflammation of the peridental membrane.

The treatment of inflammation may be either preventive, or curative. The preventive treatment may consist in the removal of all irritating or predisposing causes and the application of cold.

But to leave generalizing on one subject, and come to those matters more nearly connected with the dentist's speciality. We frequently find after filling a tooth, that from the concussion of the instruments used in filling, or from an undue pressure upon a thin layer of dentine intervening between the filling and the pulp, or for some other sufficient reason, inflammation of the pulp has supervened. If this be not checked, it will, from contiguity of parts proceed from the pulp chamber along the nerve to the periosteum, and will pass through its various forms of adhesive and suppurative, till it reaches the ulcerative stage. An opening for the discharge of pus will be formed, and there will be an extensive breaking down and disintegration of tissue. It will perhaps, spread to the osseous tissue, and we shall have necrosis with extensive sloughing.

The first symptoms of inflammation of the pulp will be a sensation of uneasiness and pressure, which soon becomes a severe pain, of a throbbing paroxymal character. It is frequently worse on assuming a recumbent position, or on muscular exertion. There is an increased vascular action, attended sometimes by redness and swelling of the gums. Thermal changes, if not too violent, frequently give momentary relief.

When such disturbances are caused by the filling in a tooth, the surest thing for its cure is the removal of the filling. But if this be deemed not advisable, cooling washes should be applied, the gums might be scarified, and an antiphlogistics treatment commenced. Local applications however, are less beneficial, from the fact that there are peculiar difficulties to encounter. The walls of the tooth, surrounding the pulp, are hard and unyielding; the pulp in its normal state fills its chamber; when therefore it becomes inflamed and swollen, it presses upon the walls of the cavity and the irritation is thereby increased, exacerbating the inflammation. The influence of local application must be either felt through the bony substance of the tooth, or it must be taken up by absorbents, carried into the system, mingled with the blood, and so sent to the place where it is needed. I prefer to give remedies internally, as the shortest route to the scene of action. I have prescribed arnica with very good, but not with uniform results. The course of treatment, will however, depend very much upon the predisposition of the dentist in favor of certain remedies, or schools of medical practice.

If the inflammation be not stayed at this point, it attacks the periosteum. The symptoms accompanying this will be an increased soreness and irritability. The tooth seems to be in the way, is elongated, and strikes too soon in occlusion of the jaws. The pain becomes more constant, and has more of a gnawing sensation. There will also be signs of greater external inflammation, the membranes surrounding the tooth, and lining the socket, are thickened, and being serous, there is also doubtless an effusion of serum.

I have found that in this condition the symptoms will almost invariably yield to *mercurius vivus*. I use about the third decimal trituration, in doses of from $\frac{1}{4}$ to $\frac{1}{2}$ a grain every hour; if the pain be very violent, I would rather diminish the intervals than increase the doses. If the attack be not more than ordinarily severe, once in two

hours will be frequent enough. Dr. Chase, of St. Louis, recommends larger doses with longer intervals. I can only say I have observed the best effects from the smaller doses given more frequently. At the same time I keep up the application of cooling washes. It is well for the practitioner to remember, however, that cold is efficacious only in the earlier stages of inflammation; it is a positive injury in later developments. But my main dependence is mercurius. I do not mean that I never give anything else, but that this is of more general utility, and covers more forms of the disease than any other remedy that I know. I might relate many cases in my own practice, successfully treated in this manner, some of which had nearly reached the suppurative stage—I will relate but two.

A. B., aged 22, had a number of cavities bunglingly filled, and inflammation of the periosteum of several of the anterior teeth supervened. When I first saw the patient he was confined to his bed, not having had any sleep for two days from the intense pain and suffering, which was accompanied with much fever. The febrile symptoms readily yielded to tinct. aconitum, but the teeth were quite loose, intensely sensitive to the touch, with all the adjacent tissues highly inflamed. I gave mercurius every hour, with an anodyne wash. The patient soon slept, the pain having subsided, and passed an easy night. The next morning I increased the interval between the doses and continued them through the day. The case steadily progressed to a cure.

Case 2. I filled for C. D., aged 40, an inferior bicuspid, posterior approximal cavity. The excavator left but a thin stratum of dentine covering the pulp. I should perhaps, have introduced some non-conductor to preserve the pulp from thermal changes, but did not. Intense periostitis supervened, I prescribed mercurius as before, directing the gums to be bathed in ether fort. containing a few drops of tinct. myrrh. The pain readily yielded, the inflammation subsided, and the tooth became serviceable.

In my next article I shall speak of suppurative and ulcerative inflammation.

PROCEEDINGS OF SOCIETIES.

DENTAL ASSOCIATION OF WESTERN NEW YORK.

Second day, Wednesday, 4th of May, 1869.

In accordance with the announcement of yesterday, most of the

members met at the office of Dr. L. D. Walter, to witness the clinical operations by Drs. Fowler and Chittenden, which occupied the time till sometime past the hour to which the Association adjourned.

At 11 o'clock, the Association was called to order by the President, who announced the next subject in order for discussion to be "Improvements in Operative Dentistry. Dr. J. L. Requa, Essayist."

Dr. Requa then read the following essay :

MR. PRESIDENT AND GENTLEMEN,

The field before the professional dentist for doing good to his fellow man is broad. To him who makes the best interests of his patients his study, the preservation of the natural teeth must be his highest aim. The truth is constantly held up before him that his best efforts in art are but poor substitutes for the natural organs, and it is not mainly so with the inferior class of the profession but it is a fact that the higher a man stands in its ranks, and the greater his attainments in science and art, the plainer this truth appears to him, and the greater his efforts to put off the evil day of artificial teeth, and to preserve to his patients the usefulness and comfort of the natural ones. Persevering study to accomplish this has resulted within a few past years in improved materials, and methods of operating, and many improvements in instruments and appliances, to be found within arms length of the operating chair. It is not the province of this paper to detail the merits of all these improvements, nor can it be presumed that I am able to do so.

It is for the discussion of this subject that we have met here to-day, and if each one will speak of what he knows, we may all learn something. Let each one have something to say, if it is nothing more than to ask a question or tell us of some failure, for it is possible for us to learn from others faults.

The time has passed when as one dentist met another, "No Admittance" was posted over his laboratory door, and even over his mouth as plain as actions could speak. We have found that by being sociable nothing is lost, and always something gained by a liberal exchange of ideas.

Very little improvement has been made in material for filling teeth except that of the coarser kind. Pure gold foil which has never had a successful rival, is about the same to-day that it was twenty-five or fifty years ago. To try to improve it would be like gilding refined

gold. Some of it comes to us at present, annealed, which renders it more adhesive, but that quality as we buy it, is of little importance since the invention of the annealing lamp. Crystal Gold is claimed by some, to be an improvement, but its merits are very questionable. My own experience with it is such that after having used it almost exclusively for more than a year I abandoned its use altogether.

Plugging instruments with serrated points, have crowded the old fashioned smooth ended (not pointed) ones from our table, and beside them is the knife edged slab of Arkansas stone to keep their points as sharp as needles.

The mallet, since it lost its occupation in the laboratory in swedging gold plates, has made itself useful at the chair in condensing gold fillings. Good fillings can be made by hand pressure, but it is beyond question that in most cases, they can be made more solid and durable by an expert use of the mallet.

With the use of adhesive or annealed gold, a radical change has taken place in the preparation of cavities. In the old system of *stuffing* teeth with non-adhesive gold, all that was desired was shelving sides or ends, which were sufficient retaining points, and after stuffing to completion and burnishing, made very good fillings, infinitely superior to some more dense but insecure fillings of the present day. With annealed gold we must either do *very* well or *very* badly. To do well, the foundations must be laid firmly, and solidly, and each successive piece of gold introduced as though it were a whole and not a part, until a complete "thing of beauty," and a joy for years, is produced.

One of the most prominent improvements in operative dentistry is in the treatment of that class of teeth where it has been necessary to destroy the nerve, or where it has died from exposure. The old fashioned method of sewerage was to fill the cavity of decay and then drill through the neck of the tooth to the pulp cavity for the escape of the constantly accumulating and offensive fluids and gases into the mouth. We now, after extirpating the nerve and thoroughly cleansing its canal, fill the fang as nearly as possible to the foramen with gold, thus avoiding the exciting cause of alveolar abscess, and under favourable circumstances even curing it where it has existed for years.

I might occupy much time in the rehearsal of improvements of

this kind but thanks to dental associations and dental literature you are so familiar with them, that it would scarcely be profitable to you for me to do so. It is not alone to improved instruments that we are indebted for the excellence of operations of the present day. There is a desire to excel, stimulated by dental association that has done much towards it, there is thoroughness to our work which produces results beyond what we knew of a few years ago, but, do not let us think that we have attained perfection, and that there is nothing more to learn. Let us attend the meetings of our Association, and study to improve, and whatever we do let us know that it is well done, and try to do better than before, and we will improve.

Dr. Daboll said that he never uses soft foil in filling teeth ; thinks that a *perfect* filling can be made by commencing the filling with Morgan's plastic gold, and finishing with adhesive foil ; thinks that the plastic gold, can, by its adaptability to even the slightest irregularity of the cavity, be so fixed in its position, as to be retained in the tooth, even after portions of the tooth have been broken away ; does not believe it possible to make as good a filling with cylinders, or soft gold in any form, as with Morgan's plastic and adhesive foil ; thinks the rubber dam very useful for keeping the mouth dry while filling, when it can be applied, but prefers the duct buttons and duct compressors in most cases.

Dr. French uses adhesive foil, but cannot, like Dr. Daboll, entirely condemn soft foil ; as he has seen many teeth filled with it, that have been perfectly preserved for a great number of years, and is of the opinion that we have made a mistake in abandoning its use to the extent that most of us have done. He candidly believes that there have been more bad fillings put in within the last few years, since the improvements have been made in operative instruments, than during the same length of time at any previous period. The *comparative* ease with which fillings can be made now, with the new instruments, has made most of us careless. He thinks, what most of us call soft foil, does not retain its adhesive property, to the same extent, when heated, that the gold which we call adhesive does ; our patients almost always appreciate good operations, and therefore, it is the duty of the dentist to make them as perfect as possible.

Dr. Daboll said that *pure* gold possesses the property of adhesiveness ; so much is this the case, that when a sheet of *pure* gold foil is

laid on to another, they will adhere to one another, or will become welded together so that they cannot be separated, if a moderate pressure, or concussion, is made upon them.

Dr. French wished to know, why some gold becomes hard, when annealed, and why some foils were so much more adhesive than others.

Dr. Whitney said that the gold beaters keep us in the dark on this subject, one beater giving one reason, and another another. One foil beater had assured him that the adhesiveness of foil was brought out by the degree to which the gold was heated, during the process of beating, and he, Dr. Whitney, thought that this theory was the correct one, for we find if we take the most adhesive foil and expose it to the atmosphere for a few hours, that it loses its adhesiveness; and that the adhesiveness will be restored if the foil is heated again. He thought foil should be heated to so high a temperature that, on introducing it into the mouth, the moisture from the breath would not condense upon it, and that the annealing lamp was an indispensable article on every dentist's operating table. Foil should be handled as little as possible with the fingers, as no matter how carefully you wipe your fingers, there will always be more or less moisture left on the surface of the gold from the perspiration, which may easily be detected by heating it.

Dr. Barrett uses a little of Morgan's plastic gold, to commence his fillings with, in almost every instance, and condenses as thoroughly as if he were using foil, but does not think that any of the plastic golds should ever be used on the surface of the filling, no matter how well and thoroughly they may be condensed; cannot use Morgan's gold at as high a temperature as foil, because a high heat makes it become hard and brittle; his object in annealing gold, is first, to drive off any moisture that may have collected on the surface of the gold, and secondly and chiefly, to change the polarity of the particles of the gold. He thought that this might be demonstrated to the satisfaction of any one, by the examination of a piece of foil under a microscope before and after heating it. The heating seemed to change the position of the particles of the gold, in relation to each other. The jarring motion produced a change in the particles of iron in car wheels. He thinks that heat changes the position of the particles more in sponge gold than in foil.

Dr. Daboll said if Morgan's gold is allowed to remain perfectly still while being annealed, the polarity of the particles will be changed, without its becoming hard and brittle. It is the shaking and jarring during the annealing, or the moving of the gold about that hardens it. Dr. Cook said he formerly used sponge gold to a great extent in his practice, but has nearly abandoned its use now; there are cases, however, in which he prefers it to any other form of gold. He thinks it requires a longer time to make a good filling with it than with foil in the form of cylinders, and cannot understand why dentists repudiate soft foil when they see, every day, good soft foil fillings of twenty or thirty years standing.

Second day. Afternoon Session.

The President stated that there were several members of the Association who were living in open violation of the rules of the code of ethics, and he thought a committee should be appointed to make inquiries as to the facts of the case, and report at the next meeting.

Dr. Whitney thought the subject ought to be deferred to the discussions under the head of miscellaneous business.

The next subject for discussion, "Mechanical Dentistry," was opened by an essay by Dr. Straight, of Buffalo.

Dr. Whitney said that it was unfortunate that every member of the profession was not willing to make known whatever knowledge he possessed, relating to mechanical dentistry. He considered the patenting of new inventions, or discoveries to be wrong, all wrong. We are not mere mechanics, but professional gentlemen, and should divulge all we know, for the benefit of the whole profession, instead of covering it up with a patent.

Dr. Bristol had no objection to any man's obtaining a patent for anything that was really new; but he did most seriously object to the patenting of old things. Several patents had been obtained for methods of practice which had been in use for many years.

Dr. Barrett said that he was in the habit of purchasing everything that was new, and very frequently found that his purchases were valueless; still if any dentist wished to know what the latest new thing was, he should go to him as he could never refuse to buy every novelty. He described, in speaking of the Folsom patent, a case in which he had been unable to put up a set of teeth that was satisfactory to himself or the patient, for which he put up a plate after the Folsom patent, which answered the purpose perfectly.

Dr. Coleman said he was rather forced into purchasing the Folsom patent.

A desultory conversation followed, in which most of the members took part. The discussions on mechanical dentistry were not taken up with the same zest as in the preceding subjects, there being a good deal of feeling on the subject of dental patents.

Dr. B. T. Whitney, of Buffalo, was called upon for an essay on "Diseases of the Gums." The Doctor excused himself on the ground of sickness, but made a brief address on the subject, giving some very interesting accounts of cases that came under his notice, and his mode of practice.

The following named gentlemen were selected as essayists for the next meeting, to be held on the first Tuesday in October ;

Dr. W. C. Barrett—subject "Gold for Dental purposes and its Preparations."

Dr. Coleman—"Secondary Syphilis, its Effect upon the Teeth and Bones."

Dr. B. T. Whitney—"Anæsthesia, its Effect upon the Blood."

Dr. L. D. Walter—"Continuous Gum Work."

Dr. G. C. Daboll—"Filling Over Exposed Pulp—How to do it successfully."

Buffalo was chosen as the place to hold the next semi-annual meeting.

On motion of Dr. Whitney, the Western New York Dental Association was declared adjourned *sine die*.

It is proposed now to have the seventh and eighth judicial districts convene semi-annually, either in one or the other of the two districts, say in Buffalo or Rochester, which will answer the same purpose as the W. N. Y. D. A., and save the time and expense of attending the extra Convention.

NOTES FROM PROCEEDINGS OF THE OHIO STATE DENTAL SOCIETY.

STOPPING THE FLOW OF SALIVA WHILE FILLING.

DR. SPELLMAN : I am constantly using the rubber dam, but it is often very annoying. Sometimes I am on the eve of giving it up, because it slips off when I get it placed. When the rubber dam is properly adjusted, you can draw the mouth up as you wish, and go into the reception

room and chat with patients, though the filling is not completed. When properly put on, it is impossible for the water to pass between that and the tooth. In filling the inferior teeth I regard it as an indispensable article. When operating on a bicuspid, I very often, in order to succeed with the rubber dam, place it over three teeth and operate on the middle one. It is almost utterly impossible to put the rubber over the inferior cuspid in such a way as that the water will not leak through. In such cases, I always have, cut up in readiness, pieces of spunk, and if it leaks, and they become wet, I change them as Dr. Butler changes his napkins. You will see at once, when the spunk is saturated and should be changed. With regard to the inferior incisors, it is very difficult to apply the rubber dam, yet it can be done by taking a piece of silver wire, or if you have not that, very small wrapping wire, and bringing it forward, hold it with a blunt instrument and crowd it below the crown of the tooth, then pass your rubber down as near the wire as possible, then slipping the silk over this twice after, and with a fine instrument, slip the edge of it over that wire. It is so liable to slip up, but with this wire it can be held down. So far as the upper teeth are concerned, I use it a great deal, though I don't regard it as indispensable any where except for the inferior teeth.

In filling the superior bicuspids, the wedge is my dependance. But we find that the gums seem to secrete a kind of watery mucus that is not naturally a product of the salivary glands, and when engaged in an operation of filling, you will discover its becoming moist. This spunk, if pressed into the interstices between the teeth in such cases, will always show you when it is time to change it. When there is danger of water, I never fill approximal cavities, or attempt to do it, without pressing into the interstices between the teeth pieces of spunk in this way, and if the wedge passes far enough above the base of the cavity so as to put a very thin piece of spunk in, I prefer it, for, although you dry it off the wood well, the water will work through it, and the first pellets will become a little dampened. I would rather have every point clean and dry, for when you come to filling the upper margin, you cannot polish or finish off with so nice and smooth a surface as if it had not got wet or dampened by contact with the wood. I use bibulous paper where Dr. Butler uses napkins.

I don't know whether it is better or as good. [A member, "It is good, though expensive."] I use it because I thought it was not so expensive. A quire of this paper will last a good while. It is rather a delicate tissue paper, and not so rough to the mouth as supposed. It will contain a great deal of water. Formerly, in using it, I took and folded it closely, one layer over another, folding it compactly and rendering it hard, supposing that the more I got in the more water it would contain. The paper is capable of great expansion, and will contain water in proportion as you allow it to expand. Afterwards, I found that half the amount of paper would hold as much water, and folded more loosely, it was not so harsh or offensive to the soft velvet-like tissue it is laid upon.

Dr. BUFFETT : I can not tell you how to control the flow of saliva. I can tell how I attempt to do it. I confess I have not received very much benefit from the rubber dam. It has been a failure in my hands to a great extent. I use the holder sometimes for holding the cheek back, and in cases which I consider difficult, as the inferior teeth, sometimes have the strap to pass around the neck and head and held by the patient. That I consider an indispensable appliance, and on the inferior teeth I depend almost entirely on napkins, and occasionally on the tongue-holder. Instead of the napkin I use linen cloth, called diaper, containing considerable starch, so as to contain a certain amount of stiffness ; if it is washed it is sometimes too flimsy. I cut it into pieces from an inch to four inches square. Placing these small pieces and pressing them under the tongue, and the large napkin under the end folded in a strip. You can change either the larger or smaller napkins as many times as you wish.

The fewer things we put in the mouth the better we can operate, and with more ease to ourselves and patients. It depends a great deal on the firmness, as you may say, of the operator. If you determine to control the flow of saliva, and let the patient understand what you intend, you will be more likely to succeed. But if you go at it indifferently and undecided, your patient will think there is going to be a great deal of trouble, and they will get excited, so that you can not make a good operation. Even if I think there is danger I don't tell them. If I fail I try again.

Dr. HERRIOTT said he tried to control the condition of the patient. He applied something to the teeth after they were excavated, applied

white wax and sealed up the cavity, and delayed the filling a day or two. Had this engagement arranged beforehand, then, when the patient returned, there was no excited condition of the patient, as immediately after the excavation of the teeth, when the flow of saliva would be greater than if the patient had been quiet for a day or two.

Dr. N. W. WILLIAMS, for the last few weeks, had been using the new duct compressor—Smith's—the part that passes under the chin has a lateral motion, also that which passes inside. His way of using it is, to cut out a piece of spunk something in the shape of a half moon and place on the ducts, and then a small napkin laid round inside of the teeth under the tongue, placing the duct compressor on that, and pressing down as tightly as it would admit of without irritating the muscles. He had succeeded better in controlling the flow of saliva with that apparatus than anything he has tried before.

Before he got that, he had succeeded pretty well by the use of the napkin and spunk. He had, by directing the patient to crook the finger and place the napkin in the mouth and hold it, succeeded in cases where he had failed before.

He thought spunk controlled the flow of saliva better even than the use of napkins, for, as Dr. Spellman says, we can, by using it, generally tell when there is approaching danger. He had often succeeded by having a piece of spunk near at hand and applying it. But by applying the spunk under the tongue over the saliva ducts he had found particular advantage.

TAKING IMPRESSIONS

DR. SPELLMAN: The experience of every one present will bear me witness that a ring upon a finger at some times, in some conditions of the flesh or tissue, is such that it will slip off easily, and at other times it can hardly be removed. Now, what is the difference? Cold shrinks or diminishes animal tissue, and heat expands it. When you put into the mouth the plaster of Paris, the very moment that same result commences to take place, heat is evolved that acts upon the membrane of the mouth and expands it. You get an impression of the mouth that is not an exact counterpart of what the mouth was before you put the plaster into it. It is very true that it is with great difficulty that you can remove that impression, and a great many argue that the impression must be a good one, because it adheres so tightly to the mouth, and is removed with great difficulty. This

is not the reason why it adheres with such tenacity. It is because the soft tissues were expanded by the heat of the plaster, making a perfect adaptation of the surfaces of the one with the other, and you get the pressure of the atmosphere of fifteen pounds to the square inch. Negatively, that enlarging the tissues here crowds the plaster, or compresses it, and the result is that you have not a perfect impression of the mouth. My plan to overcome this difficulty is this: I take a tumbler of ice water and give it to my patient, and tell the patient to hold it in the mouth until it gets benumbed and chilled, and while this is being done I go into the laboratory and prepare my impression cup, which had been previously prepared somewhat with reference to that mouth. I prepare the plaster in no hurry, letting the patient take the icy water, and when it is warm, throwing it into the spittoon and filling the mouth again. I then put in my plaster and I get, as every one present will admit, a smaller impression than if taken with the mouth in its normal condition. I succeed much better in that way, and have made sets of teeth that the patients could not remove from the mouth, and after they had worn them three or four days, came to my office, claiming that I had cheated them by putting teeth in that were not intended to be removed. Another method I resort to sometimes to overcome that expansion in the mouth is this—let me, however, go back a little before I give it. A professor in Philadelphia has published a treatise upon the manipulation of rubber. He tells you that you should not varnish the plaster impression, but that you should coat it over with a thin coat of soap or soapy water, where the soap has dissolved with some little consistence; then put in your plaster, and claims that you get a cast more firm, and a better impression. I admit that it is so, but deny that it is necessary. I take the cast or impression and give it, if time, two or three coats of gum shellac, taking care to apply it evenly, with a view of shrinking the cast I get from that impression, and making it smaller.—*Dental Register*.

PROCEEDINGS OF THE ODONTOGRAPHIC SOCIETY
OF PENNSYLVANIA.

BY THOS. C. STELLWAGEN, M.D., D.D.S., PHILADELPHIA.

The regular monthly meeting was held in the Philadelphia Dental

College, No. 108 North Tenth Street, Wednesday, April 7th, 1869, the President in the Chair.

A letter from Dr. B. F. Arrington, of Wilmington, N. C., was read, and, upon motion, was ordered to be entered upon the minutes. The following is a synopsis :

"I have recorded a case of practice, which to me has been very interesting and instructive. * * * If you deem it of sufficient interest, you can relate it at the next meeting of the Odontographic Society. The case was new to me, and was treated experimentally.

"Ten years ago, September past, I was requested to call upon a lady residing in the country, and in too feeble health to visit my office ; was recovering from a long-protracted case of typhoid fever, and ill effects following. Nearly eight months had elapsed since she was first attacked with the fever, which confined her to her bed nearly two months. Health, prior to this illness, always excellent from childhood ; dental structures well developed and perfect in quality. The object for desiring my presence was to consult me relative to the removal of all the teeth, and the insertion of artificial substitutes. The disease and medical treatment had, to all appearances, played havoc with these organs ; they were all very dark in color, and defective in texture. Acids had been administered freely, without caution as to injurious effects. * * * After having advised the retention and treatment of the teeth, * * * the question arose with me how to treat, what for, what with, etc.

"My first idea was to improve the appearance with stick and pumice, or silex, not having tested thoroughly the true condition of the enamel. I commenced the operation of polishing in the ordinary way, but was very soon disgusted with the slow progress and want of success.

"After a more careful diagnosis, I found almost the entire enamel in a softened, chalk-like state, and some of the teeth (7 or 8) were sensitive to the touch." * * * Finally concluded to experiment with some of the superior incisors. * * * After separating with a thin, sharp file, followed with fine grades, much worn, then tape, pumice, silex, and finished with burnishers. The outer and inner walls I pared off with cone-shaped chisels and excavators, using them freely, so long as any soft portion of the enamel remained, and

smoothed as before. The superior cuspidati were very painful when instruments were applied, but this was easily relieved by the application of nitrate of silver (stick).

"The experiment proved a success and gave encouragement to both patient and operator. * * * I proceeded, at intervals, for three days, dressing as at first; the lunar caustic never failed to give relief, and time has proved that it did no injury.

"The walls and portions of the grinding surfaces of some of the bicuspidi and molars were seriously effected; these, in addition to the process before described, I brushed with the polishing materials.

"Advised equal portions of pulverized silex and prepared chalk to be used freely for four or six weeks, after which the use of ordinary tooth-powder was sufficient.

"Prescribed a dilute tincture of arnica, to be used several times per diem, and pressure on the gums with the finger, to be regulated according to their condition.

"After several days had elapsed, I was notified that the lady was suffering very much from the tenderness of her teeth. This was giving her trouble, both from touch and any change of temperature.
* * * * *

"Upon investigation, found the teeth previously cauterized were not at all sensitive, and consequently treated them all in this way.

"About five years after date of treatment, I met my patient, with her health perfectly restored, and the teeth were, to all appearances, as perfect and free from defect as could be desired. She assured me that she had not experienced one moment's discomfort with these organs, since my last application of the nitrate of silver. At conversation distance, no one could detect the loss of enamel.

"About three weeks since I met with the husband of this lady, and questioned him concerning the present condition of her teeth. He informed me that they looked very well, and he presumed they were so in reality, as he had not heard any complaint about them.

"So was treated and so terminated one case. I now have two patients (first cousins, male and female) under treatment for the same condition in a modified form. * * *

"The matter of surprise to me, in the above case, is that none of the teeth have decayed since recovery from the typhoid fever, contrary to the almost universal experience—I mean an extra degree of decay, more than follows any other disease." * * *

Dr. Nones, in commenting upon the treatment described by Dr. Arrington, said that he had, for some time, been in the habit of using the fused nitrate of silver for obstinate cases of sensitive dentine, and had yet to meet with discoloration resulting from its application at his hands. The first patient for whom he had tried it was a lady of about twenty-nine years of age, of bilious temperment. She complained of exquisite tenderness of the central incisors,—the approximal surfaces of which had been filed to fit an artificial denture; the enamel having been removed, thereby exposing the terminal points of the tubuli, where it is customary to find the teeth so sensitive: this is especially noticed by the operative dentist, when cutting retaining points for fillings.

Having used the various remedies recommended as having the desired therapeutic properties, such as chloride of zinc, etc., all with but little or no satisfactory results, he dried the parts and surrounding tissues thoroughly with cotton, and guarded by dry napkins, to prevent the solution from running over any but the points effected; he then slightly moistened a stick of lunar caustic and rubbed it upon the denuded dentine, which treatment gave relief.

Since the trial in this case, he had frequently used it in a similar manner, in an extended hospital practice that he had followed among persons suffering from various mental disorders, whose nervous systems were all more or less injured by their disease. He had the pleasure of stating that success followed in every particular.

Dr. Stellwagen—The cause, effect and treatment of sensitive dentine, although most important matters for investigation, and, from universal daily occurrence, the most frequently met with, of the many annoyances to the dentist, are yet the least thoroughly understood. A whole evening might be profitably spent upon the theme. He had not found any specific among those remedies vaunted as such by some of the members of the profession. The fact of so large a number of articles being employed and recommended for this purpose, was quite enough to show how much we are at a loss to cure, by any simple means, this painful condition.

Pretty much every remedy ever mentioned had been used by him, excepting the nitrate of silver, and this, from its well-known staining property, he had feared to use upon tissues so slowly replaced as those of the dental organs. On the soft parts of the mouth, where the

mark left is only transitory, he had frequently used it ; but preferred chloride of zinc, for obtunding sensibility and stimulating the gums to grow around the necks of denuded teeth. A formula like the following had answered well in some cases :

Zinci chloridi, grs. x ;
 Aquæ Destillatæ,
 ℞i. ʒol.

It is used by soaking a piece of raw cotton in it, brushing lightly over the gums and around the necks of the teeth, three or four times daily for a month or so. Of course the salivary calculi must be removed and the denuded portions of the teeth kept perfectly clean. He requested gentlemen to experiment with this and to report upon it at some future meeting. The success met with from its use in practice led him to advise others, as he himself had been, to try before condemning it.

It would now be his purpose to investigate the effects of the nitrate of silver ; at one time he had thought of applying it to the teeth of one of the lower animals ; but the only thing that it would be likely to show there would be the discoloration and softening, if any followed.

The distilled water in the above prescription might be perfumed, to make it more agreeable.

If but one well-authenticated case of discoloration of the dentine was reported, it should be received with all the weight accorded to positive, in contradistinction to negative testimony.

In using this remedy, he thought it would no doubt be well to wipe it off carefully with bibulous paper (it discolors like indelible ink, and would ruin the appearance of a napkin,) and then wash with water, finally removing, as far as possible, every trace of it with some alkaline fluid, as the aqua ammoniæ. This should be done to save the teeth and the instruments from the effect of the nitric acid.

Dr. Breen said that he had on one occasion used the nitrate of silver, and had had considerable discoloration result almost immediately, but he could not answer as to its permanency.

The patient, who had just met with the accident, had some of the incisor teeth fractured so severely as to expose the pulps, which were highly sensitive and bleeding at the time he first saw them. The lunar caustic was employed to serve as a styptic and obtund the sensibility. He noticed that the small portions of teeth left standing

above the gum became darkened, but as the patient did not again come under his care, he could not give any further history. He considered the discoloration due to the solution getting into the mouths of the tubuli, and thus saturating the dentine.

Dr. Eisenbrey had used the following solution with success, in cases where the gum had receded, leaving the necks of the teeth exposed and exquisitely sensitive :

R.—Argenti nitratis, gr. ij ;

Aquæ dest.

Fi. sol.

He applied it liberally with a camel's-hair brush, and, after a short time, burnished the parts well. The burnisher alone was first tried, but had not succeeded. Sixteen months after this treatment he saw the patient, and, up to that time, there was not the slightest trace of discoloration. With his experience he deemed it to be safe and effective ; he continues to use it at the present time, and in his own mouth, for the same purpose. For the past three years had *personal* as well as *general* experience in its efficacy in treating apthous ulcers of the mouth—there the benefit derived was instantaneous. Had a patient to return periodically to have these ulcers touched, and finally he gave him some of the solution and a brush to use when occasion required,—this being a *reliable* patient, and knowing that he would not be lost sight of in case any discoloration should occur. Neither his own teeth nor those of his patients had suffered in the slightest degree from the use of the above solution,—could not say what effect a saturated solution would have.

Dr. W. H. Trueman exhibited to the society a number of specimens of porcelain teeth, of French manufacture, at least half a century old, with the semi-cylindrical groove, and tips of platina plate in the place of the usual pins. Although made of the out-of-date *clay* body, some of them presented quite a bony appearance.

Also, several cases of the same teeth, mounted ; one, of four incisors on platina, with very narrow gold clasps around the canines and first bicuspid ; another, with the two centrals and a canine on each side, the teeth soldered on small platina plates united by delicate bands of gold wire. This case was some fifty or sixty years of age, and had been worn for many years. Also several single teeth of a

later date, all made in Europe, rudely mounted on gold, silver, and palladium. One held in by a pivot and two bands.

Several partial sets of natural teeth, mounted on very narrow gold plates, in various ways. All of them in their day had done excellent service. Several old and rudely-shaped pivot teeth, one partially finished, carved from hippopotamus tusk. Several plain vulcanite teeth, English make, remarkable for their dense bony appearance. Also a specimen prepared by him some five years ago, intended to represent the natural gum, in rubber. Equal parts of American red and English light pink rubber were cut very fine and intimately mixed with the scissors. When vulcanized and polished, it has a mottled appearance, imitating the gum much better than a solid color. Also a lower case of eight teeth, cast in block tin on a silver plate, made *heavy* for a patient who had difficulty in keeping an ordinary case down. It was loaded so effectually that, when inserted, the patient was *unable* to raise the lower jaw;—weight nearly 40 dwt.

The doctor also exhibited a cast of the lower jaw with *five* perfect incisors, forming a *perfectly regular arch*. Another upper cast, with the right canine between the bicuspid. Also two casts illustrating a complicated irregularity case. One taken three years ago, showing the teeth very much crowded and out of position, the centrals standing at right angles with each other. The other taken recently, showing a well-formed arch, with every tooth in position. In order to obtain room for the front teeth, the two bicuspid on each side had to be moved bodily, at least one-quarter of an inch.

Dr. Long had with him three antiquated specimens of mechanical dentistry, belonging to Mr. J. C. Lund. One of them with natural teeth riveted on a piece of gold wire, and secured by clasps to a molar on each side, was found in an old house in New York State. A lower set made of bone, molars and bicuspid, carved incisors, and cuspid of porcelain. A rubber set, with molars of the same material, both made in Paris.—*Dental Cosmos*.

DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

BOARD OF EXAMINERS.

MONTREAL, June, 1869.

Dentists in the Province of Quebec, who have had two years prac-

tice are entitled to receive the license of the Board, at once, by first remitting to the Treasurer, J. A. Bazin, Montreal, the sum of \$50, and then enclosing the receipt for the same, and an application for licence, to the undersigned.

Any Dentist, not having received a copy of the Act of Incorporation, and the Rules and Regulations of the Board, will please apply to the Secretary.

Candidates for examination, and other applicants for license, are recommended to attend the adjourned meeting of the Board, in Montreal, on the 21st of September next, at 9 o'clock a. m.

W. GEO. BEERS, Secretary.
12 Beaver Hall Terrace, Montreal.

MASSACHUSETTS DENTAL SOCIETY.

The annual meeting of the Massachusetts Dental Society was held on the 24th inst. in the hall of the Society, No. 12 Temple place, the president, E. G. Leech, D. D. S., in the chair.

The reports of the president, treasurer, and librarian of the society were read and accepted, after which the election of officers took place, with the following result:

President, Dr. T. H. Chandler; *First Vice President*, Dr. G. L. Cook; *Second Vice President*, Dr. J. A. Salmon; *Recording Secretary*, Dr. A. Brown; *Corresponding Secretary*, Dr. E. Blake; *Treasurer*, Dr. J. T. Codman; *Librarian*, Dr. J. T. Moffatt; *Microscopist*, Dr. T. B. Hitchcock.

The following delegates were then elected to attend the National Convention of Dentists to be holden at Saratoga on the 1st of August:—Drs. Hawes, Blake, Leach, Walters, Ham, Cook, Chandler, Stearns, Osgood, Thompson and Adams.

The usual committees were also chosen, after which the orator for the next year was balloted for, and Dr. L. D. Shepard was elected, and Dr. E. Blake appointed substitute.

At 12½ o'clock the annual address was delivered by Dr. A. A. Cook, of Milford; his theme being "The Coming Man of the Dental Profession."

The reading of essays followed the delivery of the address. Dr. T. H. Chandler read an essay on the subject of "Comparative Anatomy of the Teeth," and Dr. T. B. Hitchcock on "The Tartar of the Teeth."

Dr. J. T. Moffatt exhibited and explained an interesting case where a piece of the tooth of a boy 14 years of age, which had been broken off, was placed in its original position, and the tooth grew strong again. Dr. E. G. Leach also made some remarks in reference to cleaning teeth.

The society then adjourned at half-past three o'clock to the Tremont House, where the annual dinner was served. After dinner, speeches were made at the table by Drs N. C. Keep, L. D. Shepard, Kidder, E. G. Leach, T. B. Hitchcock. Dr. J. T. Codman also read a humorous poem written for the occasion. The Society afterwards assembled in one of the parlors of the Tremont House, and an essay on "Dental Nomenclature" was read by Dr. J. T. Codman.—*Boston Med. and Surg. Journal.*

CORRESPONDENCE.

To the Editor of the Canada Journal of Dental Science.

SIR.—With your permission I wish to offer the readers of your valuable journal a few remarks bearing upon the advantages to be derived from a careful study of the merits of "Dental Science" by the public generally. In doing so I am well aware that my motives will be impugned by some and misunderstood by others. But I feel assured that the public are more deeply interested in the matter than is generally supposed, and will therefore, at all hazards, express my opinions, knowing well that had not reformers in all ages and in every department of life, so to speak, made a way of aggression upon unfounded prejudices and popular ignorance, darkness had still covered the earth and gross darkness the people. But truth is mighty and will prevail wherever faithfully advocated. Hence we see the cherished ideas of our age completely exploded in a succeeding one, and when science asserts her rights her prerogative cannot fail to be acknowledged. This being a self-evident fact may we not fairly assume that the science of dentistry will, ere long, commend itself to the consideration of an enlightened and discriminating public, although its advocates have met so much to discourage them in the past and have not unfrequently been denounced as humbugs and impostors. But thanks to those who stood in its defence through evil as well as good report, it is now sanctioned and protected by law,

and all dentists who commend themselves by gentlemanly conduct and skill in their profession are looked upon as professional among professional men, and it is their own fault if they do not maintain the position and secure public confidence. I will venture to assert in the face of the old adage "men are becoming weaker and wiser," that God is not less kind than in former ages of the world, and that a culpable ignorance of nature's laws and a criminal disregard of them is the cause of so much human suffering. Trivial as it may appear, an aching tooth is sufficient to disqualify the boldest spirit for mental effort. Such being the case let us admit the oft repeated maxim that an ounce of prevention is better than a pound of cure, and we will see the folly of extracting teeth in early life which might be retained in pearly beauty to advanced age, by acting on the well understood principles unfolded by dental science, for I maintain that a skilful separation of the teeth goes far to prevent caries and decay, and even when symptoms of decay manifest themselves, timely cleaning and filling will effectually arrest the evil and hold it in check for many years to come, thus affording the individual who listens to the voice of reason the enjoyment of his or her natural, instead of artificial teeth. I also hold that if parents would bring their children to a skilful dentist when getting their second teeth, many of the irregular and deformed mouths which we see, would adorn instead of disfiguring the unfortunate possessor, and much of the vexation incident to such a calamity be obviated. Let parents put this statement to the test and I feel assured that in almost every case where there is not natural deformity the teeth can be brought in regular and with full arch, by simply rendering timely assistance to nature. But why has dental science been looked upon with so much indifference, if not distrust, by the public? Simply because skilful dentists have, heretofore, been imposed upon by the many unprincipled and unprofessional men who over-run the country, literally forcing their services upon the people, and too often have been accepted without either license or established reputation to recommend them, simply because they gave cheap services. Let the public beware of this in future and seek the assistance of those only who regard their reputation in the community, and much of the suffering now experienced under the hands of unskilful operators may be avoided. I live in the full belief that fifty years hence the extracting of teeth will be admitted to be a criminal folly

right road to improvement, and not cut him down. But with the insolent, audacious quack—"War to the knife, and no quarter." Compel *him* to keep within the bounds; the law was made severe for him, and no law was made not to be applied when necessary.

There is a class of practitioners who only take out a license because they are compelled to, and who are emphatically charlatans. There is another class, who frequent hotels, lounge in the reading rooms thereof, and with an abundant supply of cards and circulars, insinuate themselves into the acquaintance of everybody, always turning the conversation to their business, and their particular readiness to operate. You find their bills posted up in every hotel, in many a show case, on many a steamer and car. They are always on the *qui vive* for a good place for a card, and know the most conspicuous backgrounds for a circular. Their talk is all of themselves, their wonderful operations, their cheap charges. Wherever they go, they "talk shop;" they always manage, by hook or by crook, to turn the conversation upon their business, and end by producing a card. By a large amount of bragging they save considerable advertising; their pockets are dental museums on a small scale, and Solomon and the seven sages of Greece rolled into one could not teach them anything, or form such a perfect incarnation of wisdom.

This is no fancy sketch. It is a picture of the dental quack of our large towns and cities, and some parts of it may, perhaps, apply to others who scorn to be called empirics. All this is nothing new or rare. It is to be expected at present; but it is an element derogatory to the profession in every business, social, and moral respect; and our only object in presenting the picture is to show others what to avoid, and in hopes that some word may be fitly spoken that may tend to reform. In one respect, the practitioner who ignores, is as bad as the quack who opposes, for they are both stumbling blocks to progress.

W. G. B.

THE ASSOCIATION.

We again call the attention of the profession to the next meeting of the Association, for the purpose of telling them what good things Dr. Relyea has prepared for us. In the first place, he writes to us that he has engaged the "Marble Hall, a very convenient and well furnished room," for our meetings. Next, he has seen Dr. Potts,

who has prepared a paper to read before the Association, on "Dentistry, its relation to Surgery." Then he says, "Dr. Nichol has kindly consented to give us an essay on "Syphilitic Affections, within the scope of Dental Surgery." Each essay, he says, will be a rich and rare treat to us all. Board can be obtained at from 87½ cents to \$1.50 per day, and if any one wishes to secure a comfortable room, he can do so by writing to Dr. Relyea.

"The steamer Prince Edward has been placed at our disposal, for an excursion, free of charge," he says, and he hopes to see every licentiate, and every respectable dentist, with their wives (or sweethearts we presume, if they are so unfortunate as not to be possessed of "the other half,") at Belleville at this meeting.

Every one should go prepared to exhibit something, or to describe some operation or some failure, or to take some part in the proceedings, if it is ever so little. There are to be clinics, which are always very interesting, and very instructive. Dr. Relyea will give an exhibition of the nitrous oxide, and will have two operating rooms with chairs and all the necessaries for performing any operation. We have not heard who the other clinical operators are to be, but we would just hint to them that it will be well for them to take *their own instruments* with them, as it is much easier operating with instruments that you are accustomed to, than with strange ones. We are also happy to say that Dr. Whitney of Buffalo, was appointed a delegate to our Association by the Dental Society of the State of New York, and that he hinted to us, when we met him last month, that we might expect to see him at Belleville. We have also received a letter from Mr. Willmott, the chairman of the committee on the Constitution, inclosing a copy of the instrument which the committee have drawn up. It seems to us to be about *the thing*, with perhaps one or two slight exceptions. Mr. Willmott says the committee have given the subject a good deal of attention, and have endeavoured to so draft it, that it will be acceptable to all parties, and thus save a long time in unprofitable discussion at the meeting. As will be seen, in the copy which we print below, it is proposed to hold but one session in the year. The committee say they think that more benefit can be derived from the formation of local societies, to be held in the place of the semi-annual meeting, than from a semi-annual meeting of the Association. The committee will be prepared to give their reasons

for the change when the subject comes before the Association. In the meantime, let every one look the draft over carefully and be prepared to accept it as it is, or have an amendment drawn up, so as to make as little delay as possible.

C. S. C.

DENTAL ASSOCIATION—DRAFT OF CONSTITUTION

ART. 1.—This Association shall be known as the "Union Dental Association of Ontario."

ART. 2.—The objects of this Association shall be the professional improvement of its members, and the general elevation of the standard of dentistry in this Province.

ART. 3.—The members of this Association shall be such licentiates of dental surgery and regularly articulated students of dentistry, of the Province of Ontario, as, being elected by vote, shall pay the prescribed entrance and annual fee, sign the Constitution and be governed by the rules and usages of the Association, and members of the dental profession not resident in Ontario, members of the medical profession or other persons, who, for services rendered may be elected members of the Association.

ART. 4.—The officers of the Association shall be a President, Vice President, Secretary and Treasurer, who shall be elected by ballot at the first session of each annual meeting, and immediately assume the duties of their office.

ART. 5.—The President shall preside at all meetings of the Association, certify all accounts passed by the Association, fill vacancies amongst the officers occurring during the year, and at the close of his term deliver an address to the Association. The Vice President shall in the absence of the President discharge the duties of President. The Secretary shall keep a record of the proceedings of the meetings of the Association, keep a list of the members of the Association and notify them of its meetings. He shall conduct the correspondence of the Association, and report to each meeting a summary of the transactions for the year.

The Treasurer shall receive from the members their entrance and annual fees, pay all accounts passed by the Association and certified by the President, and at each meeting present a report of all monies received and paid, and the members in arrears for dues.

ART. 6.—The entrance fee for membership shall be one dollar, and the annual fee, payable in advance, one dollar.

ART. 7.—Any member proven guilty of unprofessional or immoral conduct, may be expelled by a two-third vote of the members present at any meeting.

ART. 8.—The meetings of this Association shall be held annually, at such place as it may from time to time select, commencing on the Tuesday of July.

ART. 9.—The meetings of this Association shall be governed by the Rules of Order usually observed by similar societies.

ART. 10.—This Constitution may be amended by a two-third vote at any annual meeting.

Committee. { James B. Willmott, L. D. S.
John Bowes, L. D. S.
R. Ravell, L. D. S.

SOME LARGE GULLETS.

We have frequently had occasion to remark that some people could swallow more than most of us ever thought it possible, and that some of the things swallowed did not pass through that particular *gullet* which is supposed to be the main thoroughfare from the mouth to the stomach; but the particular case of swallowing to which we refer, is such a *distention* that we think it should not be lost. A few days ago we received a letter from the leading dentist in a neighboring city, from which we make the following extract: "A lady of this place, this morning, swallowed a full upper set of teeth on vulcanite, she is in the hands of the physicians now. I do not know what her condition is, only her husband says she is not suffering, and can swallow. I intend to keep an eye on the case, and will report. Dr. ——— says they must go through. I say, no, they must come back. What think you?" We replied asking for further information, and in a day or two received the following: "When she found that she had swallowed her teeth, she first called for the minister, and the servant ran for the Rev. ———. Before he arrived, however, she started for Dr. ———, and finding him ill, she brought up at the office of Dr. ———. He made an examination and felt the teeth in her throat, and commenced to give emetics, and says he gave her two grains, then three, then four, and continued until he had given her twenty grains of tartar emetic, and yet no symptoms of nausea. He then gave her a bowl of wormwood, but she was proof against it

all. At this stage of affairs the lady went home, and Dr. ———, hearing of the case, went to the house, and after examination, said that the teeth must be cut out or she would die. Accordingly then, imagine the patient, about to undergo a most formidable operation, inclined on a couch, chloroform on hand, towels, sponge, and bowls of warm water in readiness, and Dr. ——— drawing up closer to his patient, who imagined her mortal career near ended, and just as he is about to plunge into the poor woman's throat for the teeth, the servant who was standing a little in the back ground, screamed out, "stay, here are the teeth on the floor." We think the "upper set of teeth on vulcanite" must have been exceedingly *small*, or the woman and the two doctors must have very large "swallows." C. S. C.

CODE OF ETHICS.—In reply to the wish which we expressed in the last number of the *Journal*, some of our friends have sent us the codes of ethics adopted by the American Homeopathic Institute, and the North and West Middlesex Medical Association, of Ontario. We will carry these with us to the meeting of our Association.

MATRIMONIAL.—Married at the residence of the bride's father, Medina, N. Y., by the Rev. Dr. Launsdale, Mr. H. B. Peterson, Dentist, of Kansas City, Missouri, to Miss Jennie C. LeValley, of the former place. We acknowledge the receipt of some large slices of the wedding loaves.

LEAVING CANADA.—We call the attention of our readers to the advertisement of Mr. T. J. Jones, Dentist, Bowmanville. It will be seen that Mr. Jones is intending to go to his friends in the States, and is desirous of disposing of his large and increasing practice. Any one wishing to locate, we think, would do well to confer with him before coming to a decision.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO.

The next meeting of the Board will be held in the City of Toronto, commencing on Tuesday, July 20th, 1869, at 10 a. m., for the purpose of examining candidates and granting certificates to practice Dentistry. Further information will be given by applying to the Secretary up to the 15th of July, and afterwards at the "Queen's Hotel," Toronto. The place of meeting can also be ascertained from him at the "Queen's." Licentiates will please send in the names of all persons practicing without licence in their respective localities before the meeting.

Peterborough, Ont., June 17th, 1869. J. O'DONNELL, L. D. S.
Secretary.