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Dominion Dental Journal

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No. 7

Original Communications

REPORT OF THE COMMITTEE ON SCHOOL HYGIENE ON DENTAL INSPECTION.

MR. CHAIRMAN AND GENTLEMEN,—At the last quarterly meeting of this Board the question of the inspection of the teeth of children was discussed. The matter was brought before you by the reading of a report from the Educational Committee of the Trades and Labor Council, forwarded to this Board, in which an opinion highly favorable to dental inspection was expressed.

A "memorial," presented by the Local Council of Women of Hamilton, through its Executive Committee, in which it drew the attention of the Board to the serious deterioration of the children's teeth, and asking that the Board recommend the appointment of one or more "dental inspectors" to visit all schools and public institutions in the province, was also submitted.

Herewith your committee presents a copy of this report.

"Educational Committee's Report of the Toronto Trades and Labor Council.

"FEBRUARY 7th, 1896.

"*To the delegates assembled:*

"Your Educational Committee beg to report for your consideration:

"I. Examination of teeth in the public schools.

"The letter from Dr. J. G. Adams, referred to your committee, has been duly considered. After a conference with the doctor, a sub-committee was appointed to proceed to the dental hospital on

Elm Street, near Yonge, where Dr. Adams demonstrated, by the examination of the teeth of a number of children under treatment, that there existed some necessity for the proposal to have a periodical examination of children's teeth, with a view to their preservation and the saving of the children from much suffering, also their parents much trouble and annoyance.

"It is a somewhat startling fact if, as the doctor alleges, the teeth of each succeeding generation of children are deteriorating until it is now becoming a serious matter. He assured the deputation that the teeth shown were a fair average specimen of the general condition of the teeth of the young at the present time. Assuming the doctor's statement to be correct, and from a quarterly on 'dental' matters, issued by Ash & Sons, of London, England, in an article 'On the decay of teeth in the national schools of Germany,' by Dr. C. Rose, of Freiburg, Baden, Germany, the doctor's statements were fully confirmed. We give the following extract in corroboration:

"In England, through the indefatigable activity of the British Dental Association, it has come about that at various public schools, dentists have been appointed with a fixed salary. These dentists examine the children from time to time, and if desired treat them free of charge. In Germany the "Union of the Dentists of Baden" has, at my suggestion, undertaken a general investigation of all the higher schools of the country. Further, in Germany, Sweden, Denmark and Hungary, individual dentists have taken the trouble to examine a larger or smaller number of school children free of charge. The results of these investigations alone should be sufficient to convince the German Government of the necessity of dental hygienic measures in the national schools. I am not so confident as to hope that with us in Germany, as in England, salaried dentists will, within a measurable distance of time, be appointed. But one urgent duty the German Government cannot shirk: they must see that school children receive thorough instruction as to the utility of good teeth. The teaching which a growing child imbibes in school from its master sticks fastest in its memory. Even if all the doctors, dental surgeons and dentists were disposed to instruct the wider circles of the population through public lectures, etc., the knowledge of the importance of thorough attention to the mouth would be imparted but slowly. It is very different, however, when the schools undertake to further public measures of sanitation. The national school-masters already require cleanliness in dress and body of those committed to their charge, and here and there during the object lessons the most needful measures for the care of the body are discussed. How easy it would be to interest children as to the better care of the teeth within the present educational scope.'

"Fully aware of the suggestions that might be made, that evidence was prepared for your committee, the quotation we have given from Dr. Rose effectually dispels the idea. It is quite evident that there exists an imperative necessity for instructing our children upon the care of the teeth; the sooner this is done the sooner will the many evils arising from the present neglect be stayed.

"The possibilities of the propagation of disease in our public schools through the present condition of the children's teeth, the suffering of and the consequent discomfort of the parents, are features in our daily life which would be soon remedied by the proper instruction in our public schools as urged by Dr. Rose in Baden, and Dr. Adams, in Toronto.

"The proposals of Dr. Adams are that a periodical system of examination should be had at once, with a view to the immediate amelioration of many evils, the parents of children being advised by the examiner's report of what is required to be done, free of charge, at places duly appointed for that work. Dr. Adams and many other dentists are willing to undertake the work of examination and the dental work, so that the cost to the taxpayer would be very small; but legislation is necessary to give effect to a system of examination. At the present stage it might be safe to make it permissive with School Boards to have periodical examinations if they desire it.

"We recommend that the Minister of Education's attention be called to the matter, and the Public School Board be urged to investigate it, and if the evil is as represented they be still further urged to adopt a system of examination, if they have the power to do so; if they have not, to seek the requisite powers."

A letter addressed to Dr. Bryce on the same question by J. G. Adams, L.D.S., was also read at the same time. The following is a copy of the letter:

"TORONTO, February 10th, 1896.

"*P. H. Bryce, Esq., M.A., M.D., Secretary for the Provincial Board of Health.*

"DEAR SIR,—Allow me to call the attention of the Provincial Board of Health to the alarming change in the quality and condition of school children's teeth of the present day, and the effect of this condition on the health of the children.

"For the past twenty-three years, in addition to caring for the teeth of the children in my regular practice, I have, with the aid of assistants, carried on dental hospital work among the children of the poor of Toronto, filling and caring for their teeth free; and in addition to this I have examined the teeth of a large number of children in the public schools in leading cities of Canada, and also

in some of the American schools, including the largest German school on this continent, besides the teeth of some hundreds of children just arrived from England, as well as from Russia, Syria, Japan, and of the Indians and half-breeds of our own country. The examination of so many thousands of children has given me an opportunity such as very few persons have had of noting the condition and the change that is going on in their teeth. I find that children's teeth decay at a much earlier period than they did formerly, and that the quality of the teeth is so much inferior that unless they are filled as soon as they begin to decay, when the cavities are very small and before the nerve pulp has become exposed, they are soon past all hope of being saved. I am speaking of the permanent teeth, not only of the sixth-year molars, but also of the twelfth-year molars, bicuspid, and superior incisors which now often begin to decay in a year or two after being erupted, and it is a very common thing to find some of them past being saved before they have been six months erupted.

"In all the cities I visited I found that 95 per cent. of the children had permanent teeth decayed, ranging in number from two to twenty per child, and that the same unhealthy and neglected condition universally existed, as very few of the children had any of their teeth filled, and the teeth and mouths of a large percentage of them were in a very unhealthy and often disgusting condition, not only injuring their own health but also the health of the teachers and the other children who are compelled to sit side by side with them in the often overcrowded and ill-ventilated school-room, inhaling the pestiferous air which has been exhaled by these children, having vile, dead, abscessed, pus-covered teeth and roots. During the six months when economy in fuel and fear of draughts compel the windows to be closed, this polluted air is heated up and breathed over and over again, and it is always getting viler as the hours go by. But this is not all; children whose parents try to care for their teeth are compelled to drink out of the same cup that these children have polluted with the pus that is so frequently exuding from the gums around the abscessed teeth and roots in their mouths. There is also another source of danger to the younger children from the common custom of chewing gum. The children often lend their gum to their playmates, and thus after being crunched into their vile teeth and mixed with pus it is placed in the mouths of other innocent and unsuspecting children.

"I am sure it is not necessary that I should say anything more to convince you of the need of some prompt action being taken to prevent this wholesale sacrifice of children's teeth and its accompanying effects on their health, education and prospects for useful lives. I shall just call your attention to one other thought, which

I consider is a very serious one, and that is, that these girls whose teeth are in the state I have described will, in a few years' time, be the mothers of the next generation. What about the chances of their children, unless we now do our duty by their mothers, and give them a fair chance to grow up as strong, healthy women?

"I am thankful that, after years of personal experience, I am able to say that this can be done; but it will have to be by systematic half-yearly dental inspection of their school children's teeth in time to save them. In connection with this inspection, dental hospitals for the care of the teeth of the children of the poor would require to be provided, all of which can be done without increasing the taxes of the citizens, as this work can be made self-sustaining.

"The Toronto Trades and Labor Council has taken much interest in the subject, and has passed a resolution to be forwarded to the Minister of Education and the Public School Board, requesting that action be taken in the matter of providing systematic dental health inspection for the children in our public schools.

"Trusting that your Board will give this important subject (which has much to do with the welfare of the present and of the coming generation) its careful attention,

"I remain, most truly yours,

(Signed)

"J. G. ADAMS, L.D.S.

"Toronto, Ont."

The following resolution, which was moved, seconded and unanimously adopted by the Toronto Dental Society, was also submitted: "This Society, appreciating the menace to the present health and physical development of children whose teeth are in an unhealthy condition, desire respectfully to represent to the Provincial Board of Health, in view of the importance of the health and well-being in future years, of good and useful teeth in childhood, it is in the highest degree desirable that some scheme be devised to direct public attention to that subject, and that the Board of Health be requested to give the matter its earliest consideration."

Dr. Herbert Adams, a physician of this city, who was present at a session of the Board, was also heard on the question.

It was finally decided to refer the matter to the Committee on School Hygiene with instructions to report.

In forming an opinion on the necessity of dental inspection, a city physician is unable to draw as largely from his personal experience of dental disease as he can in judging upon the prevalence of ordinary diseases with which he is familiar in his practice. Dental ailments for many years have been peculiarly the province of dentists, and few physicians, except some in the

country, pay any attention to diseases of the teeth. Most of us have, no doubt, seen some patients who, having been too freely dosed with mercurials, have lost their teeth, or who, having incautiously used too strong acid mixtures, have been obliged to have their teeth filled or perhaps extracted.

It must also have been observed by many physicians that decay of a tooth has not been discovered by the sufferer until severe pain, and perhaps irreparable mischief, have ensued. Many adults pay but little attention to their teeth; some never use a brush or tooth wash, while at the same time consuming foods and drinks containing acids or substances which, like sugar, cause an acid change in the mouth, thereby exposing the enamel of the teeth to a very destructive action.

Many also eat by preference soft foods, such as the soft parts of bread, pastry, etc., which require but little mastication, and thereby lose the salutary cleansing effect produced on the teeth by chewing solid foods, which require vigorous mastication before they are swallowed.

Children who are beginning to get the permanent teeth require more attention than has been devoted to them, even in well-to-do families. It is not that they require to go frequently to the dentist, but rather that their teeth should be inspected, at least every six months, in order to discover the beginning of decay in the permanent teeth. The old adage that "prevention is better than cure," applies to these causes peculiarly well.

The small pin-like cavity is easily filled, and decay arrested for a lifetime. When inspection has been neglected for a few years examination reveals, on the contrary, immense cavities which cannot be filled, and unfortunately the offending tooth has to be extracted, thus laying the foundation for further injury to the other teeth, and bringing about the necessity of false teeth.

It has frequently been made a matter of observation that the people of Canada suffer from decayed teeth more than their European congeners. Reliable statistics on the subject are probably not available, so that in forming an opinion one has to be guided by the experience and observation of practising dentists.

In a recent meeting of the Local Council of Women of Hamilton, Mr. J. G. Adams, a Toronto dentist, gave expression to some views on this subject which will bear repeating. Mr. Adams states that "fully 50 per cent. of the public school children of Canada have bad teeth, and that bad teeth are the cause of much of their sickness, and cause the spread of a poison through their system. To some extent the bad teeth were hereditary, but the condition was largely brought about by the use of soft foods, and the eating of too much candy and other stuff that had a destructive action on the enamel of the teeth. In England the teeth are

examined in the training schools, and dentists fill decaying teeth. Dental hospitals are found to work very successfully. There is a great contrast between these two lands—the one where teeth are cared for, and the other where they are not. There are ten people in England with sound teeth to every one in Canada, where 95 per cent. of the people have bad teeth. Bad teeth are one of the greatest inducements to dyspepsia, and it is a noticeable fact that in the charitable institutions of Toronto there are much better teeth than are to be found in the public schools." Mr. Adams suggested that there should be an inspection of teeth in the schools, with a dental hospital for the children. It would not be compulsory for the parents to have their children's teeth fixed, but the inspection would let them know in time if the teeth required attention, so that future trouble might be avoided.

In order to find out with what frequency dental disease affects children who are otherwise healthy, it is necessary to step outside the ordinary routine of practice, and to examine them in large numbers. For this purpose children in schools are best, as it is easy to investigate them with regularity and without risk of repetition.

On the initiative of Mr. Fisher, of Dundee, and Dr. Cunningham, of Cambridge, such an investigation is being carried out in various parts of the United Kingdom by members of the British Dental Association. Children in parochial schools, industrial homes and national schools are being examined, and valuable statistics will, it is to be hoped, be forthcoming, as the condition of each child's mouth is being permanently recorded, and every tooth is taken note of.

R. Denison Pedley, M.R.C.S., L.D.S., England, in October last year, issued a manual on "The Diseases of Children's Teeth, their Prevention and Treatment," giving some statistics obtained on this subject by himself and Mr. S. Spokes.

The dental condition of 3,800 boys and girls, whose ages range from three to sixteen years, is recorded. After detailing the conditions found under the headings, "temporary teeth," "permanent teeth," "unsound teeth," and "sound dentitions," Mr. Pedley concludes his remarks as follows :

"Under the heading 'sound dentitions' we enumerated those cases in which there was an absence of diseased teeth. Many of these were passing through the transitional period between the first and second dentitions. Some children required merely the easy extraction of temporary teeth to place them in a satisfactory state ; but it is a fact, which merits careful consideration, that out of 3,800 children's mouths inspected there were only 828 in which neither fillings nor extractions were required." He continues, "The facts above mentioned show very clearly that the hygiene

of the mouth requires some consideration from another point of view, viz., as it affects the community. The children examined belonged to the poorer classes. The schools, Southall, Hanwell, Sutton and Feltham, were situated within twenty miles of London in extensive grounds, where the inmates have all the advantages of good air and healthy exercise. They are gathered from various parishes in London. They are clothed, housed, fed and educated at the public expense.

"In connection with each school is a large staff of teachers, with band and drilling masters, and they are all under expert medical supervision. These points are only mentioned in order to show that the environment was generally good, and the children were living under healthy conditions; yet, notwithstanding all this, a vast amount of preventible disease existed among them.

"The boys in such schools are either taught a trade or enter the Army or Navy. The girls are trained for domestic service.

"According to the report of the Army Medical Department for 1890, published in 1892, of 55,673 recruits examined, 21,712 were considered unfit for service. Of these 506 recruits were rejected on account of 'loss and decay of many teeth,' and although the rejections were by no means so numerous as from other diseases, yet this is an interesting statement, and not only points to the prevalence of bad teeth among the working classes, but shows clearly how lads from rate-supported schools may be disqualified from lack of cleanliness; 458 girls from pauper schools of the metropolis alone entered domestic service in one year. Five-sixths of that number had never known the use of a tooth brush. The troubles of a domestic servant suffering from neglected teeth need little imagination to picture, but disordered digestion, irritability of temper, and inability to perform the allotted duties, are some of the most obvious results which may appeal to employers."

From these statistics your committee must naturally conclude that dental diseases are common among young people and children in England. It remains to be proved, therefore, that there is relatively a larger proportion of such diseases in Canada. That there is unfortunately a great deal of preventable dental disease in this country, we are quite prepared to admit, and we heartily concur in the wisdom of the practice adopted in England and Germany of inspecting the teeth of school children, giving them the necessary attention, and instructing them in observing a proper hygiene of the mouth.

Your committee would therefore recommend that this Board would suggest to municipalities the advisability of appointing, through their local Boards of School Trustees and Local Boards of Health, dental inspectors who would periodically visit the

schools, examine the children's teeth, and advise them what course to pursue. The advice would in many cases be most valuable, preventing, at a small outlay, subsequent pain, sickness and deformity, and laying the foundations of good digestion, the fruitful parent of sound health.

The practice of having the teeth examined periodically would enable the children to form an excellent habit of attending to their teeth during the formative period of life, and avoiding habits of diet which have, by experience, been proved to be destructive or injurious to the teeth, either in childhood or adult life.

It would be more satisfactory to have the natural teeth preserved by this system of inspection than to have the children exposed to the complete loss of some, or all their teeth at a later period. (Carried.)

Your committee have learned that the dental inspection of a school can be done efficiently and rapidly in a very short time, so that the objection need not be raised that the time properly devoted to teaching will be wasted. Even in a large city like Toronto two inspectors, accustomed to such work, could attend to the children of the city schools. (Carried.)

A dental hospital might also be started for the benefit of the poorer children who would not be able to pay the dentists for the necessary services. (Carried.)

In doing so the municipality would be simply expending money in a most important work of mercy and utility, fully as necessary in its way as the support of public hospitals for the treatment of medical and surgical diseases.

Your committee would also recommend that the attention of Hon. G. W. Ross, Minister of Education, be drawn to this matter, and that a copy of this report be sent to him. (Carried.)

All of which is respectfully submitted.

(Signed)

J. J. CASSIDY,
P. H. BRYCE,
Committee on School Hygiene.

Abstracts.

Edited by G. S. MARTIN, D.D.S., L.D.S., Toronto Junction.

VARNISH FOR LINING CAVITIES.—Gum-mastich dissolved in chloroform makes a varnish which excludes all moisture and acts as a non-conductor.—*J. C. Brewer.*

A TWO per cent. aqueous solution of trichloroacetic acid to moisten the pumice is perfectly harmless. I have used it in my practice for some time, and find it far superior to tincture of iodine for removing the green stain on children's teeth.—*W. H. Jones.*

COMBINATION FILLINGS.—"Combinations of filling materials are often far more valuable than the use of any of them separately. Thus an osteo lining adds to the value of an amalgam filling. Amalgam at the cervical part often adds to the value of gold fillings on the approximal sides of molars and bicuspids, and guttapercha, at the cervical part of osteo fillings in certain approximal cavities, also is valuable."—*W. Cass Grayston, L.D.S. in Dental Record.*

THE RISKS OF ANÆSTHESIA.—It is stated that sixty-one deaths under anæsthesia have occurred within the past year in the United Kingdom, of which fifty-two were from the administration of chloroform. This would be a fearful indictment against the use of the anæsthetic if unsupported by statistics of the relative number of patients subjected to its influence and to the influence of other anæsthetics. But if the number of chloroform cases was fifty-two times the number of nitrous oxide cases, chloroform would appear to be no more dangerous, although it might have caused fifty-two deaths for one death caused by the latter anæsthetic.—*Medical Press and Circular, Jan. 22, 1896.*

ALLOY AND CEMENT.—Dr. W. E. Driscoll, writing to the *Dental Digest*, describes his method of using alloy with cement, in filling teeth. He mixes the alloy with mercury, as dry as will work well, and presses it into a flat button about the thickness of a silver dime. The cement is then mixed so as to be in its stickiest condition, and the cavity filled. Before it has had time to set, the button of amalgam is pressed onto it, the cement squeezing out being cut away from edges and the amalgam burnished down. Dr. Driscoll has not filled a cavity without amalgam in eleven years, and believes the time will come when it will be considered malpractice to use amalgam without first lining the cavity.

MISSION OF THE MATRIX.—And this is the mission of the matrix, to give certainty, where there might be possibility of a doubt; to lessen fatigue by infinitely diminishing obstacles to be overcome; to make possible that which in many mouths is otherwise impossible. Everybody knows what the mission of the rubber dam was and what a boon to suffering dentists and their equally suffering patients; second only to that in importance and value is the mission of the matrix.—*Dr. G. C. Daboll in Dental Review.*

ADMINISTRATION OF COCAIN.—Dr. G. E. Hunt thinks that the "per cent. solution" in cocain is very largely responsible for the many noticeable ill effects, as few dentists put up their own solutions, and have but hazy notions of the number of grains employed. He suggests, instead of the usual method, that the intended dose be dissolved in an indefinite convenient quantity of water and the entire amount exhibited. This will impress dosage on the operator as no other method will, and has the additional advantage that each solution is fresh, when administered, and therefore is more reliable than if prepared for some time.—*Dental Register.*

AS to making fillings wet I hardly know how to speak strongly enough in its condemnation. It is true any tyro can put amalgam in a wet cavity, and it is also true that the amalgam will hold together and will become hard, and it may stay in the cavity for some time. But such a filling will leak all the same, no matter what amalgam is used, no matter how it is manipulated. The walls of the cavity cannot be perfectly dried by pressing in the filling. Therefore it will be leaky as all sub-marine fillings are, and always have been. It is abominable that men of this day and generation will persist in doing such slop work and call it dentistry.—*Dr. G. V. Black, in Dental Practitioner and Advertiser.*

AMALGAM.—Mr. C. Robbins read before the British Dental Association an interesting paper on "Amalgams in Every-day Practice," in which he advances some strong arguments in favor of this much abused article. The fact of its increased usefulness, in spite of all that the "hobby riders" have said against it, is a proof that it is a case of the "survival of the fittest." Some of these same hobbyists are altering their views and using amalgams. In the essayist's opinion amalgam is an "absolute necessity" to an honest man who desires to do the best thing for his patient. Although gold is the royal metal to use under circumstances favoring it, amalgam has the advantage over gold of being useful in frail teeth, where gold would not be permissible, as in cases of patients with poor reserve of health. The failure of amalgam, he

is convinced, is often due to its not being sufficiently respected, too little time being given to the preparation of cavities, insufficient care taken in packing, and frequently no care in the matter of after polishing. If success is to be expected with amalgam every stage must be as carefully and accurately defined as in the use of the nobler metal. Mr. Robbins also advocates the use of osteoplastic materials to fill the large bulk of cavity, using amalgam only as a veneer, thus preventing shrinkage and discoloration to a large extent.

A HIGHLY instructive and scientific paper, entitled "Notes on Enamel and Dentine," was read by Mr. C. S. Tomes before the Odontological Society of Great Britain, and published in the transactions of that Society for February. Mr. Tomes was led to undertake this investigation by a study of Dr. Black's experiments published in *Dental Cosmos*, and while agreeing that Dr. Black's conclusions are in general to be relied upon, yet claims that more exact results may be arrived at by some improvements in the technique adopted. Dr. Black's method in examining specimens of dentine was to take slices from the necks of teeth, dry them at 100° C., and then incinerate them in a platinum crucible, the loss of weight being taken as organic matter. Mr. Tomes sawed across the teeth at the necks, drilled out the dentine with a spear-pointed drill, care being taken to drill out dentine only for examination. These shavings were dried in an even temperature of 100° C., for eight hours, weighed in a platinum crucible, ignited and weighed again. In order to restore any carbonic acid driven off by ignition the ash was moistened with ammonium carbonate, then dried and weighed again. As the turnings were not removed from the crucible during the experiment, and as about twice as much dentine was available by this method it was claimed more accurate results could be obtained. Mr. Tomes' experiments do not confirm those of Dr. Black, in which teeth from the same mouth differ more in their percentage of lime salts than teeth of good and fair quality from different mouths. From an examination of several jaws Mr. Tomes found that the corresponding teeth on opposite sides of the mouth gave the same results in every case, and also that the dentine of bicuspid and molars is more highly calcified than that of the incisors and canines. The one set of imperfect teeth examined gave lower percentages for all the teeth than the other more perfect sets, whereas Dr. Black's experiments went to show that teeth of poor quality are as highly calcified as those of good quality.

Proceedings of Dental Societies.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO.

The annual announcement for the academic year 1896-7, and the report of the proceedings of the annual meeting of the Board of Directors, and special extra work has been issued, and has, no doubt, been received by the licentiates.

For some years past the Directors of the Royal College of Dental Surgeons of Ontario have been preparing to erect a suitable building for teaching purposes, which should belong to the dental profession of the province.

For this purpose the Board has been slowly accumulating funds from the surplus of students' examination and lecture fees. At the annual meeting in March, 1895, it was decided that the financial problem was solved, and that the time had arrived for action. A lot was purchased, plans prepared and contracts let, work being commenced early in August, 1895. By December 15th the roof was on and the building closed in. It is now, in the summer of 1896, being completed, and will be ready for occupation October 1st, 1896.

The building is 50 feet front by 106 deep, three stories and basement, and contains about 18,000 square feet of floor space. The material is brown stone and pressed brick. No expense has been spared to make it solid and durable. The inside is all finished in hardwood; special attention has been paid to heating and ventilation, which is expected to be practically perfect.

The fittings and appliances for teaching dentistry will be of the most modern type and fully equal to the best dental schools of the United States or Europe.

The cost of the property, including fittings and appliances, will be approximately \$45,500.

TWENTY-SECOND SESSION, 1896-7.

The twenty-second session of the School of Dentistry, Toronto, will open on the first Tuesday in October, 1896, and continue until the last of March, 1897. The introductory lecture will be given at 5 p.m. on October 5th, 1896. The Dean will be at the College to register students on October 5th, from 2 to 4 o'clock. Seats, chairs and lockers will be assigned in the order of payment of fees in cash.

The number of students in attendance during the session of 1895-6 was as follows: Freshmen 82; Junior class, 47; Senior, 32.

The report is exceedingly interesting, and shows the great amount of work being done for the profession and the public. On account of the college, lot and building, \$25,917 has been paid, and the directors were authorized to raise a loan of \$12,000. It was decided to formally open the new building in connection with the meeting of the Ontario Dental Society on the 1st of October next. Further particulars later on.

A REMINDER.

The Executive Committee of the Ontario Medical Association, and the Committee of Management for the opening exercises of the new Dental College, are hard at work preparing a bill of fare for the combined meeting, which begins on September 30th, the exercises of which will prove to be exceedingly attractive, so much so that we have no hesitation in saying that in every respect it will outstrip anything of the kind ever held in the Dominion.

The number and reputation of the outside talent, together with the exceptionally interesting subjects and clinics to be presented and discussed, coupled with the formal opening of our substantial, capacious and thoroughly equipped college (our ALMA MATER), will prove to be elements which will more than satisfy our most sanguine expectations that an overflow meeting is in prospect.

We propose to be prepared for such an emergency, and in due course of time issue to the members of the R. C. D. S, and their wives, programmes and invitations which will request answers signifying an intention of attending and making application for seats for the formal opening. Seats will be allotted in the order in which the applications are received.

J. A. MARSHALL, *Sec.*

DENTAL ASSOCIATION, PROVINCE OF QUEBEC, BOARD OF EXAMINERS.

The examinations in practical, operative and technical work was held during two months, and the written and oral examinations commenced in the Dental College on April 1st, and continued for three days.

In the matriculation examination Dr. Aspinall Howe and the Rev. Abbe Verreux were the examiners. There were eleven candidates for admission to study.

The following received the matriculation certificate: Sydney George Brown, H. J. J. Ladouceur, R. G. McCabe, D. McHarg, Ernest Burns Scroggie, Dudley Welch.

There were eighteen candidates for primary examinations, with the following results :

Passed in anatomy—F. H. Bradley, E. A. Cleveland, J. A. Jutras, E. E. Kent, George Kent, W. G. Kennedy, J. K. McDonald, jr., J. A. Rollit, F. M. Wells, L. M. P. Yvon.

Passed in chemistry—A. D. Gareau, A. E. Giles, E. E. Kent, George Kent, H. Lautier, J. K. McDonald, jr., J. A. Rollit, Joseph Versailles, F. M. Wells, L. M. P. Yvon.

Passed in physiology—E. A. Cleveland, A. E. Giles, W. G. Kennedy, E. E. Kent, George Kent, J. K. McDonald, jr., J. A. Rollit, F. M. Wells, L. M. P. Yvon.

Passed in metallurgy—A. E. Giles, J. A. Jutras, George Kent, W. G. Kennedy, A. Langlois, J. K. McDonald, jr., A. O. Rioux, J. A. Rollit, Jos. Versailles, F. M. Wells, L. M. P. Yvon.

There were sixteen applicants for license, of which the following passed and were granted the diploma of Licentiate of Dental Surgery : E. J. Adams, John Boyne, Fred H. Bradley, F. W. Brown, E. A. Cleveland, A. C. Jack, Henry Kerr, C. F. Morrison, Fred Paquette, James M. Shaw, A. E. Vadeboncœur and F. M. Wells.

The Board of Examiners consist of : S. Globensky, L.D.S., D.D.S., Vice-President ; George W. Lovejoy, M.D., L.D.S., D.D.S., Treasurer ; A. W. Hyndman, L.D.S., D.D.S., Registrar ; J. Nolan, L.D.S., D.D.S., L. J. B. Leblanc, L.D.S., D.D.S., W. G. Beers, L.D.S., D.D.S., Dean and representative of the Dental College of the Province of Quebec ; and A. H. Beers, M.D., L.D.S., D.D.S., medical representative of the University of Bishop's College.

Reviews.

Extraction of the Teeth. By I. F. COLYER, L.R.C.P., M.R.C.S., L.D.S., Dental Surgeon and Lecturer on Dental Surgery to Charing Cross Hospital, London. C. Ash & Sons, 5, 6, 7, 8, 9 Broad Street, Golden Square, West. 1896.

This monograph of 102 pages, well illustrated, and well written, will be found useful to students, and especially to those in active practice who never were, or who have ceased to be, students, and who need educating much more than those who are not yet licentiates. The superstition still prevails in nearly all general hospitals on this continent, and to a large extent among dental as well as medical students, that the extraction of teeth is a much less difficult operation than the removal of corns, and that it is

quite safe for the enterprising tyro to go on pulling excursions in the human mouth, with rusty instruments and musty knowledge of the anatomy of the teeth or adjacent structures. The book comprises chapters on the general principles of extraction; the extraction of individual teeth; of misplaced teeth; the use of anæsthetics during extraction; difficulties, complications and sequelæ of extraction.

Shikwa-Igaku-Sodan, a medical journal devoted to the investigation of dental science. Published by Takayama Dental College, Tokyo, Japan.

Dr. K. Takayama is dental surgeon to H. I. M. the Emperor. He is also President and Professor of Operative Dentistry in the Japanese College, having a staff with him of nine other professors. The college was founded in 1890, after Dr. T. had had seven years' study in the United States, having over one hundred students. In 1891 the department of the Interior of the Government held an examination for the license to practice dentistry, and seven students graduated. The course of studies consists of three years. The text books were all written and published by Dr. Takayama, comprising ten books. The efforts of the doctor are very interesting and worthy, and add another tribute to the genius of the Japanese in modern progress. The journal itself is in this way a welcome addition to our exchanges, though Japanese has not been included in the qualification for matriculation in the United States or Canada. However, we have no doubt it will prove quite as interesting as any of its English contemporaries, to those dentists who boast that they do not need to read the journals.

No one ever thought of introducing so expensive a feature as lithographic color work in the days when the leading magazines sold for \$4 a year and thirty-five cents a copy. But times change and the magazines change with them. It has remained for *The Cosmopolitan*, sold at one dollar a year, to put in an extensive lithographic plant, capable of printing 320,000 pages per day (one color). The cover of *The Cosmopolitan* is a surprise each month, from the pencils of such artists as Rossi, Eric, Pape and Wilhelm von Friedrich. The June number is up to the high standard of excellence set by the enterprising editor, John Brisben Walker. A poem by Robert Burns Wilson, "The Immortal Three," illustrated by the author; instalments of characteristic serials by Frank R. Stockton and Beatrice Harraden; short stories by Joseph A. Altsheler and Gertrude B. Stanton and timely articles by Ellen W. Mayo, General Miles, Chatfield-Taylor and the Editor go to make up one of our most welcome journals.

Correspondence.

"EDUCATED" QUACKS.

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—You are merciless upon quackery, and quite right. We are cursed by the ignorant pretenders. But let me tell you that the worst offenders, and the men who deserve the most severe condemnation, are not those who are ignorant pretenders and open quacks, but more than one fairly well educated licentiate and doctor of dental surgery I could name. Some of them cunningly make a great splurge in the public press, they "go the whole hog," and then when they are cut off by the printers who cannot get their money, they pretend to turn over a new leaf, and think they can deceive us by their mock respectability. They only want the means to pay for their advertisements to repeat their quack methods. I hope that our societies will be careful not to receive such men in their midst. Some have got in under false pretences already, and I hope they will be expelled. They have no consideration for us. Why should we have any respect for them.

Yours, etc.,

OTTAWA.

OUR POSITION AS A PROFESSION.

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—There is an important work which only a Canadian journal can do for Canadian dentists, and which has been done by ours, to my knowledge, with unvarying consistency ever since was issued the first number of the *Canada Journal of Dental Science* in June, 1868. In that issue the late Dr. C. S. Chittenden, of Hamilton, one of the pioneers of the profession in Ontario, contributed an article condemning all sorts of quackery in dentistry, and you adopted the principle of a high standard of ethical as well as scientific aspiration, that our profession should be respected by the public as a recognized ally of the healing art. Apart from the scientific aspect of journalism, a great deal had to be done to suggest and assist the organization of the profession; to educate many in the proper and professional lines of conduct. No doubt we owe a great debt to these efforts in our Canadian journal; and more than ever, when over-competition has tempted so many to resort to the baser methods of getting practice, a fresh demand is made for your lead again towards professional respectability. No foreign journal could afford the space to do this for us, and I am sure that every thinking dentist of any respectability in Canada

must see the importance of taking even more than a regular monthly interest in the DOMINION DENTAL JOURNAL. There should be, I feel, a rule in our college, that every student will be supplied with it regularly during his course. It is the young men we want to guide and guard, and no text book teaches them professional ethics. Our profession in Canada owes a vast deal to the efforts of the JOURNAL.

Yours, etc.,

I. L. ROWLITT.

MEDICAL MEN AS QUACK DENTISTS.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—The remark you made that, if the medical profession would appreciate fully, and apply intelligently the knowledge possessed by dentists, which would be of direct and collateral benefit to hundreds of other patients, dentistry would not be overcrowded, has just received another striking illustration in my practice, and it is only one of hundreds which occurred in my experience. You will remember the case of irregularity caused by thumb-sucking, for Miss M., which you had in hand for several months, and which deformity was reduced to a perfectly regular arch. Upon removal to this village you confided her to my care. The retaining plate was continued, as the cuspids were not developed when she left you—the intention being either to remove the less important first bicuspid on either side, or make room otherwise laterally for the development of the valuable cuspids, for the extraction of which there was, and rarely can be any excuse. About a month ago the patient came and showed me that the cuspids had appeared in the usual irregular place outside of the arch—the laterals and first bicuspids being almost in contact. I instructed her to return in another month and I would continue the necessary regulating to bring them into line.

One of the village physicians, who boasts of the number of teeth he extracts, and who keeps them on exhibition in his office as a temptation to patients to patronize him instead of the dentist (!) got hold of the girl, and unknown to her parents or myself induced her to let him extract these two cuspids, notwithstanding the fact that he knew she had been under the hands of two dentists, for the purpose of regulating them! Such ignorance, and such a breach of professional courtesy should be exposed. It is high time that physicians should abandon the mean and unscientific business of extracting teeth for the sake of the paltry fee. It is quite time, too, that they should condescend to inform themselves of the functional importance of their preservation, and the frequent serious consequences of their diseases.

Yours, etc.,

A VILLAGE DENTIST.

Dominion Dental Journal

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All Communications relating to the Business Department of the Journal must be addressed to DOMINION DENTAL JOURNAL, Room 97, Confederation Life Building, Toronto, Canada.

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[No. 7

DENTAL AND MEDICAL INFECTION.

In the last July number of the *Montreal Medical Journal* an article appeared with the rather sensational heading, "Infection in the Dentist's Chair," descriptive of the case of a housemaid, who was admitted to the General Hospital a month after she had three teeth extracted. She complained of "sore throat and sore gums, and tender, painful teeth," not a very rare experience, under the circumstances. A week after she was admitted she died. The case was reported—as the result of the autopsy—as one of septic infection, and without actually knowing anything whatever of the facts as to the condition of the instrument used by the dentist, and without investigating the circumstances preceding the girl's entrance to the hospital, the startling accusation was made that the infection was caused "in the dentist's chair." A reply to the article was sent to the editor, but never reached him.

Reasoning from analogy, the author of the reply endeavored to show that the possibility of infection in the dentist's chair, or from the dentist, was very much less than from the general physician, especially if he practised surgery, and from general hospitals, and an article by Professor Fournier, of Paris, in a recent medical journal so well expresses and exposes this position that we take the liberty of making extensive quotations. It is an undeniable fact

that physicians do infect patients in various ways, through the hands, through instruments, through transportation of organic substances from syphilitic organisms to sound organisms, and through the clothes. Professor Fournier's article is confined to syphilitic infection. He shows that by digital examinations—and quotes facts—that syphilis is conveyed by direct transportation, as it were, and refers to an epidemic of syphilis in the eighteenth century which originated through a syphilitic midwife, who continued practice despite the lesions upon her hand. Referring to instruments, Professor Fournier specially blames the bistoury, the lancet, the accessories used in applying simple or scarifying cups (glasses, razor and scarifier), the probe, the speculum, the Eustachian catheter, the tongue depressor, the laryngoscope, and the various articles used in surgical dressings—lints, sponges, linens, etc.

"Side by side," says the writer, "with the speculum may be placed the tongue depressor. The mouth is examined on all possible occasions in dental diseases, in throat maladies, etc., and thus may become the focus *par excellence* of syphilitic contagion; the least inattention may prove disastrous. After examining the oral cavity of a syphilitic, full, perhaps, of mucous plaques, the tongue depressor is laid aside without cleaning, and is forgotten; another patient comes in whose mouth is examined by means of the same implement, and infection is the result." Professor Fournier exposes, too, the dangers from the use of nitrate of silver pencils, which are now interdicted in French hospitals. Skin-grafting, vaccination, etc., come in for their share of condemnation in the same relation.

Quite as important as any causes of infection, are those which occur from the physician to the patient, and *vice versa*. The physician may be infected in the face and in the hands by direct contact with the contaminating pus, or by contact with the globules of sputum projected from the mouth or throat of the patient. Physicians are exposed to a "veritable rain of salivary globules" while cauterizing the throats of patients, as small-pox and syphilis have both been contracted in this way. "Manual chancre is the medical chancre *par excellence*." This may arise during operations on the penis, vaginal examinations, obstetrical manoeuvres, operations on syphilitic subjects, also wounds received during autopsies.

It is a sad and startling fact, that professional syphilis is not uncommon, contracted in practice. It appears to be more dangerous to life than that ordinarily contracted, because, as Professor Fournier argues, the physician is morally depressed, is overdriven, and is inadequately treated. "A man of the world may contract syphilis, become pre-occupied and wretched, but we can console and reassure him by all manner of specious arguments. The physician, on the contrary, knows too well what the malady means, and the danger that will menace him in the future."

The possibility of infection of various kinds from house to house conveyed by the family physicians; the difficulty of excluding it invariably from hospital practice; the slovenliness of some practitioners, who proceed from surgical to obstetrical cases, and whose ether and instrument bags will frequently not bear inspection, which the chair, the instruments, the linen, or the person of the average dentist will stand, should make medical critics of "dental infection" think twice and investigate fully before, from glass houses, they throw stones.

"FAIRY TALES."

For most of the nonsense and superstition prevalent in the public mind about dentistry, dentists themselves are responsible. How did the French saying, "To lie like a tooth-extractor," originate? Simply because the tooth-tinker told fairy tales to assuage the fear of his patients. What is the reason that so many patients to-day believe that when a cavity is filled the tooth is insured against further disease; that when a pulp is dead all pain should forever cease; that the deciduous teeth are of no functional value; that the mouth should never again change after a "permanent" (?) set is inserted; that plates should never break; that the dentist should keep them in repair without cost, and a lot of other such absurd nonsense? It is chiefly due to the pretensions made in the press and in practice by quacks, and by men who are not quacks, but who descend to quack methods of drawing patients. It is because we have men in our ranks who find it too much trouble to teach patients the truth, and so easy to accommodate them with falsehood. It is a curious fact, which goes a good way to tempt morally loose men to lie, that many people will gulp down a deliberate falsehood, when they will choke at the honest truth. Dentists are busy men as a rule, and naturally those who are not paid for consultations dislike to give three dollars' worth of time to get two dollars' worth of operations, and as it is so much easier to convince many people that a lie is a truth than that the truth is a lie, the patient gets what he accepts the readiest, and the dentist gets business. The dentist is not in business specially to educate the public in his office, unless, at least, he can make it pay his expenses. This is all the more reason why co-operative education through other means, to counteract the nauseous advertiser, should become a part of the object of the local associations. As a rule, dentists do not risk exposure by telling fairy-tales before the association. They keep their vulgar self-praise for that portion of the public who would believe that Satan was a saint, even if they held him by the tail and saw his hoofs, providing that Satan advertised loudly, and reproved sin.

QUACK ADVERTISING DOES NOT PAY.

"If I can make one dollar more a day by what you call 'the degradation of the profession,' I'll do it," said one of the quack-method advertisers. "I'm in this business only for the dollars in it, and if I thought I'd make two where I now make one, I'd hang signs and show-cases and banners all over my house. I'd advertise what I have to dispose of just the same as if I cleaned chimneys instead of teeth, and put in water closets instead of artificial teeth."

Well, to make a long story short, he did so, and to make a short story long he was sold out by the Sheriff, and will never be able to retrieve either his professional or personal failure.

It is suggestive that the most brazen-faced advertisers in every part of Canada have, as a rule, eventually turned out miserable failures. Occasionally we meet a sincere penitent who has seen the folly of his ways, and who is manly enough to confess it, and advise young men what to avoid. But the persistent and impenitent sinner against the code of ethics, whether subscribed to in writing, or merely assented to, *nemine dissentiente*, has almost invariably made a wreck of his present as well as prospective career. Impeduniosity, like abject poverty, is no crime. But men who publicly declare that they can do or will do what no other dentist they insinuate can do or will do, or who swagger in vulgar pretence in print, are dishonest. It is well that we know just where to place them, and how far to trust them, so that even when they show signs of ethical repentance, we are justified in the suspicion that it is due less to moral reform than to the ruin of their credit, or the exhaustion of their funds.

The following authentic record of some of these short-sighted people in one city of Canada is, to say the least, suggestive, whether the facts are explained as a consequence or a coincidence:

1. Effects seized and sold by a bailiff before removing to the city. Several judgments for debt against him.
2. Publicly living with a woman who is not his wife. Seven judgments against him.
3. A gambler and blackguard of the first water, whose wife publicly accused him in court of conniving to use her to blackmail other blackguards.
4. Accused of arson and keeping an immoral house. Warrant issued for his arrest, but absconded over the line 45 minutes before it could be served.
5. Refused a license upon the grounds of bad moral character, and was obliged to return to the United States.

6. Publicly known for immoral living. Putting on style at the expense of his creditors. Seven judgments against him.
7. Died in a lunatic asylum as a pauper.
8. Is insane now.
9. Known as a champion liar. Five judgments against him.
10. Gone to the dogs.

None of these men were ashamed of their shame. They gloried in it. To paraphrase the poet, no doubt they still believe

" 'Tis better to have advertised and bust,
Than never to have advertised at all."

INFIRMARY PRACTICE.

We are in receipt of a large number of letters confirmatory of the views expressed in the March issue on this subject. That the students who are going forward for a license, or a degree, must have sufficient infirmary practice, goes without saying, but that this practice should in any way encroach upon the legitimate practice of those who are already licentiates, is wrong in principle, and of direct injury. It would be better to devise some means of doing all operations and laboratory work *gratis* for *bona fide* inmates of the charitable and benevolent societies of Toronto and Montreal, than to encourage any system of free service among the class who are ever ready to sponge upon dentists and physicians, and who are quite able to pay the moderate fees of many junior practitioners. Special cases of "deserving poor," not included in these institutions, might be specially considered, but the healthy, well-dressed and well-fed mob which constitutes a large proportion of the patrons of dental infirmaries, have no claims whatever. The dentists of Toronto and Montreal have it in their own power to stop infirmary imposture. Students in this matter are really a secondary consideration. If we are to satisfy their needs by starving their preceptors, the foundation stones of those Provincial Homes for Poor Dentists might be laid beside the two provincial colleges.

POKE FUN AT THEM.

If you are forced to discuss with the quack method advertisers, it is better to poke fun at them than to talk seriously. If you cannot shun them, you can ridicule them. It hurts a decent man's reputation to be seen sitting at the same table with them. Sometimes one cannot avoid them, but it is better to talk of the weather, the crops, or of bicycling than of the teeth, or of advertising. The

quack and the quack method advertisers who possibly succeed in drawing the patronage of the credulous or the ignorant, would like occasionally to be seen in the company of respectable confreres, in the hope that he may thereby draw in that source as well. We know that the vaporing in print of these quack method advertisers is ridiculous. They know it too. But they do not like being ridiculed. Some of them would rather be kicked blue. If you kicked some of them they would feel flattered. But to inquire from them if it is true that they are buying second-hand sets now; that they wash their hands now, or that they have invented a combined show-case and machine in which passers-by can drop a penny in a slot, put their heads in a hole and get their teeth cleaned; that sort of ridicule is worse to them than a trial by jury, or a month in jail. Poke fun at them!

"IMPROPER CREDIT."

The editor of the *Ohio Dental Journal* takes the editor of the *Items of Interest* to task for appropriating original material from other journals, without giving credit to the latter. The latter admits that he instructed his subordinate not to give credit to the journals, but to merely mention the name of the author. We are not disposed to believe that Dr. Welch would do this from any desire to deprive his contemporaries of their just rights, much less from any intention of passing off the appropriated articles as original. But as a method of editorial business it is loose and unfair. It has been repeatedly brought before our notice. The practice is common among daily newspapers. It is a well understood belief of editorial ethics that it is, to say the least, unjust. It has, too, "the appearance of evil," in assuming credit for what belongs to a contemporary. It opens an honorable editor to the imputation of piracy. We do not think that Dr. Welch, intentionally, is either a plagiarist or a pirate. From our experience of him he is a very honorable and respected gentleman.

DENTAL ADVERTISING.

We propose publishing the advertisements of the shining lights of dental advertising in Canada. In some cases the advertisers conceal their names. As they should not blush for their own productions, we propose to publish their names all the same. We may devote an entire number to this matter, including the code of ethics. We solicit copies of all objectionable advertisements, and in cases where the names are concealed we would like to have them.

HINTS TO ADVERTISERS.

[We think it only fair to give the quacks and those who say they are not quacks, but who cannot say that they do not use quack methods, the benefit of some suggestions sent us, about advertising. We will be glad to receive any other suggestions.—ED. D. D. J.]

WORLD'S MEDICAL AND DENTAL COMBINE!!!

COMBINATION OF THE WORLD'S MARVELLOUS
MEN!!!

*Branches of our "Parlors" in all parts of Europe, Asia, Africa,
America and Mars.*

"INCURABLE DISEASES" CURED!

*Mumps and Measles, Fits and Fevers, Dysentery and Drunks a
Specialty!*

Get one of our "Electro-Humbugo Liver Pads," and live for a
Century!

Get one of our "Cobble-Stone Chewer" Sets of Teeth. They
bite, you bet!

\$10 sets for \$5.

\$5 sets for \$3.49.

\$3 sets gratis, with a Free Lunch.

Teeth and Corns Extracted with Musical Accompaniment!

Only *Sacred Music* with extractions on *Sundays!*

Heavenly and Hilarious Harmonies for Hypochondriacs.

Babies Vaccinated on Bargain Days Free.

Our "Universal Cosmical Cure-All" will revive the dead—
dead beats, dead heads, and dead drunks.

Wrinkles removed and Dimples done to order.

OLD SETS OF TEETH BOUGHT.

Old sets of Deceased (or Diseased) friends sterilized, and made
to fit all comers.

 We bury free those who do not survive our treatment.
During the College session we compound for corpses—light
weights preferred.

 We keep open *All Night* for those who are ashamed to be
seen coming to us in day-time. We do most of our business
at night.

Our Crown and Bridge Department is in charge of several Crowned Heads, and the builders of fourteen Japanese, Chinese and Chicago Junk Shops. They meet you at our door, and take you in at any time. Easy sleep the heads that *wear our* Crowns!

We use the X rays. It helps us to raise the wind in warm weather.

Balloons and Bicycles ready, with our Associates in full war-paint, Local Anæsthetics, Forceps, and Life Insurance Policies.

To meet the demands of busy men our Experts will fill or pull your teeth on the cars.

We do not charge for advice, examination, etc., as we give you the worth of your money.

FREE LUNCH AND BATH WHILE YOU WAIT.

Your Boots polished while you are having your Teeth "Fixed."

Second-hand clothing taken in exchange for our Sets of Teeth.

Our Artificial Teeth are away ahead of your natural Teeth, because you can put them in your pocket when you're sick, pawn them at your "Uncle's," raffle them, wager them, play poker with them, or lend them to a toothless friend.

☞ We rent out our \$3.49 sets (sterilized each change) for 50 cents a night. Hire one of our "Perfection" sets when you go to mash your girl, or a tough steak.

You can Bite through one of John Eaton's steaks with our sets!

☞ STARTLING DISCOVERY!!!!!!

WE WASH OUR HANDS NOW!!!!!!

WE ARE STERILIZED NOW!!!!!!

We sleep in sterilized linen, and speak sterilized grammar.

And Don't you Forget it! See?

We've Syndicates for Sugar,
 And we've Syndicates for Shoes,
 We've all sorts of monopolies
 Of every kind you choose.
 But of all the brilliant fancies
 Which take the cake and wreath,
 There's nothing half so clever
 As our Syndicate for Teeth!
 Teeth! cheap Teeth!
 The whitest you ever met,
 You can chew when you're blue,
 Or bite when you're tight,
 And only \$3.00 a set!