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Original Communications

COCAINE AND ITS RATIONAL ANTIDOTE.*

BY G. LENOX CURTIS, M.D., NEW YORK CITY.

In the majority of cases in which cocaine is used some excitement either pleasant or unpleasant is manifested. The pulse becomes rapid, the breathing quick and deep, followed by headache, dryness of the throat, pallor of the face, nausea and coldness of the extremities, accompanied by a tingling sensation; the skin becomes clammy, and often great beads of perspiration form; the eyes grow glassy and the pupils dilate. When a large amount of the drug has been ingested, convulsions, either tonic or clonic, may occur, or collapse may follow. Death is due to gradual cessation of respiration.

Cocaine is a stimulant to the central nervous system. It increases cerebral activity and endurance of fatigue. For generations the natives of Peru and Bolivia ate cocoa leaves as a stimulant, and their soldiers were provided with them to chew when making forced marches. Scientific experiments prove that more work can be done after taking cocaine. The heart's action is accelerated by cocaine, owing to the direction of the drug on the cardiac muscle and stimulation of the cardiac sympathetic.

Paralysis of the vagus, as in belladonna poisoning, cannot account for the increased activity, for stimulation of the vagus in a case of cocaine poisoning slows the heart, showing that the latter nerve has not been deprived of its function. At first, the blood

*Read before the Union Dental meeting, Richmond, Va., May 10th, 1900.

vessels are much contracted, which, with the rapid pulse rate, causes a marked rise in the blood pressure. The cause of the arterial contraction is stimulation of the vaso-motor centre. Subsequently, the blood pressure falls from peripheral vaso-motor paralysis.

The local effect of the drug is due to paralysis of the termini of some of the afferent nerves, particularly those conveying impressions of pain and touch, but the temperature sense does not seem to be affected. Cocaine acts best on mucous membranes. In the nose, it paralyzes the sense of smell as well as sensation, but it has very little effect, if any, on the healthy skin. Schleich's method of infiltration anesthesia is probably the most satisfactory. I have found that a weak solution of cocaine is especially applicable in work on the mucous membrane, but in operations on the deeper tissues, and in bone work, the stronger solution is more effective. I, therefore, use from a ten per cent. to a saturated solution. The great advantage gained by employing solutions of high strength is economy of time in the operation, which, to a busy practitioner, is important. In from one to two minutes after the injection the surgeon can proceed and the operation be completed by the time a weaker solution would have taken effect.

The most successful surgeons of to-day aim to consume the least possible time in operating, and thus lessen shock.

The opportunities for the use of cocaine are numerous. It is effective in major as well as in minor operations. If more operators would follow Schleich's example, much of the discomfort and danger of general anesthesia would be averted. I predict that the time will come when ether and chloroform will be held in reserve as emergency drugs, and that cocaine, or some other local anesthetic will supersede them. I am able to do fully ninety per cent. of my work with cocaine. The principal objection to it is its toxic effect; if that can be overcome by an antidote, surgery will forge ahead and many major operations will become minor ones.

Cushing says: "Cocaine is a protoplasmic poison. It destroys the protoplasm of nerve and organs, hence explains its local anesthetic action. When a solution of cocaine comes in contact with other organs it destroys their vitality. Ciliated epithelial cells, leucocytes and spermatozoa become motionless. Cortical nerve cells lose their excitability. Many of the invertebrates are killed by even a short exposure to cocaine. Movements of protoplasm in plants are also retarded or entirely suppressed by this poison." This doubtless accounts to a greater or less degree for the general languor that usually follows the use of cocaine. In continued daily operations where cocaine is employed, the strength and energy of the patient decline, and often a morbid condition exists.

A rational antidote cannot be expected to prevent protoplasmic

poisoning or destruction. Operations are not usually done on the same patient every day, hence nature may be safely permitted to look out for local ill effects, which, to say the least, are never serious. A successful antidote must antagonize the paralyzant effect of cocaine upon the heart, the blood vessels, respiration, etc. It should comprise in its physiological action the merits of digitalis or strophanthus, belladonna, ergot, calabar bean, etc. In its effect upon the circulation and respiration, volasem, which is an extract of violet, resembles the principal action of these drugs. Its effect is manifested so quickly and surely that with it any required strength and amount of cocaine can be safely used. Volasem neutralizes the general toxic effect of cocaine, but does not interfere with its local effect. It stimulates the heart's action and contracts the arterioles. It stimulates respiration and raises the blood pressure. When administered immediately before cocaine is employed, it prevents the usual untoward symptoms by maintaining the respiratory and cardiac functions. I have found that where volasem was administered in five-drop doses every hour, until twelve doses had been taken, no appreciable action was observed; but when fifteen drops were given every half hour for two hours, its action upon the heart and lungs was similar to the primary effect of cocaine, but none of the other cocaine symptoms were observed. I have also noticed with susceptible patients that ten drops would produce similar results within a minute or two. These cases respond quickly to cardiac stimulants, and have none of the usual cocaine after effects. I found, however, that hypodermic injection of cocaine would immediately restore the equilibrium. Thus, I am led to believe that these two drugs antidote each other.

To show the efficacy of volasem I will relate some clinical experiences.

Mrs. A., aged forty, upon whom I had previously operated under cocaine was to be operated upon again, this time for the removal of a tumor. When ready, I discovered I had no volasem, but concluded to proceed under a four per cent. solution of cocaine. I injected four drops and waited for its effect. In about two minutes the patient showed unmistakable toxic symptoms. Aromatic spirits of ammonia was quickly administered, and by the time her clothing was loosened alarming symptoms appeared. The patient being unconscious, hypodermic injections of digitalis, whiskey and strychnine were given. Most of the extreme symptoms were manifested. Respirations had fallen to seven a minute; the radial and temporal pulse ceased, and the heart's action was scarcely perceptible. It required an hour's hard work to restore the patient, and it was several days before she was in a normal condition. Two weeks later I went on with the operation, and first giving five drops of volasem, and a minute later injecting thirty drops of a ten per

cent. solution of cocaine into and about the tumor, I completed the operation in twenty minutes, the patient showing not the slightest effect of the cocaine. She expressed her astonishment at the virtue of the antidote. Another phase of the toxic effect of cocaine, and the quick action of volasem, was recorded in my discussion of Dr. Foster's paper on cocaine poisoning, published in the *Cosmos* for November, 1898. The patient was brought to me by his dentist, on the eve of my summer vacation in 1898. As the case was urgent, I concluded to operate with the doctor's assistance. I prepared the volasem, but forgot to give it. I injected half a drachm of a saturated solution of cocaine. Within a few seconds the patient complained of a peculiar sensation pervading his entire body and a tingling in the extremities. He became unconscious and was soon fighting like a demon. It was with great effort we prevented his doing us bodily harm, when suddenly toxic convulsions occurred. I turned to give him more volasem, when I discovered I had not given him any. Prying open his mouth I poured the ten-drop dose down his throat. After the lapse of a minute the muscular rigidity relaxed, and within another minute restoration was complete. The patient stated he had no knowledge of what had happened. I finished the operation, and within an hour he went to his home, apparently none the worse for his experience.

7 West 58th Street.

THE NATIONALIZATION OF PROFESSIONAL STANDARDS IN DENTISTRY.*

BY S. W. MCINNIS, D.D.S., BRANDON.

The young college graduate looking for a field in which to practice his profession is at once made conscious of the existing barriers to his entrance into this Province or that territory, this State or that country as a practitioner, and if he inquires and examines he must soon become aware of the ludicrousness of those barriers in their multiplicity and diversity.

In my own case, after examining the situation I came to the conclusion that either in a country like the United States or a country like Canada the existing state of affairs was wrong and that those inter-provincial or inter-state barriers should not exist. This idea has remained with me and has steadily grown through the dozen years that have intervened, and now finds its first fruit, if fruit it be, in this paper I present to you to-day, entitled, "The Nationalization of Professional Standards in Dentistry."

* Read before Dental Society of Western Canada.

The Constitution of the United States would seem to put the possibility of a national standard for the profession in that country almost beyond hope. Further, the arbitrary establishment and maintenance of the National Association of Dental Faculties and of the National Association of Dental Examiners, their continued warfare against each other, their appeals to the legislative bodies to strengthen their hands in that warfare, for years seemed to put all hope of a wholesome settlement of the vexed question of standards further from us.

During the twelve months immediately behind us, however, the situation has very greatly changed, and changed for the better. In the October number of the *Dental Cosmos* will be found the report of the Committees on Legislation and State Boards to the National Association of Dental Examiners, in which the objects of the said National Association of Dental Examiners, in so far as they relate to the subject of this paper, are set forth, *i.e.*, "The objects of this Association shall be to secure, through the operation of the various State Examining Boards, a high and uniform standard of qualification for dental practitioners, and, as far as practicable, uniformity of methods in the working of these Boards and of the legislation in creating them." The report of the Committee concludes with a draft of such legislation as in the opinion of the Committee it is desirable that the Examining Boards of the several States shall urge upon the legislatures of their State to enact.

The legislation proposed provides for the appointment of a Board of Supervisors and a Board of Dental Examiners in each State, and also a standard of qualification for practitioners of dentistry of which I here quote the third item: "Graduation in dentistry based on an entrance requirement in general education equal to the second year high school course and a professional course of study of not less than three years, which course shall include three regular terms of lectures of not less than six months each, ending in separate years, in the following subjects."

As you all doubtless are aware, the efforts of the Board of Examiners of the State of Wisconsin to arbitrarily carry out the meaning of the clause just quoted led to a result of doubtful benefit to the profession. The Court decided against the Board of Examiners; the Board appealed against such verdict, but while litigation was still in progress a joint meeting of the National Association of Dental Examiners and National Association of Dental Faculties was held, whereat an agreement was reached between the two Associations, which the National Association of Dental Examiners undertook to be satisfied with, a lesser

standard for matriculation (*i.e.*, first year collegiate instead of second year collegiate standing) and to withdraw from all litigation then in progress. Whether the benefit resulting from the harmonious understanding will offset the reduction of the standard of matriculation or not is open to very serious question.

Acting upon the recommendation of the Committee of the National Association of Dental Examiners on Dental Legislation and Dental Boards, the Examining Boards of the New England States at their meeting in April last adopted a uniform standard of qualification for practitioners, thus paving the way for the agreement entered into whereby the interchange of license becomes possible and practicable, so that once more New England is to the front in progressive reform.

I have said this much about the efforts at unification of standards in the States to the south of us, not that I wished the Examining Boards of the several provinces of Canada to follow in their footsteps, but that, in case I may be wrong in the premises I have taken as to the course which should be adopted in our fair Dominion, to show that some reasonable grounds for hope of a solution of the question lies in the united action of our Provincial Examining Boards.

The Constitution of Canada differs in many respects from that of the United States. With us certain powers and privileges are relegated from the central authority to the provincial authority; in the United States it is *vice versa*. By the British North American Act the legislatures of the several provinces have the exclusive right to make laws governing education, subject to certain provisos. These provisos, however, refer only to common schools, so that the question of professional education was either left out by direct intention or overlooked.

The medical profession as early as 1869, shortly after federation, realized the advantages which would arise from a uniform standard in their profession for the Dominion, and drafted a Bill, entitled, "The Medical Act of the Dominion of Canada," but after long discussion, and for reasons that need not be entered into here, the Bill was abandoned by the Medical Association at its meeting held in Ottawa that year. At the meeting of the Medical Association last year, Dr. T. G. Roddick, M.P., of McGill University, Montreal, gave an address on a proposed scheme for a Dominion Medical Council. The scheme has since been put into legislative form in a bill to be cited as "The Medical Act of Canada," and many of the ideas in the following lines are taken from or suggested by that Bill, and I wish here to acknowledge my indebtedness to Dr. Roddick for his kind permission to use

the Bill and other materials upon the subject in hand that he was good enough to send me.

The object of all legislation *re* professions is the protection of the public against incompetency, but the government having demanded a certain proficiency of the members of any profession, which proficiency is not attained without cost, is honorably bound to give certain privileges and protection to those who do comply with the law in its demands; but the protection of the profession is secondary or perhaps incidental, the primary object being, as I have stated, the protection of the public.

It is obvious that any legislation which reduces the standard of qualification either for matriculants or practitioners reduces the protection to the public, and looked at from this standpoint, the agreement reached by the National Associations above referred to is distinctly a retrogressive step; but the scheme herein proposed for the nationalization of standards in dentistry for the Dominion of Canada is the opposite in its tendency, for it is not proposed to make a national standard as low as the lowest provincial standard in order that all may come in, but as high or higher than any or all provincial standards, as they now exist, and to take power to so alter the national standard at any time as to keep it in that exalted position.

Some of the territories and provinces of Canada in medicine and dentistry, have what might be justly termed reciprocity clauses, whereby the Examining Boards of such territories or provinces take power to acknowledge the diplomas or certificates of license issued by any other province, provided that the standard set by the province of the second part is equivalent to the standard set by the province or territories of the first part, and provided that the province or territories of the second part agree to acknowledge and accept the certificates of license issued by the province or territories of the first part. Without going into individual instances, I do not hesitate to say, that while this may be a step in the right direction it is only a short step, and that even if carried to its most hopeful conclusion where all provinces and territories had such clauses, that it would not result in the benefits to the profession and the public that would be brought about by a national standard.

We were foretold that at the joint meeting of the National Associations held last week in New Jersey, one of the questions to be discussed was the advisability of adopting a four-years' college course in our profession. It is hardly probable that any steps were taken toward the immediate adoption of a lengthened college course, and although its immediate necessity would be

lessened if a better standard of education with manual training were exacted of matriculants, I venture to predict that before many years such a course will be the standard adopted by all the best schools. We will then have the satisfaction of seeing our profession, which was in its infancy half a century ago, ranking side by side for educational requirements with the best of the old and the learned professions, and I submit that whether it be national standard or elevation of college course and curriculum, anything which tends to set dentistry more securely upon the footing of a learned profession will tend to rid it of many of the quackeries which evidence the ignorant, greedy commercial rather than the professional spirit.

The plan proposed for reaching the desired end is as follows:

By an Act of the Dominion Parliament the Dominion Dental Council could be incorporated, which Council would be made up of members of the profession from the different provinces, and should have power to register or grant diplomas to all who comply with its requirements as to education and proficiency.

The Council could be well made up as follows:

1st. One dentist from each Province, including the North-West Territories, to be appointed by the Governor-General in Council.

2nd. One member of medical or dental profession from each province, including the North-West Territories, to be appointed by the Dental Association or Board of Directors of each Province or North-West Territory.

3rd. One member of the Faculty of each Dental College in the Dominion to be appointed by such Faculty.

4th. The Chairman or President of each Provincial or Territorial Examining Board.

The meeting for such Councils for Examinations to be held annually at such a point as the Council may select, Montreal, Toronto or Winnipeg.

It is not intended that the establishment of the Dominion Council shall do away with the present Provincial Examination Boards, nor is it within the power of Parliament to enact any such legislation, but it is reasonably to be expected that the diploma issued by the Council shall have ready recognition in all parts of the Dominion, and that the presentation of such diploma accompanied by certificates of good character and good standing and the required fee, will call for the issuance of a license by any Provincial or Territorial Examining Board. In order that the Provincial Associations may so recognize the diplomas of the Dominion Dental Council, it will in some cases be necessary to

have the provincial dental legislation as it now exists amended, but such amendment would be slight and easily effected.

The result of the adoption of such a plan would soon be that all our college graduates who thought of leaving the Province in which they graduated would obtain Dominion registration, and the duties of the Provincial Boards (as examining bodies) would year by year lessen until they would become merely nominal.

One difficulty exists, that is, how to deal with those already in practice. I would suggest that the Council take power to deal with them in a slightly different fashion from all who shall graduate after the incorporation of the Council; that the practitioners making application shall produce a valid and unforfeited certificate of license from the Province in which he is practising at the time of making his application, together with proof of good standing and of having been actively engaged in the practice of dentistry as a profession for five years immediately preceding such application, and that the examinations for such practitioners be more of a clinical nature than the examinations for the late graduates.

The advantages to be derived from the adoption of the plan above suggested are:

- 1st. The further protection of the public.
- 2nd. The elevation of the standard in our profession.
- 3rd. Ease of interprovincial registration.
- 4th. The firm establishment of dentistry as a learned profession in the eyes of the public and the profession.
- 5th. Ultimately the departure of the quack and his commercial methods.
- 6th. The ready acknowledgment of the Canadian Dental Registration, not only in Great Britain, but in all parts of the Empire, and the consequent widening of the field for the numbers of our young men who are so persistently rushing into the profession.

MEDICINAL OR MECHANICAL.*

BY W. D. COWAN, REGINA.

Most of us find a certain attractiveness in the *Materia Medica*, and we are very apt to fly to it to discover a means of overcoming the difficulties which confront us. Too often, I think, do we take

* Read before the Dental Society of Western Canada.

to drugs to the exclusion of less harmful, if more mechanical, methods of securing a desired result. The *Materia Medica* contains many formulæ of absolute necessity to the dentist, but there are many things in the realm of mechanics which can often be employed just as advantageously, if not more so, but which seemingly are ignored largely because they are too simple to employ when an exhibition of learning can be made, or are too far beneath the dignity of a man of the standing of a dentist.

Let me give a few illustrations. Take first the case of hemorrhage from tooth extraction. When this occurs the patient usually returns to us and gravely suggests the possibility of danger from an excessive loss of blood. Of course the dentist does not concur in that, but immediately seizes his box of tannin or a solution of that drug; or probably one of the preparations of iron. No matter what his favorite prescription is, he straightway proceeds to use it, meanwhile employing language about these drugs that is Greek to the patient, and occasionally slow and ineffective as a means of stopping the hemorrhage. One thing, however, that is very likely to have happened is that the mouth is left in a most disagreeable condition because of the astringent and other properties of the drug employed, or probably pain is occasioned by plugging the cavity with absorbent cotton saturated with the styptic used. It is not an unusual thing for a patient to complain for hours afterwards because of the discomfort caused by the use of these drugs. It may be said that it is pure carelessness in the use of them that permits this, but I have seen such a result after the patient had passed through the hands of very careful men.

It is, indeed, a very exceptional case of hemorrhage that cannot be stopped with the mere use of a little bit of absorbent cotton employed in a mechanical sort of a way. In fact I have not yet had a case that was not stopped in less than three-quarters of an hour, usually in a few minutes.

By taking a small amount of cotton between the thumb and finger, then placing it over (not in) the bleeding cavity, then exerting a gentle pressure thereon (first, however, having removed all the external coagulated blood which usually gathers in a more or less stringy condition), and maintaining the pressure for from one to two minutes, then allowing the air—for air is almost an essential to coagulation—to reach the cavity for an instant, and then returning the pressure, repeating this until the cavity is filled with a natural coagulated mass, the desired end will be attained without the use of any drug whatever.

Or let us take the case of a sensitive palate, of which we wish

to get an impression, but cannot, because of the nausea induced. I fancy that the usual resort is a quarter grain or half grain cocaine tablet allowed to dissolve gradually in the mouth. Whatever it be, some drug of like effect is usually administered. Sometimes they are successful—not always. Generally the result is to allay the sensitiveness in part only, so that when we take the impression we do so with difficulty. The patient goes through a series of gymnastics with his head and body. Every muscle is placed in motion. The head, instead of being kept firm, is quickly jerked in all directions, so that the hand holding the tray cannot follow it. The result is that, even though we cannot detect it, the impression has moved and is not accurate, consequently is useless if we wish perfect work. We make the plate; even if it fits snugly there is still a certain amount of nausea when the patient comes to wear it, and for some time we are kept in misery by her frequent visits and tales of woe. If, on the other hand, the plate does not fit accurately it still further adds to the nausea, and the difficulty and annoyance is increased. Briefly, the drugging method is not always a success. Better take more time, even if it cause unwished delay to the patient, and adopt measures which will ensure an accurate impression and a correspondingly good-fitting plate.

It may seem a clumsy, backwoods method, but in my practice I have found the best way to handle this class of patients is to make up your mind to take from one to three weeks to prepare the mouth. I have discarded drugs altogether, and use only an ordinary sheet of pink wax to secure that condition where an accurate impression can be taken and a plate subsequently worn.

It is a fact that a person with a sensitive palate who has worn a plate for a short time can then endure an impression without trouble. My method is based on this fact. By taking a sheet of wax, heating it over a spirit lamp until it readily yields to pressure, and then with the fingers pressing it upon the palate, and around the buccal and labial portions of the arch until it conforms to the mouth just as a base-plate would, you can get one of the most agreeable artifices imaginable. The most sensitive person will permit of it being done, for there is nothing of a nauseous nature about it. It is smooth to the tongue, adapts itself nicely into the rugæ, is thin and light, can be worn with care sometimes for a couple of weeks, and acts in a capital manner to accustom the wearer to an unnatural substance in the mouth, and to prepare her for the larger and more nauseous denture. It is very seldom that a person who has worn one of these wax plates for even a couple of days cannot endure to have a proper impression taken.

In still another way I have used these same wax plates to advantage; it is immediately after a major case of extraction. I assume that where, say, a full upper set has been extracted, that it is the prevailing practice to at once take an impression and order the person to return next day for the plate. The intervening time is not one of comfort to your patient. It is also a common thing for the patient to dread the insertion of the plate on exceedingly sore gums. But it is the usual thing to find that, instead of hurting, the insertion of the plate eases the pain. Acting on this, it has been my practice for a long time to make a wax base on the impression I have taken, place it in the mouth, and tell the patient to wear it until she returns on the morrow. Of course it must be removed while eating. You would be surprised at the amount of comfort they extract from an artifice of this kind, and you would be still further surprised to find how much less inflammation there is where a contrivance of this kind is worn. Furthermore, it takes the rough edge off the wearing of a plate, so that when the patient comes on the following day she is already partially prepared for the inconvenience of the denture. If I had to take my choice between one of these and the drugs usually used, I would refuse the drugs, especially in a case where my patient had any driving to do to get home, as is not infrequently the case.

These are but a few instances in which the mechanical can be used to advantage in place of, or assistant to, the medicinal. I for one adopt the simpler known method always, and very often this is found in mechanics, thus entitling that branch to full consideration.

OUR PROFESSION.*

BY G. F. BUSH, D.D.S., WINNIPEG.

The word Profession is derived from the Latin *pro* (publicly) and *fateor* (I confess). A profession implies that the person practising such shall have a liberal education and that his occupation is mental rather than manual. In this country the majority of professions are regulated by law, and those who enter them are required to come up to a certain standard of proficiency before being allowed to practice. This, of course, is a great protection to the public.

We who are here to-day have chosen the profession of dentistry as our calling in life, and I take it for granted that although

* Read before Dental Society of Western Canada.

most of us are dependent upon it for our livelihood, yet it is not for that alone that we have so chosen it.

The practice of dentistry and oral surgery is by no means new, for we find that that most interesting race, the ancient Egyptians, who were so well skilled in all the arts and sciences, had evidently not omitted to practice the art of dentistry. Gold and other fillings, and specimens of prosthetic dentistry being found among the mummies of that wonderful people.

It was also practised among the Greeks, they possibly having learned it from the Egyptians. It is recorded that an eminent Greek surgeon, who practised as early as 1250 before the Christian era, used an anesthetic of some sort to produce insensibility when extracting teeth, and we have ample proof that gold foil was used as a filling material in that country in the earliest times.

Dentistry seems to have been quite extensively practised in Europe during the earlier part of the seventeenth century, and was introduced on this continent about the middle of the eighteenth century. There are numerous copies of advertisements, etc., of those times which are extremely interesting. The following is one of those, which was published in 1785:

“Dr. Josiah Flagg transplants teeth, cures ulcers and eases them from pain without drawing, fastens those that are loose, mends teeth with foil or gold to be as lasting and useful as the sound teeth and without pain in the operation, makes artificial teeth and secures them in an independent, lasting and serviceable manner. Sews up hair lips and fixes gold roofs and palates, greatly assisting the pronunciation and the swallow. Cuts the defects from the teeth, restores them to whiteness and soundness, without saws, files, acids, and such abuses as have shamefully crept into the profession, and which have destroyed the confidence of the public, sells by wholesale and retail dentifrices, tinctures, chew-sticks, mastics, teeth and gum brushes, suitable for every age, complaint and climate, with directions for their use.”

Any profession which has for its object the prevention of sickness, the cure of disease, the alleviation of pain, or the preservation of beauty, is truly a noble calling. The one we have chosen stands, in this respect, among those nearest the top of the ladder. The celebrated physician Hippocrates, who lived about 400 B.C., claimed that diseases of the teeth had such influence in a number of diseases that their removal was necessary before attempting to cure the disease, and it is a fact acknowledged by our most progressive physicians of the present day that the removal of the septic conditions obtaining in the diseased condition

of the oral cavity has much to do with both the prevention and cure of numbers of systemic disorders. The Bible tells us that "the angels of heaven looked down upon the children of men and beheld that they were beautiful." It is the privilege of the dentist, more than that of any other calling, to contribute to the preservation of that beauty. There is also the divine gift of speech and song, and here again we can often make the enunciation clearer and the voice sweeter by the improved methods of dental prosthesis and orthodontia. To quote the words of Dr. Oliver Wendell Holmes, "The dental profession has established and prolonged the reign of beauty. It has added to the charms of social intercourse and lent perfection to the accents of eloquence. It has taken from old age its most unwelcome feature and lengthened enjoyable human life. Ours, then, being so noble a calling, we should be careful how we treat our fellow-workers in the same profession. It always seems to me a sad and sorry thing to hear of one practitioner making derogatory statements regarding the attainments of a brother dentist. Let us liken him to a man trying to undermine his neighbor's building, so that it may fall, and that he may hoist his own building on top of the fallen debris, that it may appear higher in consequence. But his petty underminings after all only crack off some of the outer coating of stucco, etc., leaving the genuine character of the building revealed. He, however, takes off some of this stucco and mixes with it some of the mud he has left over from throwing around at his neighbors, and with this sticky mass plaster over his own building. But it will not stand the noonday sun, and cracks off, leaving unsightly and dirty patches exposed to view. We would all consider it madness for a man to damage his neighbor's property that his own may look better by comparison, for by so doing he would lessen the value of the whole district around him, whereas, by the offering of kindly suggestions and friendly emulation, the district in which they live may be so improved that they who pass by and look over the fence feel that those living there have both a love for the beautiful and refined feelings."

So can we, by kindly suggestions and some friendly emulation so improve the district in which we live (that of dentistry) that they who look over our fence will respect us for the pride we take in it. It is, therefore, a matter for sincere congratulation that the Dental Society of Western Canada has been so auspiciously begun. It is hard to overestimate the value of such a society. Dental societies have all over been found to be of the greatest value. At their meetings, chances are given to see the latest appliances and discuss their merits and demerits. We see opera-

tions performed by others than ourselves, and if they are not altogether new to us, there will at least be something different in the mode of performing them, and we are none of us too old to learn. And last, but not least, we are brought into contact with one another so that we may be like pebbles on the ocean shore, which were at first mere rough, shapeless pieces of stone, but by contact with one another, first the roughest corners were knocked off, then the smaller excrescencies, until they were finally formed into things of beauty. So then, as the general multitude, like the waters of the ocean, pass amongst and between us (none holding aloof and considering themselves "the only pebble on the beach") let us have no external roughness which shall cause an uneasy ripple on its surface, and as the water is better oxygenated by its passage amongst the pebbles, so let us hope the public will receive real benefit at our hands, always remembering the nobility of our profession and striving to use the knowledge we possess and the minds we have been blessed with for the benefit of our fellow beings.

THE TREATMENT AND FILLING OF THE ROOTS OF DECIDUOUS TEETH.

BY DR. G. S. MARTIN, TORONTO JUNCTION.

That there are difficulties in the way of realizing our ideals in dealing with the teeth of children is not to be denied. The ideal, in the first place, would certainly be to preserve the pulp alive in every case presenting. True of all teeth, this is infinitely true of the deciduous, not only on account of the difficulties frequently met with in performing for children such important operations as destroying and removing the pulp and filling the canal, but also from the fact that in a tooth in which the pulp has been devitalized, nature's wonderful process of reabsorption of the roots is stopped, and the roots thus retained will be, if not carefully watched, a source of irregularity in their permanent successors.

We are, however, under the necessity of dealing with cases as they present themselves, and we all know it to be a fact that children are seldom brought to us except for the relief of pain. After severe pain has been complained of in a deciduous molar, the only proper course is to devitalize.

The day is happily past, let us hope, when the dentist, either at the behest of an ignorant parent or to save himself trouble,

extracted the deciduous molars for the relief of pain before the time appointed by the wise Creator. The necessity for retaining these teeth until the proper time in order that the space intended for their permanent successors should not be encroached upon by the advance of the first permanent molar, is fully recognized by the profession. In spite of this advance, we have practitioners who characterize root canal treatment in deciduous teeth as "conservative dentistry with a vengeance." All that a dentist is called upon to do, they claim, is to, if necessary, devitalize and leave the molar to decay away, trusting that the child will not suffer much inconvenience or pain, and that "the root will save the space." It must be remembered, however, that the occlusal surfaces of these deciduous molars are very much larger than their necks, and that roots never wholly save any space from encroachment. The result of this procedure is the loss of masticating surface for several years, the menace to the general health due to abscesses on the roots devitalized, and improper mastication of food due to soreness, besides the great and permanent loss of space, causing irregularities of the permanent teeth. Again, there are others who advocate filling over the dead pulp, and if trouble ensues, perform Hulihaus' operation of drilling a vent through to the pulp chamber. This may be characterized as unscientific and uncleanly.

It was the writer's fortune to spend his student days in an office in this city where the teeth of probably several hundred children, mainly from the charitable institutions, are every year treated and filled gratuitously, and the experience gained there has been of incalculable value during the years of subsequent practice.

One of the chief difficulties in the way of carrying out our ideal in this direction is, of course, the patient. Children may be divided into two classes: The first, children well trained, affectionate and obedient, who, once they become acquainted with and trust their dentist, will submit to operations entailing discomfort and even pain with greater patience than the average adult. The other class of children is known in the dental office as the "holy terror." Him we will pass over lightly, pausing only to say that for him operations of any importance or expected permanency are out of the question, and the responsibility for neglect of his teeth and subsequent ill results should not be allowed to rest on the dentist.

On the other hand, dentists may with equal pertinency be in this connection divided into two classes. To succeed with children, an operator must be able to win their friendship and confi-

dence, and that confidence once won must never be outraged by any act of impatience or unkindness.

The dentist who "hasn't time to bother with children—who does not love children, I was going to say—will not succeed in doing anything but the simplest operations for them, and these only with considerable friction and unpleasantness between operator and patient. He will succeed only in causing the child to so dread the dental office that in after years he will lose what might have been a good patient, and the patient will lose his teeth as the result of neglect.

Operations entailing any pain should be led up to by perhaps several sittings, until the child has lost any early dread of the dentist, the tooth in the meantime, by sedative treatment, being kept from causing pain.

Where devitalization is deemed necessary, the dam should be applied, if possible, at every step. Failing this, napkins or pads of cottonoid may serve to prevent ingress of saliva.

The saliva pump is an invaluable aid in all operations in the mouths of children, and children may be kept quiet and interested for long periods by being allowed to hold the tube in position. It is with some fearfulness that I approach the subject of devitalization. I may not be at all orthodox, but of late years I have used in deciduous teeth a minute quantity of arsenic, with twice as much cocaine, hydrochlorate for the prevention of pain. This, if left in a short time, from six to twelve hours, provided it is well sealed in, will be quite safe; at least, my only accident with arsenic was not in a deciduous tooth. Many authorities denounce the use of this drug as dangerous, advising instead such drugs as ammonia, or powdered cantharides. After devitalization is accomplished, tannic acid is sealed in for several days, to toughen and harden the pulp for easy removal. If the dam be applied, or napkins can be successfully used, the canals may be filled immediately on the removal of the pulp. Bleeding may be stopped by the use of hydrogen dioxid or pyrozone, 3 per cent.

In case of putrescent pulp, pyrozone may be used for thorough cleansing, and some good germicide sealed in for a few days.

In the selection of a filling material for canals or pulp chamber, the operator needs something that will seal hermetically the apex opening, and, being easily inserted, would permit also of easy removal. These conditions are, in the opinion of the essayist, best filled by a mixture of salol and paraffine. This mixture, kept in a test-tube, becomes liquid almost instantly on being dipped in hot water, and solidifies at once when transferred to canal on hot spatula, and worked down with smooth brooch. To facilitate

introduction, strands of cotton or floss silk may be introduced into the liquid and transferred to canal, packing down carefully with warm instrument. The pulp chamber may be filled with temporary stopping made soft and sticky, after which the tooth may be filled temporarily for a few days.

Proceedings of Dental Societies

DENTAL SOCIETY OF WESTERN CANADA.

On Friday morning, July 20th last, in Friendship Hall, Winnipeg, a goodly number of members of the profession met and formed a society. The morning was spent in the adoption of a constitution and by-laws, the enrolment of members, election of officers, etc. The society was named "The Dental Society of Western Canada." The officers elected were as follows: President, R. R. Dalgleish, Winnipeg; Vice-Pres. for Manitoba, R. A. Harvie, Winnipeg; Vice-Pres. for Ontario, N. Schnarr, Rat Portage; Vice-Pres. for N.-W. Territories, W. D. Cowan, Regina; Secy.-Treas, G. C. Mathison, Winnipeg.

The afternoon session opened promptly at 2 p.m. Dr. Weeks and Dr. Owre, of Minneapolis gave a very able clinic in Porcelain Bridge-Work, and Dr. Allison Smith, of Winnipeg, a clinic in the working of Non-Cohesive Gold. At six o'clock all present adjourned to enjoy a drive about the city with the city members, and returned to the Queen's Hotel about 9 p.m. to partake of the first annual supper of the society. The supper was in every way a success, and served to show how much our profession affects us by developing our entertaining capabilities. Among the speakers of the evening Dr. Stirton, of Guelph, deserves special mention. He made an able speech—a patriotic speech.

Saturday morning session was taken up with the reading and discussion of the following papers:

"The Nationalization of Professional Standards in Dentistry." Dr. S. W. McInnis, of Brandon.

"Medicinal or Mechanical." Dr. W. D. Cowan, of Regina.

"Our Profession." Dr. G. F. Bush, Winnipeg.

Saturday afternoon session was taken up with clinics, Drs. Weeks and Owre continuing in Porcelain work; Dr. Weeks demonstrating his system of gold filling and also the advantages of oxyphosphate of copper as a filling material.

Dr. Bush gave a table clinic in Seamless Crown-Work, and Dr. Clint demonstrated his method of painless extirpation of pulp by the aid of cocaine.

The evening was spent in celebrating as loyal citizens the arrival of the Governor-General in the city, and on Monday at noon closed a very successful meeting. The number of members enrolled was: Honorary members, 2; Active members, 26; Subsidiary members, 3. Several visiting members of the profession took part in the meeting, and the pleasure and opportunity of the meeting were still further added to by the presence of Mr. Craig, representing the S. S. White Co. (Toronto Branch), and Mr. Jeffreys, representing the Martin Bole Co., of Winnipeg.

REPORT OF THE FOREIGN RELATIONS COMMITTEE OF THE NATIONAL ASSOCIATION OF DENTAL FACULTIES.*

During the past year the work of the Foreign Relations Committee has been materially extended. Advisory boards in most foreign countries have been provided for, and appointments made to fill them as fast as sufficiently definite information to enable the committee to do this properly could be obtained. Pamphlets containing an exposition of the work and the aims of the National Association of Dental Faculties have been printed and circulated in foreign countries, and a number of circulars of information for members of our foreign advisory boards have been printed and mailed to them. In addition, as directed by the association at its last meeting, a pamphlet containing digests of the reports made at that meeting has been printed and mailed to each member of the association, and to other interested members of the profession in America and abroad.

All this has involved considerable expense for printing and postage, but we believe that it has been a wise expenditure of money, as by its means the dental profession of the world has been made aware of the existence of an association of the regular and recognized dental schools of America which is devoted to the advancement of the cause of dental education and to the elevation of the status of dentistry among all nations.

It is unfortunately the fact that, because of the lack of uniformity in the educational systems of the different states, and the

* Reported and adopted at Old Point Comfort, Va., July 14th, 1900.

absence of any general supervisory authority on the part of the national government, under some unwise local legislation it has been possible for irresponsible, unqualified, and unscrupulous men to secure charters for institutions empowered to grant degrees, and under such authority to issue, for a consideration, irregular and fraudulent diplomas. This traffic has principally been with men in foreign countries, who, primarily the guilty ones, have sought to obtain academic honors without the labor necessary honestly to acquire them. As these institutions have been conducted under pretentious names, it was formerly impossible for foreigners who had no intimate acquaintance with American educational affairs, to distinguish between the regular and the irregular schools. The organization of this association has established a criterion by which they may be judged, only those owning allegiance to the National Association of Dental Faculties being recognized.

It is unfortunate that the professional situation in America has not in past years been better comprehended in Europe. All our schools have been held responsible for the vile work of the fraudulent ones—nominally located in this country, but chiefly supported by unprofessional men from abroad. There has even been a grave misapprehension of the objects of this association, and the work of the Foreign Relations Committee has in some instances been totally misconstrued. All of us are aware that while some of the very best and ablest American representatives have located in foreign countries, and to whose professional career we can point with pride, it is unfortunately the case that some Americans of a different professional reputation have gone abroad and have indulged in practices as offensive to our foreign *confreres* as they are to reputable American practitioners. There are many more unworthy foreigners who have legitimately or illegitimately become possessed of an American degree, and who, without warrant of right, claim the title of "American dentist."

The belief is prevalent in certain foreign professional circles that it is the aim of the National Association and its Foreign Relations Committee to obtain from all such persons professional recognition, and to demand the acceptance of their American degree by the governments of foreign countries. It is but proper that we should in the most authoritative manner deny any aspirations of the kind. This association has not in the remotest manner contemplated any interference with or protest against the laws or regulations governing the practice of dentistry in any foreign country. It has not primarily been the object of either the National Association or its Foreign Relations Committee to

attempt to secure for the American dental degree any legal recognition as a qualification for foreign practice. It is not usual in the American states which have legal professional regulations to receive the diplomas of any foreign professional school as a qualification for practice, and we cannot consistently ask that which we refuse to others.

It seems but proper that we should publicly avow the reasons that have prompted the better colleges to form this association of schools, and to appoint a committee charged with the duty of harmonizing our relations with the dental profession in other lands. We seek for the distinctive American dental diploma nothing more than the consideration which its merits demand. If its reputation has been debased by the circulation of counterfeit diplomas, it is something for which we are in no way responsible. In the formative educational period, when dental schools existed nowhere save in America, and when even dentistry itself was undefined, empirical, tentative, with no distinctive line of practice and no clearly prescribed curriculum of study, the newly-adopted degree may have been conferred in some instances on insufficient requirements. The experiment of establishing a special dental educational course of study, and thus laying the foundation for the broad profession which exists in all civilized countries to-day, was first tried in America, and here tested for the whole world. There were no precedents for our guidance, and no earlier successes or failures to stand as landmarks. We were the absolute pioneers, and it would be little wonder if we made some errors.

Since that day other countries have drawn professional lines, and marked out, each for itself, a distinctive course of procedure. Each of these somewhat varied from the others, and perhaps all from that originally established in America. If dentistry is to be accepted as a profession at all, or as a distinct branch of a great mother profession, it must be broader than is any state; it cannot be confined by any bourne, nor limited by mountains, rivers, or oceans. There should be no American, English, German, or French dental profession, except as each is a part of one divided whole. Realizing all this, the National Association of Dental Faculties was organized for, and has been constantly laboring to attain, these definite purposes:

1. To establish a broad and generally accepted curriculum of dental study, and by the combination of all the better dental schools of America to bring each up to a uniform standard of excellence.
2. To establish a clear line of demarcation between the regular and the irregular schools, and to force out of existence the latter.

3. Gradually to raise the standard of preliminary education until none but such as have the general erudition that should distinguish a professional man can be accepted in American dental colleges.

These were the principal objects in view, and in the attainment of them success has been secured exceeding the most sanguine expectations of the founders of the movement.

In the development of its plans the association met with many obstacles, and found itself laboring under great embarrassments. One of the chief of these was the lack of information concerning professional affairs in foreign countries. The association decided, so far as was in its power, to co-operate with the worthy dentists of other countries in the laying down of certain broad principles which must be the foundation upon which any true professional practice could rest. Any international co-operation must be based upon a complete knowledge by each of the methods and aims of the others. There can be no concurrent effort without mutual comprehension and intelligence.

Another perplexity was found in the fact that in establishing the preliminary qualifications for matriculation in American colleges there was no rule by which to judge of the value of certificates presented by foreign students. After completing the course of some foreign school, a student, who perhaps spoke only a strange language, sometimes desired to conclude his studies by taking as much of the American course as would enable him to finish it, and he demanded of some American college advanced standing of one or more years. His certificates were in a foreign tongue, and in some instances were found either forged or not that which they were represented to be.

In this emergency, at the earnest request of certain American dentists practising in foreign countries, who had been scandalized by the acceptance in America of students with improper certificates, a committee, to be called the "Committee on Foreign Relations," was appointed, and was charged with certain definite duties:

1. It was to be in all things subordinate and subservient to the National Association of Dental Faculties, to which body it must make a full report each year.

2. It was empowered to appoint advisory boards of not more than three members in each foreign country having any professional relations with America, whose reports concerning foreign qualifications might form a basis for action in this country.

3. It was to have jurisdiction in all foreign educational questions affecting American dental colleges.

4. It was to obtain definite information concerning dental regulations and laws in foreign countries; to learn what were the curriculum and requirements of all foreign dental schools, with the view of determining what value should, under American laws and regulations, be given their certificates of study, either as a qualification for dental practice in America or for admission to advanced standing in American dental colleges.

5. It was charged with the duty of ferreting out institutions engaged in the granting of irregular degrees or degrees irregularly, and instituting measures for their suppression.

In compliance with the first enumerated duty, your committee makes this report of what it has done during the past year, and appends the recommendations for future action which its experience leads it to believe advisable. It has earnestly striven to carry out what its members believed to be the wishes of this association, and it has had no policy of its own to inaugurate or attempt to enforce. It has in all things been governed by what it believed to be the spirit of its instructions.

Concerning the second business with which it was charged, your committee begs to report that it has divided the various countries of both the Eastern and Western Hemispheres into convenient groups, and has appointed boards for each, so far as the information obtainable has warranted. In making such appointments it has deemed the following qualifications essential:

1. The appointee should be a regular and reputable dentist, possessing the legal qualifications of the country which he represents.

2. He must be a graduate of some reputable American dental school, or possess an acquaintance with the curricula of American schools, and be familiar with American dental professional methods. The list of such appointments is appended for the approval of this association.

In the discharge of the third duty imposed upon us, your committee has met with great embarrassments. At the very outset colleges, members of this association, appealed to us to know what consideration should be given to certificates showing that proposed students had taken the full course in schools located in Japan and Mexico, which purported to teach the whole dental curriculum. Your committee could not learn that any schools giving a course in dentistry that could be accepted as an equivalent for any part of that demanded by this association existed in either country. They therefore ruled that students from either could only be accepted as members of the freshman class of American dental colleges, and only then if they complied with the rules

of the association so far as preliminary education and a knowledge of the English language are concerned. This ruling was cheerfully accepted by the schools that had raised the question, and we present it as an encouraging proof of the loyalty and anxious desire for a high standard that exists among the recognized dental colleges of America.

But the discussion of this raised the question of the consideration that should be given to the certificates of study from any foreign dental school. Our rules provide that no credit shall be given to certificates from any American dental school whose curriculum and regulations have not received the formal approval of this association. Could we, in the name of the National Association of Dental Faculties, approve the giving of advanced standing to students from the schools of other countries that had not the same stamp of regularity? That is, could we extend to foreign and unknown dental teaching institutions privileges that were positively forbidden to American schools? And yet the responsibility of deciding this question had been thrust upon us by this association, and we could not evade the obligation. It took but a short time to arrive at the inevitable conclusion that we could not approve the giving of advanced standing to graduates or undergraduates of any foreign dental school whatever until such school had received the formal indorsement of this body.

Fortunately, few of these questions arose in time to affect any student for the term of 1899-1900. We informed the colleges presenting the cases that the matter would be referred to this annual meeting, and the committee is prepared to offer certain recommendations for the recognition of foreign schools, based upon such knowledge as we have been able to obtain. The whole matter is referred to this body for final adjustment.

In the discharge of the fourth duty that devolved upon us, your committee is in possession of a very voluminous mass of correspondence and reports, which it has earnestly labored to reduce to some system. The advisory boards appointed have, in a considerable number of instances, forwarded as full information concerning dental schools and the regulations governing dental practice in the countries represented by them as could be obtained, and it is upon such reports that the recommendations of your committee are wholly based. How much of them shall be given to the profession of America by publication must be decided by the association. It would be quite impossible to print the great mass of correspondence unless a large volume should be devoted to that purpose.

Under the fifth head, your committee begs leave to report that a great deal has been accomplished. The same legal counsel employed last year has been retained, and the same general course has been pursued. It is probable that more fraudulent diplomas have been sold in foreign countries during the past year than ever before. This is due to the fact that those who have been carrying on the traffic realize that, because of activity in their prosecution, the time for accountability is near at hand, and they are striving to make the most of the present opportunity.

It is urged by foreigners that this business should be summarily stopped. Such people little know the difficulties in the way. In the first place, the traffic is mostly with foreigners. As their illegitimate diplomas are wholly worthless in this country, no State Board of Examiners recognizing them in any way, those who are engaged in the business carefully cover their tracks, and no responsible man can be located. Attempts to entrap them by means of decoy letters have failed, some such having crossed the ocean a number of times without delivery, being forwarded from one of their foreign agents through whom the nefarious business is carried on to another, until finally returned to the writer by the post-office authorities. Fictitious names are signed to the pretended diplomas, so that it has been found almost impossible to fix the guilt upon any person. Our friends in foreign countries have contented themselves with bitter reproaches against American colleges generally, without forwarding any testimony that would assist in the discovery of the guilty ones. The fraudulent institutions could not by foreigners be distinguished from the regular colleges, for they were in possession of charters regularly granted under a vicious law of the State of Illinois, whose entire repeal it had been impossible to secure, because the interests of legitimate enterprises were inextricably bound up with the illegitimate ones.

Your committee early discovered that working alone it could accomplish little. The Board of Health of the State of Illinois was taking the matter up, and they possessed advantages for the prosecution of the lawbreakers which were not within our reach. We have, therefore, contented ourselves with co-operating with that board in every way possible, and our counsel has been instructed to offer them any assistance within our power. As a consequence we have great pleasure in reporting that, acting under the United States law, which forbids the use of the mails for fraudulent purposes, the worst of these offenders have been finally apprehended and committed to jail in default of the heavy bail that was demanded. What is of more importance, if pos-

sible, the United States mails are closed against the transmission of their correspondence, and letters to or from them are promptly sequestered.

The greatest offender was last year named in this report as "The Independent Medical College of Chicago." We secured the annulment of the charter of this affair, but in a very short time we found that the same men were yet engaged in the business under the name of "The Cosmopolitan Medical College." They had offered for sale no less than thirty-six different diplomas in all the branches of science and art, and since the forfeiture of the charter under which they first worked it is believed they have sold more than a thousand fraudulent diplomas, at prices varying from ten to five hundred dollars each. Proof sufficient to secure the cancellation of the first charter was only obtained through the inordinate cupidity of the man who was chiefly responsible. He paid a debt of some thirty dollars due to a stable-man, or hostler, by issuing a diploma to him and making him a professional man. The recipient, when he found himself under arrest for attempting to practice under it, betrayed the swindler, and we were thus able to fix his guilt.

The late proceedings against this man and his associates have developed the fact that they were in possession of no less than *twenty-four* different charters, all regularly issued under that mischievous Illinois law, which was enacted for beneficent purposes. We have now learned the methods of these men, and it is believed that it will soon be possible to put an entire stop to their villainous traffic, through the imprisonment under the United States postal laws of those engaged in it. Too much credit cannot be given the Board of Health of the State of Illinois for the active part it has taken in the suppression of these miserable pretenders that have so long been bringing discredit upon our legitimate and excellent educational institutions.

In view of the fact that the other work of the Foreign Relations Committee is more than sufficient to engage all its surplus energies, and in further consideration that the work of the suppression of the fraudulent schools is now well in hand and the path for action fully defined, your committee recommends that this work be, for the future, placed in the hands of the Committee on Law, which shall receive the same instructions as those heretofore given the Committee on Foreign Relations.

The progress that this association is making in its efforts to raise the status of professional teaching in our own country, to obtain a better appreciation of American professional affairs in foreign countries, and to maintain steady advancement toward a

dental solidarity among all nations, is very encouraging to every lover of humanity. It is true that even at home there may in uninformed circles yet be found some remnants of an unworthy professional jealousy, a failure to comprehend the real educational situation, and a tendency to attribute to our teachers motives unworthy of any honest man. But the steady, persistent work of this association in elevating the accepted standard just as fast as prudence permits, has wrought a great change in professional sentiment and immeasurably benefited the schools, and through them the profession at large. It only remains for us to continue this good work a few years longer to produce results that will be permanent in their character, and so firmly established as henceforth to be self-sustaining.

REPORT CONCERNING FOREIGN EQUIVALENTS.

Your committee has very carefully considered a great mass of correspondence and many voluminous reports, and begs hereby to submit the conclusions which it has reached. It must not be forgotten that the system of dental instruction in Europe varies very widely from that of our special American dental schools. Instruction separate from that given in the medical schools or universities is very rare, and the practical training which forms a part of our curriculum is usually given by private preceptors.

(To be continued.)

Selections

A DOMINION STANDARD.

For a considerable time past, an agitation has been maintained by medical men, dentists and druggists in favor of establishing a uniform standard for the entire Dominion. Of late the agitation has increased until at present the medical fraternity are on the eve of accomplishing that desirable end. The dentists, too, have become so unanimous on the subject that only last week at their new-formed society in Winnipeg, they resolved to ask the Dominion Parliament for the necessary powers, and appointed a strong and influential committee to carry their wishes into effect. The druggists, while not as advanced in this way as the other two, are making commendable progress, and it will only be a question of time when they, too, will seek to nationalize their diplomas and make their licenses interchangeable.

This is a step of very great importance, involves principles of great magnitude, and means corresponding benefit or loss to the entire community.

At present a physician may be competent to practise medicine in Quebec, be honored by all in so doing, but should he go to the other provinces and there attempt to save a man's life, doing it as a livelihood, he becomes a criminal in the eyes of the law, and is immediately ordered to stop. A dentist or a druggist may follow his regular profession in one province, and give entire satisfaction in doing so, but should he go a few miles into an adjoining province and practise his profession there he would find himself in jail for doing it. Manifestly there is something wrong with such a state of affairs, and the three professions named are to be congratulated on the energy they are showing in attempting to find a remedy.

The public have every reason to desire that the powers now supposed to belong exclusively to the provinces should be, in part at least, returned to the Dominion in order that Dominion registration may become possible. It would be the means of securing a better profession to each of the three. It would prevent the making of medicos, dentists and druggists by special legislation, and it would give stability and uniformity, which are essential accompaniments to progress.

It is to be expected that the various legislatures will give some trouble, and that they will be the means of delaying the accomplishment of this very desirable object. The record of these legislatures is that they like to keep as much power in their hands, wherewith to assist friends, as they can, and they have shown themselves not averse to dispensing very questionable favors through this means, the Territorial legislature being undoubtedly as bad as any others in this respect.

It will be seen by any person who gives it a moment's thought that common sense as well as good Canadianism is on the side of nationalization, and the people ought not to allow the petty favors and little personal friendships of the members to interfere and stay an important progressive movement like this.

Medical men are expecting to see a national board created at next session of Parliament. In the Western Dental Society meeting in Winnipeg last week the hope was expressed that a National Dental Board would be secured within three years. We hope to see these two accomplished and the druggists soon after. In order that this very desirable reform might be accomplished speedily, we express the wish that the various local legislatures will willingly consent to yield such powers or grant such legislation as will give the uniformity desired.—*The West*, Regina, N.W.T.

Dominion Dental Journal

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No. 9

THE NATIONAL ASSOCIATION OF DENTAL FACULTIES.

We devote a good deal of space in this number to the report of the Foreign Relations Committee of the N. A. D. F. Those of our readers who have been in practice for twenty years or more, and who remember the speedy way in which Doctors of Dental Surgery were made in the United States Colleges, have reason to rejoice at the forward steps. The preliminary educational qualifications have been advanced one year; three full years in a dental school are compulsory for the degree, save that medical graduates may enter the junior class, all other qualifications for advanced standing being expunged. The future policy of the N. A. D. F. is fully established. The vigor-

ous action against the fraudulent diploma business has been highly successful. It will be remembered that the report at Omaha of Dr. W. C. Barrett was used extensively by the Committee to secure legislation against these colleges. Through the State Board of Health they have at last got the worst offenders in prison. With regard to the "Indentureship" system of Great Britain and Canada, it is evident that it is imperfectly understood by the Committee. It is not designed as a substitute, but as a supplement to the college course. In former days, when Doctors of Dental Surgery were made in a few months in the United States, we indentured our students for three and four years of twelve months each year. It was the best we could do, until the Royal College of Dental Surgeons of Ontario established the first school. Even then, the practical value of indentureship was obvious. Instead of curtailing it increased it. When the schools over the border closed their sessions, the indentured students in Canada returned to the offices of the licentiates to whom they were articulated. It not only prevented a lot of illegal practice, but it gave the student much more practical work than he could possibly get in the infirmary. It had many faults in the old time, and yet it trained the best practical men. If a student happened to be indentured to an inferior practitioner, it was no more than if he happened to get into a mushroom school, and he had the right to make a change. And it was the experience of the Board of Examiners that the students who had been trained in this way by the best men passed by far the best examinations, and did by far the best practical work. To-day it has its value. The standard of the colleges to-day has been elevated so much that there is no room or reason for the contempt with which the most of them were regarded twenty-five years ago. The National Association of Dental Faculties has been inspired by the best thinkers and workers in the profession. It is the backbone and the brains of educational and ethical advancement.

ADVERTISING.

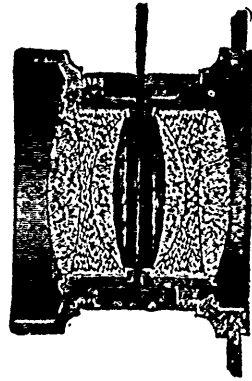
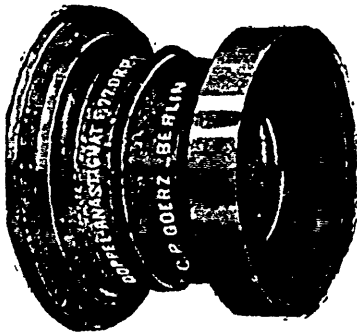
In estimating the changes that have occurred in the political, and ethical position of the profession, one's own individual experience is insufficient. Our circumstances vary; our opportunities and our privileges differ, and so must our experiences. Sometimes a journalist is accused of personal prejudices, when in truth he is altogether the echo of the personal prejudices or experiences of correspondents. Questions which agitate one class of men in our ranks do not in the least disturb another. It must be known that the class of people who are captivated by sensational signs and advertising, never venture into offices where they believe their purses will be in peril. What they want they want cheaply, and they know where to go as well as where to avoid. It is only by facts which come to the journalist in this way that he can get a true conception of their extent and injury. A short time ago, a young practitioner in Montreal told us that he extracted every week, upon an average, from one hundred to a hundred and fifty teeth, and when we assured him that we averaged three or four, he no doubt concluded that we were not overburdened with practice. The same youth told us that he used, on an average, a book of gold foil in a year, and that his filling materials were mostly oxychlorides and amalgams! One cannot fully realize these and other conditions, unless he goes beyond his own experience. One who enjoys an established practice may not feel the overcrowding of the profession, and possibly would not know the facts, were it not for the experiences of the younger generation, who chiefly suffer. Men who are perfectly ethical themselves may not know the extent to which the code handicaps others, who are quite as honorable, but who have not the luck to have the direct and collateral means of becoming known and heralded. "Jones objects to me advertising," said a Montreal sensationalist. "I did not lie in my ads. I told the truth about crowns and bridges as I believed it, and as the best men practise. Now, Jones has a wife who gads about several women's clubs, etc. She carries her husband's cards in her

pocket, and she talks shop for him by the yard, and she does not tell the truth. Her husband is a very poor operator, but she talks about him as if he was another Webb or Atkinson. His fillings are failures; he either does not know how to open and prepare a cavity properly, either for gold or amalgam, or he purposely skimps his work. Now, I claim to be a good operator, but I have no wife to canvass for me; no woman to bring my name into her church-society gossip; no sweet gusher to smile at rich ladies and ask them if they 'will do me the kindness not to forget Dr. Jones,' etc."

It is certainly difficult to answer such arguments. It is easy to see that there are ethics and ethics, and that some of the most ethical, according to the code, may be condemned according to the spirit of justice and decency. It is much more contemptible to let one's wife publicly canvass in these societies for patrons for her husband than publicly to advertise in the press. For many of the changes that are occurring in methods of business, the oily-tongued woman and the smug practitioner have a good share of responsibility. "I do not insinuate incompetency against my colleagues in my advertisements," said the above complainant, "but Mrs. Jones meets my patients at her societies, and never misses a chance of damning me 'with faint praise.' She told my wife's cousin, not knowing our relationship, that her husband had "superior degrees,' and had "superior opportunities,' and all that sort of stuff, and that 'although Dr. Jones is my husband, and I ought not to say it, you know, still he has a most marvellous success; he gives little or no pain, and he is so skilful. Really, you must pardon me for seeming to intrude dental subjects, but you know one's heart naturally burns to be of use to our dear husbands. I just happen to have his card in my pocket. Would you mind me giving it to you?'"

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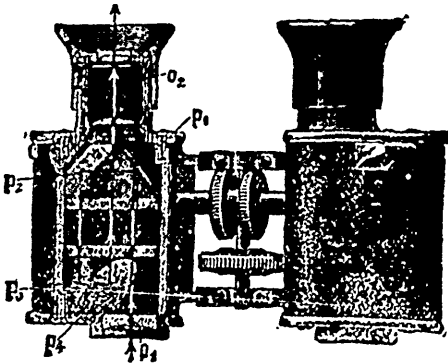
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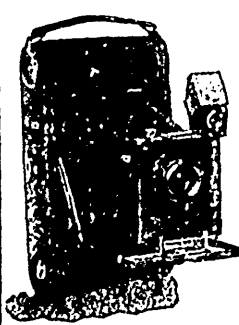
NEW YORK

DENTAL SOCIETY OF WESTERN CANADA.

We welcome heartily the new addition to our Canadian Dental Societies, and reiterate full appreciation of the nationalization of our standards, as again so ably urged by Dr. McInnis.

OMITTED.

Papers by Drs. Sangster, Webster, and Morrison, sent to the printer some time ago, have just come to hand. They will appear in the next issue.



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