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Dominion Dental Journal

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Original Communications.

TINFOIL MATRICES.

By W. Booth Pearson, F.R.C.S., Dublin, Ireland.

Oxy-phosphate fillings are a necessity in daily practice, and as it is not always advisable to use the rubber dam in the case of irritable or very young patients, some other means of excluding moisture must be sought. During the past ten years I have been able to keep such fillings damp proof, during the progress of the chemical union that causes consolidation of the filling in the tooth cavity by the aid of pieces of tinfoil. The cavity in the tooth is prepared in a suitable manner, and the margins carefully shaped. The tooth cavity is filled with absorbent cotton carefully packed into it, after the use of the warm air syringe. A piece of tinfoil of suitable thickness is cut out, measuring one inch or one inch and one-half square, and placed in readiness. The filling is carefully mixed into a pasty mass. The cotton wall is removed, and the plastic filling gently packed into every part of the cavity. Some of the overplus of the filling left on the mixing slab is placed on the piece of tinfoil, in a suitable position. The tinfoil is quickly placed over the tooth and the cavity, and folded over the lingual and buccal surface or the palatine or buccal surface as the case may be. The tinfoil is gently brought into position with the forefinger and the thumb, or with the forefingers of the right and left hand. A stroking action of a right hand finger, while the left index finger holds the tinfoil in position within or without the dental arch, will enable the filling to be solidly pressed into place in the cavity of the teeth. The excess of material is thus squeezed over the teeth and the tinfoil can then be gently burnished over the filling so as to make a contour suitable to the case. In the case of bicuspids

and molars, the patient can supplement the procedures of the dentist by steadily closing the bite on the tinfoil, and thus give the dentist a true contour of the masticating surface. In many cases where the approximal cavities in maxillary incisors have to be filled, the tinfoil can be folded double, and passed between the teeth before the filling is placed in the cavity. This flexible band of metal can be gently drawn into place *round* the tooth, and thus cemented on the enamel surface on each side of the cavity, so that the moisture is completely excluded during the setting of the filling. Once the filling sets hard, the tinfoil can be peeled or scraped off the tooth or teeth, and the dentist will find if these details have been skilfully and gently carried out, a well contoured filling with a smooth surface that needs very little final trimming. Sometimes I place a band of tinfoil round a tooth and then pack in the oxy-phosphate filling. The band is brought to its intended place, and I then envelope tooth and band with a square piece of tinfoil smeared with the filling. This is rubbed or folded into shape and position, and all moisture is excluded. With young children tin foil used in this way will be found of great service to the dentist, as it does not give them any pain or discomfort, while at the same time, the filling is kept protected from the action of the saliva during the progress of setting.

I am of opinion that oxy-phosphate fillings treated in this way will be found to be harder and more durable under ordinary conditions than when the plastic mass is packed and burnished into position and contoured with oiled instruments. I have had excellent results during the past three years by using both Dr. W. N. Ames' "Metalloid" and "Oxy-phosphate of copper" fillings in young mouths. I have kept careful records of these fillings by means of charts, so that what I bring forward is something more accurate and valuable than an "opinion" or an "impression" on the matter, or the fact that they have "an unprecedented sale."

Few young children seem to me to bear with patience the use of the rubber dam, and as a willing patient should be the rule rather than the exception with patients of ten years, I offer my experience in the hope that it will meet a want in ordinary practice that is not altogether filled, by the use of rubber dam napkins, absorbent paper, or even saliva ejector. The tinfoil commonly used for filling teeth is much too thin for this purpose; I prefer to use tinfoil somewhat of the stoutness of writing paper as it will bear the necessary pressure and manipulation without breaking. Sometimes I fold the square of tinfoil into a strip or band of three or four thicknesses as may suit the space between the teeth, and thus gain sufficient support to bring pressure to make a contour filling above, or below the gum, as the case may be in the maxilla or mandible. A few experiments on some natural teeth set in plaster, will show anyone

who cares to carry out this procedure that tinfoil can be made a valuable adjunct in many cases where oxy-phosphate plastic fillings have to be used. I showed this method to several dental friends at my house last August, and they were much pleased with the adaptability of the tinfoil to the purposes I have endeavored to describe.

STORY OF A GOLD FILLING.

By E. A RANDALL, D.D.S., Truro, N.S.

Thirty years ago Dr. —— was one of the foremost in his profession, enjoying a large and lucrative practice in a New England city.

Twenty-five years later he was a poor old man not fit to appear in the operating room, and was employed to polish plates in a laboratory.

It was my duty to extract several teeth for a lady preparatory to having an artificial set. "See," said she, "that gold filling in the front tooth; that was put in by Dr. ——, twenty-five years ago." The filling was still perfect. I took the extracted tooth into the back office and showed it to the old man. "Here is an old acquaintance," said I; "do you recognize it?" (Of course he did not.) "Mrs. —— says you filled that tooth for her twenty-five years ago, and I have just extracted it." The old man's eyes filled with tears. "Give it to me," he said, and he was more pleased than a child with a new toy.

Surely there is a lesson to be learned from the story of the gold filling.

HINTS.

By A. LAZY MAN.

1. I could write six pages instead of six lines on any subject. But I'm too tired, and I never read or write anything that will spoil a yawn.

2. Sharpened chisels dipped in oil trim vulcanite as easy as cutting soft chocolate.

3. If you pack vulcanite warm *and wet*, it packs clean as well as easy.

4. Save your eyes—and your patients—by wearing glasses when you need them. Go to an oculist—no one else—and find out if you need them. No man knows the *exact* condition of his own eyes any more than of his own teeth.

5. Nothing better to soften the hands and cleanse nails and fingers quickly than hartshorn ammonia, twenty or thirty drops to a basin of water. Use to clean any blessed thing about your office. Cheap.

6. If you are afraid or too prejudiced to test Iever's Pheno-Banum ("Quick Cure") you should have died before now.

7. If you *ever* put an all-gold crown in a conspicuous place you err in taste, to say the least. Wonder some one doesn't get his portrait, or his name and address engraven. An all-gold crown conspicuous is a sign that the wearer is vain and lacking in nice feeling, and that the maker is about equal.

REPAIRING A GOLD CROWN.

By E. A. RANDALL, D.D.S., Truro, N.S.

Just suppose you have made a gold crown, and in finishing you go through the shell making an unsightly hole. If you undertake to solder this the chances are that you will have three or four holes caused by the solder melting out at the joints. To prevent this trouble, paint the crown all over the outside with whiting mixed thin except around the hole which you wish to repair, fill this with a plug made from gold foil, touch it up with a drop of borax water, and put a bit of gold solder inside, heat it with blow-pipe and success will be the result.

Correspondence.

To the Editor of DOMINION DENTAL JOURNAL:

The Vermont number greets us, and the familiar face of Mr. Towne. We surmised that he was off to Palestine. He is a glib talker. What a factory of mental products he has! We think he may have the "Inspiration of the Almighty, which giveth understanding."

Illustrated journalism is among us, we guess, to stay. We sooner or later come to accept the customs of the country. We think we hear adverse remarks here and there concerning some of the late pictures. Is it not getting commercial, etc., etc.

The raciest things we are having just now within our borders are spicy editorials—some extremely lengthy, and more to come (doubtless). Dr. Crouse is a hard man to put down. He is not half valued for his unselfish labor in behalf of the illegal burdens

he has relieved us of and still laboring to do. Some day (fifty years) hence he may get a monument; but his *real reward* he gets as he goes along, for this always comes to those that labor for the right. Dr. Crouse has no war with legal claims, he is out and out against illegality—who is not?—and the best way to sustain him while he is in the fight is by finance; that is the best sinew of war. Just now our nation's pulse is quickened on this line, for Spain says we have got to "walk Spanish," and we have them. "We *won't* do it."

Movements are on foot for sounding the dentists regarding the formation of an Eastern branch of the National Association of Dentists. We see the name of Dr. Gorrie heading the list for the call. He has not before taken much, if any, part in our national bodies. He is a useful man and can doubtless carry more or less influence by inciting a larger interest among the Brooklyn fraternity. It means a good deal to get up a popular move in the formation of new movements among dentists. There is no disguising the fact that there is an immense apathy among dentists concerning dental bodies. We are not very sanguine that there will be a very large augmentation of interests, yet there may be. There is no little addition of the younger members noticed by us in our neighborhood for joining societies, certainly in the district and odontological societies. This may become more apparent during the coming year. There is a growing feeling, that we are becoming burdened with indications of a decided decadence of practice along professional lines, not only in our immediate vicinity. Nevertheless, we are firmly convinced that legislation will not produce any diminution of it, no more than prohibition can stop men and women from becoming excessive in drinking habits.

There is a decided impression gaining ground, that the action of society men is fostering exclusion, *i.e.*, they intend to labor to form public opinion, so that they will come to believe that no one outside of a dental society is a fit subject for practice. It will *never* be successful, and we say the less of such ideas the better. It is not a purpose at all worthy of truly professional men. A local example is the one roadway to a healthy elevation. We think we see a steady growing sentiment in favor of the revival of clinical gatherings; this we consider a step in the right direction for securing an attraction to the younger portion of our calling—men will see their self-interests in the clinic and make them more attractive than ever.

The New York Institute of Stomatology has held their May meeting which has proved one of no ordinary interest. All of the papers were well presented. They were strong and firm for the positions they took. We rarely have seen so good a spirit manifested. All of the discussions were frank and decided, but no

ranting at all. We think that there seemed, at least, to be a thought to let everything stand on its merit. The advocacy of an independent journal was strongly put, and, we think, righteously, for there can be no reasonable opposition if it can be supported. We think we see, more than before, a larger prospect of there being an independent journal, and, as it was intimated, it may be one of the outcomes of the new National College. Why not? In a circular issued in '85, advocating the formation of an International Dental Association, a chronicler, or official organ, was a firm thought with us. We sent this tract to our most representative men both in this country and abroad. This circular was more in the thought of a suggestion. We were much gratified to receive so many approvals. In Europe we selected from a goodly list furnished us by the late Dr. White, editor of the *Cosmos*, and one of the answers we valued highly was from Sir E. Saunders, of London, England. He was exceedingly pleasant regarding the idea. One man felt called upon to sit down on our simple suggestion because, as he put it, it was not backed up by *authority*, just as though one inspired by a noble, helpful purpose must be debarred from the privilege of trying, at least, to be useful. We have often acted on the *good* inspirations that have come to us. Some of them have taken root and bore fruit that has remained. We refer to our individual effort to provide the city of Brooklyn with a local society, and we had the extreme satisfaction of seeing it grow into a decided success, and Brooklyn dentists are reaping a larger benefit, and it could still become a larger and continuing source of elevation to a larger number of practitioners, if they would not forget the assembling of themselves together once a month, instead of once in a year or so. There are active societies doing much good, but they can only be kept alive by men that are alive to the opportunities of doing the greatest amount of good to the greatest number. Nothing can so much create an ambition among practitioners as healthful, fraternal appreciation. The lack of it has done much to lessen the attractiveness of societies. Say what we will, societies wisely managed will do much to neutralize the tendency to "quackery."

Commerce is a mighty power and incentive to progress if unselfishly applied. There was much brought out by the papers at the meeting we have referred to that leads up to the live thoughts we have emphasized. As we have said elsewhere, there is a spirit of *esprit de corps* in our calling, and as it is more and more manifested it will continue to generate the results of better dealing in better things. There is an honest desire to be rid of the evils that exist in the trade journal system. We say they are necessary evils from a business point of view. Profession and strictly business lines *cannot* harmonize. A profession is not in business; we

are in charge of a humanitarian practice, and every one that assumes the vocation of a dentist, and does not recognize the fact and morality of his charge, is just so much a charlatan and unworthy of the respect of the needy public; more, they are *brutes*.

The subject of patents was being decried by the authors of papers on that line at this meeting, and as warmly upheld by some of the disputants. Dr. St. John Roosa, the noted aurist of New York, plainly showed that the medical profession had been amply provided with all the facilities up to date in skilful invention absolutely outside of any patent protection. What they have done, why can it not be done by our calling? *Money! money!* is the cry; but a man's riches do not consist in the money that he possesses. Really, the true reward comes from the knowledge that one has benefited one of his fellow-men. But again, we are aware that but few are imbued with the giving spirit. "My family must live" is the echo, and yet there are those who will forget themselves in the interest of others. We were saying lately that we were in the commercial age to a fellow-practitioner. "Yes," he replied, "but we had a demonstration of what it can do at the Philippine Islands. Money furnishes the sinews of war. Yes, that is another side. Life has its part and pull, and that is what keeps us in an equilibrium."

We are disposed to emphasize the fact that so good and manifest atmosphere prevailed at this late meeting. If there were any ruffled disposition we failed to notice it. We are so much interested in dentists as dentists, we do not take on their differences. While there has come a decided separation in the ranks of Greater New York dentists, yet we are hoping that in the existence of two societies in New York proper, there will be a disposition ultimately to more and more fraternize on general principles of interests.

We have learned with regret that Dr. John Farrar is anything but a well man. He has so assiduously devoted himself to his large and lucrative practice, and his devotion to the publication of his marvellous literary productions, that his health has given way, many fear disastrously. Yet, we trust not. Another of our valuable practitioners, greatly beyond the ordinary, has had a severe drop in the physical scale. We refer to Dr. Kingsley, so widely known. He and Dr. Farrar have gone on side by side in the same line, so far as correcting the irregularities of teeth are concerned, and still their methods are quite dissimilar. While Dr. Kingsley has moved out into a field of correcting the deformities of the facial expressions; while he has so skilfully pioneered in this field, he has now an honorable and skilful competitor in Dr. Core, of Chicago, who has pushed decidedly to the front; and yet, as Mr. Webster said, the majestic lawyer of America in his day. "There is plenty of room upstairs."

Speaking of special departments of work in our line, with Dr. A. H. Brockway, of Brooklyn (who got by my side at the elaborate dinner between the sessions of the meeting of the New York Institute of Stomatology), he said: "I have sometimes thought I might do much more good should I make a specialty of treating pulpless teeth. I seem to be so successful in this line, compared with so much that I hear adversely." Specialized fields of practice are *sure* to come. They are increasing. We know of a young practitioner lately from the Pacific Coast, who is gathering material for publication—an outcome of *demonstrated* practice—which is to be illustrated by photographic skill. It will show the *before* and its *after*, which can only tell its own story. Such methods of presenting practice will put all dissension aside. *What can you demonstrate?* is the demand.

G. ALDEN MILLS.

P.S. Dear Dr.—I forgot to make mention of the interest I have taken in Dr. Henry North's book lately published here on "Riggs' Disease—Pyorrhœa, *vs.* Idiopathic Alveolitis." I found the book very faulty, and at first I felt disposed to criticise it fiercely, but a better thought prevailed, and I sought out his acquaintance to find out the spirit of the man, and in that I was happily disappointed, and it has resulted in a respectful friendship. He is revising the first volume, and he invited me to give him the chapter on the Riggs history, and position of the Riggs science, treatment, etc., and I have done it, and he gives me credit for it in the revision. He has a second volume nearly ready for publication. Let me say, if you have not read the first volume, or may have done so, you give decided attention to his chapters on "Idiopathic Alveolitis," as he terms it. In these the profession has something to learn that they have not. These chapters have proved a decided aid to the light that was partially clear to my mind before, and together with this I have formulated it into a successful practice, enough so that I feel quite clear that my conclusions are correct, which I trust you will see by my paper ere long. I was sixty-seven years old, June 30, and I truly feel that my usefulness was never so great as now, for what I can do for those that may seek my services, and they command fees far in excess to anything I have ever received. Just this week I have received the largest fee of my forty-six years' practice, and I have *never* received a fee so pleasantly associated with good feeling and *real appreciation.* It makes practice *blessed.*

Yours cordially,

New York. MILLS.

ANNUAL MEETING OF THE SOUTHERN BRANCH OF THE NATIONAL DENTAL ASSOCIATION.

To the Editor of DOMINION DENTAL JOURNAL:

While taking a few weeks' rest it has been convenient for me to be at St. Augustine, Fla., during the meeting of the Southern Branch of the National Dental Association held Feb. 22-24. The attendance, I am told, was not as large as usual, owing to the time of year at which it is held, this being the working season for the profession in the south. It was, however, a convention of strong, brainy, representative men who have the welfare of the profession and interest of the public at heart. Many of them are standard-bearers who are known to us all for what they have said and done. The number of young men present and taking prominent part was very noticeable; many of these are pouring into the science of dentistry their best life blood. These young men are already talking to us through the professional press. Several of the colleges were represented by one or more professors.

Much time was necessarily consumed by the revision of the constitution and reorganization, this being the first meeting since the union of the "Southern" and "American," but the business was disposed of in the most business-like and dignified way by the President, Dr. E. P. Beadle, of Danville, Va. The address of the President was a thoughtful presentation of facts and suggestions for the future. It elicited a great deal of well-timed discussion.

There were about twenty papers read, and they were all modern, up-to-date and full of good things, many of them well sustained by models and illustrations. Without making comparison of their relative value, it might be well to mention a few papers and thereby draw the attention of the profession in Canada to these as they may appear in the journals.

Dr. A. L. Fort, of Atlanta, gave a paper entitled "Asepsis," which was illustrated by cultures in ager-ager and bouillon, from operating instruments which had not been properly cleansed. It was an object lesson of terrible meaning.

Dr. T. P. Hinman, of Atlanta, lectured on and exhibited the Rœntgen rays, showing the use of the instrument in dentistry. (Dr. Hinman is an Ontario boy, who promises to be a credit to the old sod.) He also presented some very beautiful X-ray photographs of his own production.

Dr. Weld, of New York, read a paper, which was illustrated by stereopticon views, on the treatment and filling of small and tortuous nerve canals by a chemico-metallic process. It was most interesting and bristled with suggestions.

Dr. H. H. Johnson, Macon, Ga., read a very able paper on Reflex Nervous Action, especially referring to the relation of diseases of the teeth to insanity, and urged the appointment of dental surgeons to Government hospitals for the insane.

The clinics performed on patients were interesting and profitable. A number of useful appliances were shown, and several "best" ways to make crowns and bridges. The discussions were well sustained and brought out much food for thought. It is a regret that I did not think of a communication to the DOMINION DENTAL JOURNAL until after the close of the meeting, and I here and now apologize to the authors of the papers mentioned if the titles are not given just correctly.

The last session was held on Thursday evening, Feb. 24th. The election of officers resulted as follows: President, Dr. W. E. Walker, New Orleans; 1st Vice-President, Dr. T. P. Hinman, Atlanta; 2nd Vice-President, Dr. H. H. Johnson, Macon, Ga.; 3rd Vice-President, Dr. Adair, Gainsville, Ga.; Rec. Sec., Dr. W. S. Foster, Atlanta; Cor. Sec., Dr. C. L. Alexander, Charlotte, S. C.; Treasurer, B. D. Brabson, Knoxville Tenn.

The hospitality of the Southern people is proverbial, but to experience the thrill of its worth a journey.

For six weeks your correspondent has been almost overcome by the exceeding kindness of this people, but all unexpectedly the crowning evidence came to me when by unanimous vote I was made an honorary member of the Southern Branch, also of the National Dental Association of America. However unworthy may be the recipient of the honor, Canada and Nova Scotia is distinguished by having the first honorary member ever elected to either of these societies.

On Friday, 25th, the dentists of St. Augustine invited the Association to a sail in the beautiful harbor and out to sea, which was most enjoyable to all but a few who suffered slightly from *mal de mer.*

St. Augustine is a wilderness of subtropical, almost oriental beauty, a very fairyland of flowers. No wonder with such a climate and such magnificent hotels, the health-seeker and pleasure-seeker crowd it in the winter months. Yet, O Canada! "with all thy faults (of winter climate) I love thee still."

FRANK WOODBURY, D.D.S., Halifax, N.S.

St. Augustine. Fla., Feb. 26th, 1898.

PAINLESSLY DESTROYING PULPS WITHOUT THE USE OF ARSENIC.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—I have been requested to write you regarding the method I employ to devitalize exposed pulps. The method is exceedingly simple and very effective. It is not original at least as I now practise it. Formerly I used the method to do away with the pain which still remained in the small particles of the pulp which were left in the roots, the greater part of the pulp having been devitalized by arsenic. However, as a method has been lately discovered to devitalize the pulp as easily as I did the remaining particles, I resolved to try my method on the pulp, and it worked like a charm. Here it is: Dry the cavity out after having removed as much of the debris as practicable without giving a great deal of pain; then take a piece of *soft* spunk, dip it it in alcohol (absolute alcohol is the best) and then dip the alcohol laden spunk in crystals of muriate of cocaine, place X in the bottom of the cavity and press a piece of unvulcanized rubber against it quite hard for from one to three minutes, then take out and remove the remaining lairs of decay till you thoroughly expose the pulp and repeat the operation when you will find the pulp has lost all sense of feeling and you can remove it without the slightest pain.

Be careful to remove all the pulp before filling as sensitiveness does not return for from ten to fifteen minutes.

Yours truly,

A. J. MCDONAGH, L.D.S.

Toronto, Ont.

QUACKS AND QUACK ADVERTISING.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—I'm sorry you abandoned your exposures of quack advertising, because things are getting worse instead of better. The JOURNAL did good service to the profession in this way as well as in other ways, and deserved strong support.

R. T. L.

[Sorry for you.—ED. D. D. J.]

Question Drawer.

Edited by DR. R. E. SPARKS, M.D., D.D.S., L.D.S., Kingston, Ont.

Q.—38. May abnormal conditions of the eye result from dental practice?

A.—1. Yes. L.D.S.

2. Yes. W. B.

3. Yes, eye-strain. J. E. OVERHOLT.

4. Yes, astigmatism and derangement of the occular balance very frequently. A. A. SMITH, Cornwall.

5. No, certainly not, if the eyes are normal to begin with and proper light is maintained. But if any pathological condition exists it may readily become aggravated or lead to the development of a more serious trouble simply as a result of the continued close work. DR. J. C. CONNELL, Kingston, Ont.

Prof. Eye, Ear and Throat, Med. Dept. Queen's Univ.

Q.—39. Does an operator use both eyes at once? If not, which one?

A.—1. Yes, if he has two good ones. If one is crossed he does not use it. But one cannot measure distance properly with one eye, as may be easily proved by trying to pick up a pin with with one eye closed. The field of vision of both eyes is not the same when working at the chair, owing to the oblique position of the head. A. A. SMITH, Cornwall, Ont.

2. If there is no astigmatism. Yes, that depends upon which eye is affected and whether far or near sighted astigmatism. J. E. OVERHOLT, Hamilton, Ont.

3. Both eyes. W. B.

4. In operating on the posterior teeth, as a rule one eye is used at a time; first the one and then the other, just as the possibility of keeping the head out of the light, or occupying a more seemly position to the patient may require. The longer the sight the more frequently are both eyes used at once. When the operation is on the anterior and more accessible teeth, both eyes are more frequently used. OPINION.

5. It is taken for granted that the refraction of the operator's eyes is normal. If it is not so he should have the best possible advice in order to work under the most favorable conditions to

preserve his vision. Whether an operator uses both eyes depends upon the distance at which he is accustomed to work. If this is at or beyond the nearest point for convergence and accommodation he uses both eyes. If within the near point, then he uses but one eye. The position of the nearer point varies according to the age and the refraction of the operator. No absolute rule can be laid down, as I am not aware that operators are taught to work at a fixed distance. When one eye is used it is likely to be that one corresponding to the side of the patient on which the operator stands. That is, the operator being on the right side of the patient and more or less facing him, he is certain to use the right eye—provided always that both eyes are normal. If he works on the left side then his left eye will come into use.

DR. J. C. CONNELL, Kingston, Ont.
Prof. Eye, Ear and Throat, Med. Dept. Queen's Univ.

Q.—40. Is any ill effect likely to result from operating with artificial light, as electric, etc.?

A.—1. Intemperate use of the eye is sure to result in injury. If the light be insufficient, too strong, or the strain continued, the penalty must be paid sooner or later. EXPERIENCE.

2. Have never experienced any. I use both electric and gas.
J. E. OVERHOLT, Hamilton, Ont.

3. I should think overstrain. A. A. SMITH, Cornwall, Ont.

4. Good artificial light can produce no ill effect. If harm come to the eyes it will be because the light is poor, unsteady or insufficient. Just as much harm will result from insufficient daylight as from poor artificial light. The best artificial light is that which most nearly approaches daylight, and at present this is the incandescent gas light (Aüer or Welsbach). This gives a very steady white light which is much superior to the ordinary gas or the incandescent electric light. The harm to the eyes from working with an insufficient light is produced by the strain of looking at an indistinct image. Any dentist who has to work much by artificial light should learn the use of the forehead mirror to reflect the light from its source to the mouth. This not only intensifies the light but puts the eye in the best possible position for seeing the illuminated area. The lesson for the dentist is this. Be sure of the condition of your eyes. Have any error of refraction, no matter how slight, properly corrected; and if any muscular or organic lesion exists, secure the best advice as to the extent and manner in which the eyes may be used.

DR. J. C. CONNELL, Kingston, Ont.
Prof. Eye, Ear and Throat, Med. Dept. Queen's Univ.

Proceedings of Dental Societies.

NEW DENTAL SURGEONS.—RESULTS IN THE EXAMINATIONS FOR THE DEGREE OF D.D.S.

The Senate of Toronto University at their recent session discussed among other matters the question of increasing the fees for the college and library, exclusive of those for examinations, from $10 to $14. There was considerable opposition to the proposal, and a number of the members of the Senate desired more time to consider it. Finally the matter was postponed for further consideration until next meeting.

The following, which is the class list of the candidates for the degree of D D.S., was also handed out:—

Class I.—G. A. Beattie, W. Buchanan, W. H. Bulmer, C. W. Currie, A. R. Donaldson, W. J. Hill, G. A. Macoun, S. M. Milne, S. P. Reynolds, A. Scott, A. H. R. Watson, W. J. Williams.

Class II.—H. J. M. Bannerman, J. W. Barker, A. C. Burnett, J. S. P. Coghlan, C. A. Cooke, R. F. Edmonds, R. R. Elliott, J. B. Gerry, F. W. Glasgow, G. Grant, J. W. Hagey, R. R. Harvie, A. E. Hunt, J. Hutchison, G. G. Jordan, W. H. Liddie, S. R. Martin, F. D. McGratten, W. G. L. Spaulding, W. D. Staples, J. E. Taggert, W. F. Taylor, O. A. Winter, W. H. Woodrow.

Class III.—A. A. Babcock, D. H. Beaton, M. J. Clarke, A. H. Day, R. F. Denike, J. A. Hilliard, H. Jackson, T. R. Paterson, J. Scott, F. A. Sellery.

Supplementals—J. R. Berry and J. A. Charbonneau must pass examinations in chemistry; H. M. Kalbfleisch and T. W. F. Stoddart must pass examinations in physiology; J. A. Locheed must pass an examination in anatomy.

Partial examinations—The following passed in both Anatomy and Chemistry:—E. C. Abbott, F. A. Ballachy, L. A. Barrett, M. Bowles, A. J. Broughton, J. V. Budge, A. G. Campbell, C. H. R. Clark, H. A. Clark, R. H. Cowen, O. I. Cunningham, T. A. Currie, W. N. Cuthbert, E. M. Doyle, J. C. R. Fitzgerald, L. L. Follock, G. Frizell, E. L. Gausby, S. B. Gray, G. W. Grieve, W. T. Hackett, J. J. Hart, G. E. Holmes, W. J. Leary, R. Lederman, C. C. Lumley, N. Millar, R. J. Morton, E. E. Murray, A. W. McGregor, J. I. McMillan, J. F. O'Flynn, G. L. Palmer, J. M. Palmer, L. F. Perkin, A. R. Robertson, D. D. Ross, R. R. Ross, J. N. Shearer, M. O. Sipes, C. A. Snell, J. S. Somers, R. A. Sykes, F. R. Watson, W. T. Willard, J. C. Wray, E. I. Zinkan.

The following passed in Chemistry:—J. W. Armstrong, H. O. Crane, W. A. Maclaren, C. P. Moore, W. J. Schmidt, W. Secombe.

The following passed in Anatomy:—W. H. Bowles, E. H. Henderson, A. Milburn, T. W. Murray, J. L. McLean, R. I. D. Quay.

DENTAL ASSOCIATION (PROVINCE QUEBEC) BOARD OF EXAMINERS.

Successful Candidates for Matriculation, Primary and Final Examinations.

The regular annual examinations of the Board of Examiners of the Dental Association of the Province of Quebec were held last May. The examinations in practical, operative and technical work were held in the Dental College and the written and oral examinations were held in Bishop's Medical College, Ontario Street, commencing on April 6th and continued for four days.

In the matriculation examinations Dr. H. Aspinall Howe and the Rev. Abbe Verreax were the examiners. There were thirty candidates for admission to study. The following received the Matriculation diploma: Fred H. Baxter, Ralph H. Somers, George S. Cameron, Wm. D. Smith, Napoleon Desjardins, Edward Stuart, Thos. W. O'Connell, Jean C. St. Pierre, Andrew D. Angus.

The following are the results of the primary examinations: Anatomy, Dr. H. E. Casgrain, Examiner. First-class honors, J. J. Porter. Passed, Mrs. E. Casgrain, Achille Forest, C. C. Cotton, A. D. Gareau. Chemistry, Dr. J. Nolin, Examiner. First-class honors, Walter Elliott; second-class honors, J. J. Porter. Passed, Mrs. E. Casgrain, C. C. Cotton, A. Forest. Physiology, Dr. F. A. Stevenson, Examiner. First-class honors, J. J. Porter. Passed, Carl C. Cotton, Mrs. E. Casgrain. Metallurgy, Dr. F. A. Stevenson, Examiner. Second-class honors, J. J. Porter. Passed, Mrs. E. Casgrain, Carl C. Cotton.

The following were granted the diploma of Licentiate of Dental Surgery: W. J. G. Boultenhouse, W. J. Kennedy, Horace Lemieux, E. E. Kent, Carl C. Cotton, L. M. P. Yoon, R. A. Brault, Mrs. E. Casgrain, and H. Lanthier, who will receive his diploma when he is of age.

Thos. D. McGregor, Chris. F. Nichol received the D.D.S. degree and were granted the diploma of Licentiate of Dental Surgery.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO.

Election of Board.—The nominations will take place in November, and the election on the 14th of December. Licentiates should pay their dues.

QUEBEC PROVINCE.

The next regular meeting for the election of a new Board of Examiners for the Province of Quebec, will be held in Montreal on Wednesday morning the 14th of September next. There is not a single licentiate in the Province who is not personally interested in this particular meeting, more so than any that has occurred for many years. Those in arrears must pay on or before the day of meeting. It should not be forgotten that the annual dues are collectible by law, whether or not members attend the meetings. Dr. F. A. Stevenson, Peel Street, is Treasurer. We look forward to a specially interesting and important gathering, to consider serious matters concerning the present and future welfare of the profession, French and English, in Quebec.

NOVA SCOTIA AND NEW BRUNSWICK JOINT CONVENTION.

The joint convention of the New Brunswick and Nova Scotia Dental Association will be held on Thursday and Friday, September 1st and 2nd, at Digby, Nova Scotia.

An excellent programme consisting of interesting and instructive clinics, papers, etc., will be presented. An excursion over the beautiful harbor to the historical town of Annapolis Royal, is contemplated, as well as other interesting features to make our meeting thoroughly enjoyable. A cordial invitation is extended to all dentists to attend our meeting. GEO. K. THOMPSON, D.D.S.,

Halifax, N.S. *Chairman Executive.*

THE MARITIME DENTAL ASSOCIATIONS.

The above Associations will hold a joint meeting at Digby, N.S., on Sept. 1st and 2nd. Papers by representatives for the Provinces will be read. Clinics, etc., will occupy a large part of the time. An evening session will be specially devoted to the exhibitors of the different depots present. The programme has all the appearance of being attractive and varied. An excursion on the harbor to Annapolis Royal, and an exploration of the Old Fort and other places of interest will take place.

EASTERN ONTARIO DENTAL ASSOCIATION.

We received a notice of the meeting held at Brockville on the 14th and 15th July too late for insertion in the July number. These notices ought to be sent to the JOURNAL at least two months previous to date of meeting. The proceedings will appear in a later issue.

Medical Department.

Edited by A. H. BEERS, M.D., C.M., D.D.S, L.D.S., Cookshire, Que.

ANOMALIES OF DENTITION.*

By H. H. OLDRIGHT, M.D., Toronto.

Anomalies of dentition, other than cases of dentigenous cysts, which may be found in various parts of the body, notably in the ovaries, may be classed according to the time of development and with reference to their situation and size.

I. *Late Development.*—Flint (Wm. Henry) says that:—In the different diatheses, struma, syphilis and rachitis the deciduous teeth may not erupt till a late period, as in a case cited by Steiner, 1885, where the teeth were not cut till the fourth year.

We may even have, as Charles Sarazin reports, complete absence of both sets from want of development of the dental follicles or disease of the aveolar process.

There may be symmetrical absence of certain teeth, the incisors, canines and wisdom teeth.

The first set may be perfect, the permanent set imperfect.

Supernumerary teeth may be present from the development of an extra follicle, or the segmentation of a follicle.

II. *Early Development.*—It is said that Louis XIV. and Mirabeau were each born with a complete set cut. In these cases the roots are, as a rule, rudimentary, and either fall out or decay early.

Albrecht has reported cases where the canines and molars being erupted at birth were retained for thirty years and upward. Here there would probably be non-development of the second dental follicles.

He explains the occurrence of a supposed third set by the fact that a tooth may be retained till old age and then appear from atrophy of the jaws.

Abnormal position.—This may be due to development of dental follicles in an abnormal position, *e. g.*, in the ramus or condyle of the lower jaw, the middle of the hard palate or nasal fossal; or *obstruction* due to milk teeth being too firmly set or the cavity ossifying over the second tooth after removal of the first. Obstruction may also be caused by narrowness or shortness of the aveolar margin or abnormal direction of the whole alveolar process, the normal direction being either vertical or inclining slightly inwards, the

*Read before Toronto Pathological Society, March 25, 1898.

upper set overlapping those of the under jaw. The narrowing of the margin may be caused in rickety children by the pressure between the labial muscles and the tongue.

Anomalies in size may occur, the single teeth may be over-developed, or three of them may have a continuous outer coating of cement and enamel (seen chiefly in the incisors).

The case which I will record to-night belongs to the class with early eruption. Dr. J. W. Ballantyne, of Edinburgh, in a paper read before the Edinburgh Obstetrical Society in March, 1896, on "Congenital Teeth, with three illustrated cases," deals very thoroughly with these anomalies. In the first described by Dr. A. M. Vargas, of the University of Barcelona, there was an elevated outgrowth from the margin of the lower jaw, which before operation was thought to be a congenital neoplasm, but, being cut into, it proved to be a premature tooth enclosed in an extra alveolar sac.

It was covered with mucous membrane and an inner layer of very vascular connective tissue and was movable at the base. There was no root.

In the second case occurring in his own practice, two bright white, thin, slightly-movable teeth (lower central incisors) were present at birth, which the mother said were absorbed, but which Dr. Ballantyne thinks probably dropped out. There was a tubercular family history. They were replaced at seven months by two new teeth.

The third case is described by Dr. R. C. Buist:

The two lower central incisors at birth projected above the gum, the right two mms., the left less. They were movable backward and forward. The gum at the roots was swollen and everted before and behind, this becoming less in a few days when the teeth were more firmly held. They both came out during the first month and it was stated that they felt like gristle. They have not been replaced. Dentition was otherwise normal.

I might now describe the case which occurred in my practice a year ago, the two lower central incisors being present at birth. When two days old the boy wounded his mother's nipple, an abscess resulting in spite of antiseptic treatment and the use of a shield.

Strumpbell advises removal if the teeth are loose. In this case the teeth were not drawn for certain reasons. They were set in a movable, hinge-like process of the alveolus raised above the level of the gum about one-third of an inch. Below the hinge and at the symphisis there was an exostosis, which has since disappeared.

A few days after birth the child developed a pempigous eruption and at six weeks snuffles and a papular syphilide.

The father had contracted syphilis twelve years before and had been under treatment with iodides and mercury for two years at

that time. The first child, born ten years ago, died from congenital syphilis and there have been none since.

To return, in the meantime the teeth had become firmly set, and the hinge had lost both its elevation and mobility. Shortly afterward the crowns softened, losing their lime salts and leaving the pulp cavities exposed as they are at present level with the gum. We will probably scoop out and fill with gutta percha or cement. No other teeth have since arrived. I sent an account of this case to Dr. Ballantyne, whose reply was most courteous and was as follows:

DEAR DR. OLDRIGHT,—The editor of *The Edinburgh Medical Journal* sent on to me your record of an interesting case of congenital teeth. Allow me to thank you for this record which contains several new features. I find the after history of these teeth when they are not removed at once is rather obscure. In some cases they are certainly replaced by milk teeth and are then really supernumerary as well as previous, but in other cases they seem to be the only milk teeth which the infant has. The exostosis is interesting, but its meaning is far from clear. Since I wrote my paper I have had several records sent me, and two of these I have embodied in an article on "Congenital Teeth" in the forthcoming supplementary volume of "Keating's Cyclopædia of Diseases of Children." In one of these the child presented by the face, and the teeth were diagnosed before delivery—a truly unique circumstance, I suppose. I send you a reprint of my paper, also one of another curious case of abnormal dental development. I am specially interested in all congenital anomalies and shall always be glad to hear from you regarding such. The syphilis may have had to do with the early decay of the congenital teeth in your little patient, but I scarcely think it could be regarded as the cause.

Believe me, yours faithfully,

J. W. BALLANTYNE.

24 Melville street, Edinburgh, Feb. 7th, 1898.

Dr. Ballantyne very kindly sent me his monograph from which I will quote his conclusions:

(1) Congenital teeth form a rare anomaly, but one which has long been known both to the profession and to the public.

(2) Their presence has often an ill effect upon lactation, partly on account of imperfect closure of the infant's mouth and partly by injury to the mother's nipple; sublingual ulceration may also result, and infantile diarrhœa and atrophy are more distant consequences. Sometimes, however, symptoms are altogether absent.

(3) Congenital teeth have probably little or no prognostic significance as regards the bodily or mental vigor of the infant carrying them.

(4) The teeth usually met with are lower incisors, but sometimes upper incisors may be seen, and very rarely molars of either upper or lower jaw. Other facial or buccal malformations may occasionally be met with.

(5) They are caused by premature occurrence of the processes which normally lead to the cutting of the milk teeth; in a few cases it would seem that the anomaly is due to a true ectopia of the dental follicle and its contained tooth.

(6) In a few cases a hereditary history has been established.

(7) As congenital teeth are usually incomplete and ill-developed, and likely to be more an inconvenience than an advantage to the infant, they are best removed soon after birth, an operation which can be easily, and, except in very rare instances, safely, performed.

(8) The occurrence of premature teeth in certain well-known historical personages is an interesting fact, the importance of which has been much exaggerated.

Under pathogenesis he gives as the predisposing causes:

(1) Ectopia.

(2) Imperfect development of tooth and absence of fang to fix it deeply.

(3) Too early deposit of salts.

(4) Atrophic state of gum.

(5) Intra-follicular inflammation and ulceration of gum.

Under frequency of occurrence, Paris Maternity, out of 17,578 new-born infants, 1858-1868, three had teeth—one in 6,000.

In 20,000 births Blot had not seen an instance.

Besnier and Gueniot regarded them as very common.

The truth lies between the two extremes. In Dr. Ballantyne's paper he has gathered together from literature some seventy cases, and he says that doubtless not a few have escaped notice.

I will give part of the doctor's historical section in which he names the famous personages, Richard III., Louis XIV., Richelieu, Mirabeau, and Mazarin. Shakespeare, in King Richard III., Act II., Sc. 4, makes the Duchess of York say:

> "Marry, they say my uncle grew so fast
> That he could gnaw a crust at two hours old;
> 'Twas full two years ere I could get a tooth."

Also in Act IV., Sc. 4, of the same play Queen Margaret says:

> "That dog that had his teeth before his eyes."

And in King Henry the Sixth, Part III. Act V., Sc. 6, the following words occur:

> "Teeth hadst thou in thy head when thou wast born,
> To signify, thou cam'st to bite the world."

And Richard himself says:

> "For I have often heard my mother say
> I came into the world with my legs forward;
>
> The midwife wondered and the women cried
> O Jesus, bless us, he is born with teeth,
> And so I was; which plainly signified
> That I should snarl, and bite, and play the dog."

ACUTE DILATATION OF THE HEART OCCURRING IN THE COURSE OF CANCRUM ORIS.—In the March number of the *Edinburgh Medical Journal* Dr. Thomas Oliver records the following case: The patient was an apparently healthy girl. Three weeks before her admission to the infirmary, on June 18, 1896, she began to suffer from faceache, which she attributed to a decayed tooth. A day or two subsequently an ulcer formed in the mouth behind the left upper incisor teeth. This was followed by swelling of the cheek and ulceration of its inner surface. The pain continued, and was accompanied by frequent fits of shivering and by a feeling of extreme prostration. When the author first saw her the left cheek was considerably swollen, red, and indurated, and the left half of the upper lip was swollen and protruding. There was a large, brawny swelling below the chin, and the breath was very offensive. The teeth were loose, and the gums were red and ulcerated in places. On the floor of the mouth there was a large ulcer covered with an adherent yellow slough, and there was another on the inside of the cheek opposite the upper canine tooth. This, too, was covered with slough. The heart beat was normal. The temperature on her admission was 102° F. Nourishing liquid foods were prescribed and the mouth was irrigated with Condy's fluid and subsequently with a boric-acid lotion. On the 21st of June the mouth looked healthier, but the patient complained of cough, greater shortness of breath, and pain in the right chest. Friction sounds were detected over the right base and bronchial râles all over the lungs. Although the mouth seemed better, there was still a considerable quantity of purulent discharge, some of which had evidently trickled backward and down the trachea, setting up a septic bronchitis. On the following day the bronchitis was much worse, and the patient seemed very ill; the pulse was 140 a minute and rather irregular. The area of cardiac dulness had increased, the impulse of the heart was flapping and more diffused than before;

the apex beat was felt between the fourth and fifth ribs, half an inch external to the left nipple. The urine was healthy. For some days after the last note was taken, the patient was too ill for any prolonged examination to be made, but it was noticed that the area of cardiac dulness had rapidly extended, that the apex was beating an inch and a half external to the nipple, and that over this area there was heard for the first time a loud blowing systolic murmur. It was clear that the heart had undergone very acute and rapid dilatation. There was slight enlargement of the area of splenic dulness. On examination of the blood, the red discs were observed to be paler than usual—they formed rouleaux; the white corpuscles were increased in number. One cubic millimetre of blood contained 3,300,000 colored discs, there was one white to two hundred and forty red corpuscles, and there were a few poikilocytes and macrocytes. By degrees the patient's health began to improve, and with that the heart began to improve, and with that the heart gradually became reduced in size. On the 6th of July the apex beat of the heart was felt an inch below the left nipple and in a line with it. The mitral systolic murmur was still loud and readily heard. By the 7th the perforation in the cheek had almost closed; the tissues around the opening were softer, much less indurated, and not nearly so painful to the touch. The cough had, practically speaking, disappeared. The pulse was fifty to the minute, full and regular; the mitral murmur remained unaltered. No râles were detected in the lungs. On the following day it was noted that the apex of the heart was felt beating in the fifth interspace, quarter of an inch internal to the nipple. On the 15th the patient was much improved; the apex beat of the heart was half an inch external to left nipple. A loud blowing mitral systolic murmur was heard over the apex area, but not at the inferior angle of the left scapula. The second sound heard over the pulmonary artery was accentuated. From this date the patient gradually recovered. Her left upper canine tooth was shed and a sequestrum of bone came away. There was very little deformity, however, although the skin close under the left ala nasi was firmly bound down by tense cicatricial tissue to the bone underneath. The author says that the principal point of interest in the case is the rapidity with which the heart dilated. When the patient came under observation it was noted that her heart was healthy and its area of percussion normal. In the course of the illness the apex of the heart could be seen getting carried out farther and farther daily, and all at once a mitral systolic murmur developed, and the pulse became rapid and irregular. The heart dilated owing to malnutrition of the myocardium, either from fever or from the poisoned blood, and the mitral systolic murmur that developed was adynamic rather than endocarditic. There was no

albuminuria and there was nothing of the nature of heightened arterial tension at any time to explain matters. It is no uncommon circumstance, says the author, to find the heart dilate in fever and become a source of great danger. In the foregoing case there was never any great pyrexia, so it is to the action of toxines in the blood that must be attributed the malnutrition and subsequent dilatation of the heart. As the patient improved under treatment, it was interesting to watch the gradual reduction in the size of the organ and the return of the apex beat to within the nipple line. One of the earliest signs that the heart was dilating was the irregularity and rapidity of the pulse When the patient was examined several months after her recovery, the mitral systolic murmur could still be heard, but she had gained flesh and was enjoying good health.—*New York Medical Journal, March 26, 1898.*

MENTAL PECULIARITIES IN HÆMOPHILIA.—In the interesting case of hæmophilia, described in the *British Medical Journal* of April 2nd (p. 883), by Clinton T. Dent, F.R.S.C., Surgeon to St. George's Hospital, London, passing allusion is made to a point which, though, according to my experience, very common in these patients, has hitherto been little noticed. In the hope of eliciting information on the point, corroborative or other, I venture to trespass on your columns. Patients subject to hæmophilia—bleeders in short, for that term is surely better than "hæmophilics"—constantly exhibit mental peculiarities of definite form. The most important and the most common mental peculiarity is an inability (it is more than an unwillingness) to tell the truth about their condition even when they have had repeated an alarming experience of their defect. Frequently they will persist in obstinate denial of their liability to bleed, even when the hæmorrhage is going on, and resisting all efforts to check it. I well recall a strongly marked instance of this unfortunate and misleading propensity that occurred some years ago in hospital practice. A youth, about 16 years of age, was admitted for persistent hæmorrhage following the extraction of a carious lower molar tooth. Every kind of remedy was tried, but the bleeding, though often checked for the time, broke out again and again. Eventually the inferior dental canal was plugged, but after a while the hæmorrhage recommenced and the boy died. From first to last he denied stoutly that he had ever suffered from bleeding, though the condition of hæmophilia was obvious enough to all. Though sane in all other respects, and aware of his serious condition, he maintained this attitude throughout. We were anxious to communicate with his friends, but he flatly refused to give the address of his relations. Ultimately and by chance the address of his mother was discovered, and she was sent for. There was no need to break the news gently

to the woman, for the moment she arrived she said, "I know what has happened; my son has had his tooth taken out, and he is bleeding to death. The same thing almost happened two years ago, and on many occasions his condition has been most serious from slight scratches or wounds." The youth furiously resented his mother's appearance at his bedside, and died actually cursing her, and all who had to do with him, while asserting almost with his last breath the *idée fixe* that he did not bleed more than others. This distressing case, though exceptional in its circumstances, is no isolated experience, and I doubt not many others have met with patients subject to similar delusions. Hæmarthrosis may easily simulate tuberculous disease in appearance, and most surgeons would probably admit—if only to themselves—that once in a way they have at first been deceived by such cases. In these days of early and free operative measures the precaution of ascertaining whether there is any history of hæmophilia should, in the case of joint disorders, be a matter of routine. It is not, as I have shown and always taught, sufficient to rely on the patient's word alone, however categorical and clear his statements may seem to be. The suggestion that bleeders should be tattooed does not seem to be a happy one. Apart from the obvious practical difficulty of gaining consent, the tattoo punctures would be likely to give rise to trouble. If bleeders and epileptic patients could be induced to wear round their necks a small label setting forth their infirmity, they would probably derive advantage. But epileptic patients are far more likely to adopt any such device than bleeders. —*Brit. Med. Jour., April 23, '98.*

CONGENITAL TEETH.—Dr. J. W. Ballantyne gives particulars of three additional cases of this condition: 1. Mother, a multipara, who had nursed six cases of scarlet fever during her pregnancy. The presentation was a face, and the presence of the teeth rendered the diagnosis of this rather difficult. There was a "caul." The teeth were the upper central incisors, one well and the other poorly developed. The boy was now 16 months of age, vigorous, healthy, had eight teeth, including the two above noted, which appeared likely to remain, as they were larger and stronger than the others. The child was reared on the bottle. The combination of face presentation and congenital teeth was rare. The congenital teeth neither dropped out nor required removal, and they were well formed. 2. This case occurred in South Jarra, Melbourne, but full details were wanting. The teeth dropped out, necrosis of the alveolar process followed, and the child died. Whether the death was due to the presence of the teeth or not is uncertain. 3. The father had syphilis twelve years before the birth, and was treated for two years with iodide of potassium. The mother was non-

syphilitic. One previous child nine years before, who suffered from eruption and died of marasmus. The weight of the present fœtus was 7 lbs. The teeth were two lower central incisors, movable in their sockets, and the alveolar process for about three-quarters of an inch was elevated three-eighths of an inch above the level of the gums on either side, and was also movable. Below this hinge process was an exostosis in the middle line of the symphysis menti, which disappeared later. The mobility and elevation disappeared later, and the teeth became fixed. The mother's nipple was wounded before the teeth were discovered, and a mammary abscess resulted. A few days after birth the child developed pemphigus, and when six weeks of age, "snuffles" and a papular eruption appeared. The latter disappeared under the use of mercury. Simultaneously, the teeth became soft and were removed by the finger-nail, but the roots remained. At the age of 11 months, the roots were filled with granulation tissue level with the gum, and no other teeth had appeared. Some of the irregularities here might have been associated with the syphilitic state, but it was possible that the process was an extra-alveolar dental sac, containing two supernumerary as well as congenital teeth.—*Brit. Med. Jour., March 19, '98.*

REMOVAL OF THE INFERIOR DENTAL NERVE THROUGH THE MOUTH.—Dr. Alexander H. Ferguson (*Chicago Medical Recorder*, May) reported to the Chicago Medical Society on April 13th a case of neuralgia in which all of the three branches of the nerve were affected. The tongue and ear were also involved. Medical treatment had proved useless. The inferior dental nerve was then removed in view of the removal of the Gasserian ganglion, a much graver operation. The head was thrown well back, and a gag put in the mouth. The distribution of the inferior dental nerve was then cut at its exist and from the mental foramen, and dissected out at that point and cut as it began to divide in its distribution. A half-inch trephine was then used on the jaw where the two last molar teeth were situated. After the gums had been separated longitudinally and the soft parts pushed to one side, a trephine was applied on the inferior maxilla and the nerve exposed where it travelled through the jaw. An incision was made parallel to the ascending ramus of the jaw and a little to the inner side thereof, cutting through the mucous membrane, and by blunt dissection the nerve was found as it entered the foramen on the inside of the jaw, a good guide being the sharp spiculum situated in that part. After the nerve had been severed at the mental foramen and exposed at its entrance into the inferior maxilla it was extirpated *in toto* by pulling it out from the middle of the jaw, and then hooking it from the upper incision until it hung loose, then following it up as far as

possible and cutting it. In this procedure the artery was injured and the wound had to be packed firmly. The packing was left in for three days, then removed.. No hæmorrhage followed. The patient was relieved instantly and had remained perfectly free from pain since.—*N. Y. Medical Journal.*

INHALATIONS OF VINEGAR TO CONTROL NAUSEA AND VOMITING AFTER ANESTHESIA.—Dr. J. Torrance Rugh states (*Phil. Polyclin.*, VII, p. 110) that he has very frequently made use of inhalations of vinegar after anesthesia, both in private and in hospital work, and was highly gratified with the results. The method of administration was to saturate a towel or cloth with fresh, strong vinegar (preferably that made from cider), and hold it a few inches above the patient's face, or hang it from the bedstead, so that it will be near his head. It should be used directly after the anesthetic has been discontinued, and kept up continuously for hours. In one case in which ether had been given, nausea began soon, but ceased in about one and a half minutes after using the vinegar. This was then removed, and the nausea returned, but again disappeared after the vinegar was given. The action was so marked that the process was repeated five or six times so as to verify the conclusions, and each time the result was the same as at first noted, the patient quickly becoming quiet as though not going under complete anesthesia. Another patient was given chloroform for the removal of the pharyngeal growths and swallowed considerable blood. Vomiting of the clotted blood occurred, but ceased immediately after, and did not return. These results have been duplicated in about twenty-five other cases, in which the action was almost uniformly beneficial. The relief from thirst to the patient is most marked, and the refreshing effect is both grateful and welcome to the sufferer. Its simplicity and efficiency commend its use to all having to do with such cases. It is also free from any toxic effects and can occasion no harmful conditions.—*American Medico-Surgical Bulletin, May 10, '98.*

THE BLEACHING OF TEETH WITH PYROZONE.—At a meeting of the New York Odontological Society, held on the 19th inst., Professor Edward C. Kirk, of the University of Pennsylvania, gave an interesting address on the bleaching of teeth by means of pyrozone. He pointed out that the pink discoloration was due to the permeation of the tubules by hæmoglobin from disintegrated red blood-corpuscles, while the browner stain was due to the deposit of hæmatin from disintegration of the hæmoglobin. The speaker showed in two tubes the difference between blood which had undergone disintegration and that which had not done so, the former being clearer and more translucent, the latter murky and grumous.

He then painted to a bright red a sheet of white blotting paper with the blood containing free hæmoglobin, and converted a portion of the hæmoglobin into hæmatin by the application of acid, thus turning it brown. The application of pyrozone at once bleached the bright red of the hæmoglobin, but had but little if any effect upon the brown stain of the hæmatin. Professor Kirk went on to state that he had had some success in this latter kind of discoloration by the application of oxalic acid after treatment with the hydrogen dioxide. It would be interesting to know whether similar results would follow the application of hydrogen dioxide and oxalic acid in the discolorations of the skin common in old-standing syphilis, etc.—*N. Y. Med. Journal, April 23, 1898.*

DEATH FROM CUTTING A WISDOM TOOTH.—M. Heydenreich reported to the *Société médicale de Nancy* on February 28th (*Presse médicale*, April 9th) the case of a man, thirty-three years of age, brought to his clinic and said to be suffering from mumps. There was high and persistent fever, rising to 104° F., with agitation, delirium, stiffness of the jaws, and swelling over the right parotid extending into the neck. When M. Heydenreich saw the patient, on the third day of the grave symptoms, the condition seemed to have improved. The temperature was from 102.5° to 100.4°, consciousness had returned, and the swelling was strictly limited to the angle of the right jaw. The patient could open his mouth, and a drop of pus escaped by the jaw. All the teeth were there. It was certainly a case of suppurative osteitis of the inferior maxilla, due to the eruption of a wisdom tooth. There was not at this time any indication calling for operative measures. The next day, however, the patient became semiprostrate, and in the evening the temperature rose to 104.9° F.; on the fifth day he was taken in a moribund condition to the hospital. There was complete left hemiplegia. A free incision was made by means of the thermal cautery as far as the zygoma, but no pus was found. He died next day at midday, the temperature being 98.9° F. The autopsy disclosed pus on the right side between the cranial vault and the meninges up to the level of the convexity, toward the median region, and suppurative osteitis of the cranium. On opening the meninges, a bed of very thick greenish-yellow pus (showing meningo-encephalitis) was laid bare. There was no lesion in the interior of the brain.—*N. Y. Medical Journal, April 30, 1898.*

SOUTH AFRICAN DENTISTS.—A recent number of the *Dentist* contains an amusing account of South African dentists, furnished by "a Birmingham gentleman connected with dentistry," who has practised his profession in various parts of the Dark Continent.

The South African dentist, we learn, has no drawing-room practice, and the cost of appliances is very high. It is cheaper to import them, but the cost of getting them "up country" is great. Yet it is "up country" that the dentist finds not only profit but amusement. The gentleman referred to and his partner made close on £200 in three weeks—not a bad haul (to use his own expression), considering that their work lay chiefly among a class made up largely of a race noted for the fine quality and condition of their dental apparatus. In such practices as these the dentist covers a very large area. Owing to the distance the appointments have to be made two or three months ahead. Thus, if a native goes up with a racking toothache (say) in December, he may, if he is lucky, have an appointment for some time in March. So victims to toothache have to exercise more patience there than civilized man exhibits under the same trying circumstances. The dentist gets an accumulation of practically three months, and makes money and disperses teeth at a rapid rate. He is held in great regard, and, unlike his brethren in Europe, he is looked upon as a kind man. The natives think that to have a tooth drawn in the approved style is almost a pleasure. They have been used to less refined methods.—*British Medical Journal.*

INFLAMMATORY INDURATION OF SALIVARY GLANDS.—Mr. Barling showed a specimen of chronic inflammatory induration of the submaxillary and sublingual salivary glands from the presence of salivary calculus which he had removed from a female aged 39. She first had swelling and pain in the submaxillary region six years previously, at which time a small calculus escaped into the mouth, with relief of symptoms. During the last twelve months the patient had suffered repeated attacks of pain and swelling, and a few weeks ago another small calculus escaped, but with very little relief. When she presented herself both the glands were stonily hard, very fixed and adherent to the floor of the mouth, but owing to the density of the tissues no calculus could be felt. With considerable trouble both glands were excised, the floor of the mouth being freely opened. Examination of the specimen showed simply a dense infiltration of the gland tissue without any appearance of new growth, and a calculus, measuring nearly three-quarters of an inch in length, lay in a dilated duct.—*Brit. Med. Jour.*

THE ACTION OF SALIVA ON BACTERIA.—Triolo (*Rev. d'Igiene e di Med. Prat.*, An. 2, N. 12, Naples) has reinvestigated the above subject by new methods. Having first thoroughly disinfected the mouth with corrosive sublimate 1 in 1,000 or permanganate of potash and then washed out with distilled water until no trace of the germicide could be detected, the saliva was taken fresh from the

mouth, and its effect observed on various germ cultures. The result showed that the saliva possessed decided bactericidal properties, killing old cultures (five days) and diminishing the number of recent ones (eighteen hours). Saliva filtered (as in Sanarelli's experiments) has very little germicidal action. Very little difference was observed between parotid and submaxillary saliva as regards their action on germs. Indeed, the author believes that the chief germicidal action of the saliva must be attributed to the secretion of the muciparous glands of the mouth. A short bibliograp' y is given.—*Brit. Med. Journal, Feb. 28th, 1898.*

IN deep anesthesia owing to the relaxation of the muscles that pass between the lower jaw and the hyoid bone, the hyoid bone, the tongue and the epiglottis fall backward until they come in contact with the posterior pharyngeal wall; they remain fixed thus at the end of an expiratory act, entirely preventing the entrance of air at the next inspiration. This is best overcome by placing a pillow under the shoulders and allowing the head to fall back over the end of the table; passing the handle of a spoon between the teeth and pressing it downward and backward on the dorsum of the tongue until it comes in contact with the pharyngeal wall; and then by a simple leverage-action of the wrist, bringing forward the tongue, epiglottis and hyoid bone, thus immediately relieving all obstruction to respiration. This position can be retained during artificial respiration until the patient is restored. This method is also very valuable in resuscitation of the apparently drowned.—*British Medical Journal, April 23, 1898.*

ETIOLOGY OF LARYNGISMUS STRIDULUS.—A. M. Erskine (*Brit. Med. Jour.*, Jan. 15, 1898, p. 145) gives an account of a case of laryngismus in which the etiology was demonstrated to be reflex. The child in question was a strong, healthy, well-nourished girl, presenting no evidence of rickets. At five months she had light attacks of laryngismus which passed off when she had cut her first tooth. Like attacks six weeks later disappeared when another tooth cut through. There were no more till the child was twelve months old; they were then renewed with increased severity. The physician rubbed his finger along the child's gums, and immediately produced a typical attack with carpopedal contractions. The swollen gums were lanced for three new teeth, and no more attacks followed.—*American Medico-Surgical Bulletin, May 10, '98.*

THE USE OF VINEGAR FOR THE VOMITING PRODUCED BY CHLOROFORM.—*La Médecine Moderne* quotes the observation of Lewin that out of 174 cases of vomiting following the administration of chloroform he was able to relieve 125 patients by causing

them to inhale the fumes of vinegar, the vinegar having previously been placed upon a towel. The method consists in placing a small piece of linen which has been wet with vinegar over the face of the patient for a number of hours, after the chloroform mask has been removed. If the vomiting returns after this treatment is stopped a renewal of it will be sufficient to check the relapse. Lewin believes that in the elimination of chloroform from the lung it is decomposed into hydrochloric acid and chlorine and that these irritating substances are responsible for the attack of vomiting, and that the inhalation of the vapor of the vinegar produces trichloracetic acid, which does not produce vomiting.—*Therapeutic Gazette, March 15, '98*

ŒSOPHAGOTOMY AND REMOVAL OF DENTAL PLATE WITH UPPER CENTRAL INCISOR TEETH.—A. A. Snyder (*New York Med. Jour.*, Sept., 1897) gives the history of the case. A woman, aged 22 years, had swallowed a broken dental plate. It lodged in the œsophagus. The voice became affected, and she complained of pain on the left side of the sternoclavicular joint. Owing to irritability of the parts, even under cocaine, removal by the natural passage was impossible. On the third day, having localized the foreign body, a two inch incision was made along inner edge of sterno-mastoid muscle. The jugular vein and common carotid were exposed, and the œsophagus being entered through the wound, the plate was extracted. The size was one and a half inches by one and a quarter. The patient made an excellent recovery. In this case the X rays were tried but failed to locate the foreign body.—*Canadian Practitioner, May, '98.*

A CURIOUS case of auto-suggestion has just occurred in Berlin A domestic servant, a strong and healthy girl, aged 25, came into hospital complaining of agonizing pain in the chest and dyspnœa. She thought she must have swallowed her artificial teeth in her sleep, as she had not been able to find them on awakening, and had had terrible pain ever since. A careful examination was made, but failed to reveal any trace of the tooth-plate. As, however, the girl's sufferings showed no signs of abatement, she was kept in the hospital and put to bed. Next morning a fellow servant of the girl presented herself to the matron, bringing the supposed *corpus dilicti*—a plate with nine teeth—in her hand. It had been found under the mattress. The sufferer saw her teeth, and in the same moment all her pain was gone, her asthma disappeared instantaneously, and she left the hospital and returned to work as well and strong as ever.—*Brit. Med. Jour., April 23, '98.*

SEPTICÆMIA FROM A CHILD'S BITE.—While recently performing an intubation upon a child suffering from membranous croup Dr. Dowling W. Benjamin, of Camden, New Jersey, was unfortunate enough to have his finger caught between the child's teeth, causing a painful lacerated wound from which septicæmia followed. The wound was subsequently opened and cauterized, and at last accounts the doctor was reported as being out of danger.—*New York Medical Journal, April 2, '98*

EXALGINE IN DENTAL NEURALGIA.—Dr. F. C. Caley, of New Castle, reports the cure in a few minutes of severe dental neuralgia by means of a single dose of two grains of exalgine in an alcoholic solution. A drachm of rectified alcohol will dissolve twenty grains of exalgine, which latter is not precipitated by the addition of a small quantity of water.—*Clinique (Montreal), April.*

A GOOD MOUTH WASH IN FEVERS.—Glycerine, lemon juice, rose water, and chlorate of potash solution—in equal proportions. —*The Hospital Nursing Mirror.*

Reviews.

A GREAT WORK.

A Treatise on Irregularities of the Teeth and their Correction; including with the author's practice other current methods. Designed for practitioners and students. Illustrated with nearly 2,000 engravings (not embracing the classification of mechanism in third volume). By JOHN NUTTING FARRAR, M.D., D.D.S., Esq. Vol. II. The International News Company: London, New York, Leipsic. 1888-97.

This magnificent single volume of 1571 pages is a monument to the patient industry of the author and the splendid progress of the profession. Dr. Farrar evidently started to exhaust the subject, and has succeeded so well that whatever is known on this fascinating branch may be said to be comprised within his pages. Of the making of books there is no end; but there has been so little new of a definitely practical nature given to our literature within the last ten years, these volumes should find an unoccupied niche in every dental library. The leaders of the profession in the United States have unanimously given the work unstinted praise, and we do not hesitate to say that any one who pretends to do the

best that can be done for his patients in the direction of regulating teeth, must be handicapped unless he has made a special study of the many valuable, practical hints supplied in this great work. The table of contents alone comprises twenty-six carefully arranged pages; that of the list of illustrations, twenty-one pages; that of the index, sixty-two pages. There is no work in our literature which at all attempts to compete with the excellence of this arrangement. It immensely facilitates immediate reference, and places the reader under special obligations to the author. We cannot speak too highly of this work. It was no perfunctory task, and one feels as if he had before him not only invaluable personal experience, but the sacrifice of the author's time, money and health. If there were any honors of distinction to be given in the dental profession in the United States, and indeed in the world of dentistry, no man has more fairly earned them than Dr. Farrar. We shall place this volume permanently beside its predecessor in the library of the Royal College of Dental Surgeons of Ontario, where we trust its intrinsic value will induce many who examine it to purchase it.

The author of such a work is apt to be the victim of much thoughtless correspondence, and we venture to suggest that the books be ordered through any bookseller or any dental depot advertising in this journal. The Toronto News Company, 42 Yonge Street, and the Montreal News Company, 386 St. James Street W., also supply it. The price of each volume in full cloth, gilt back, top, and an outline medallion on sides, is $6.00; in cloth sides, morocco back, (gilt do.), $7.00; in half morocco (gilt do.), $8.00; in sheep, $8.00.

Mechanical Practice in Dentistry. By WM. BOOTH PEARSALL, F.C.S., Ireland, etc., honorary member of the Royal Hibernian Academy of Painting, Sculpture and Architecture. With a large number of illustrations, designed by the author and drawn by I. M. Kavanagh, R.H.A., and Chas. Russell, R.H.A., and many other engravings from new and original sources. London: Claudius Ash & Sons, 5, 6, 7, 8, and 9 Broad Street, Golden Square W., and New York: 30 East 14th Street. 1898.

This is the first book of the kind ever written in Ireland, and it is one of the few best of its kind in the world. The last book on dentistry which Ireland produced was that of Robert Blake, in 1801, and there has certainly nothing been issued at any time from the Three Kingdoms on the subject which, in the slightest degree, can pretend to equality. Those who know Mr. Pearsall's artistic and mechanical skill would expect from his pen and pencil exactly what they can now obtain. It is a work that may stand in a

fraternal, professional alliance with that of Dr. Essig's, and yet it has unique features which no other book of the kind contains. It is absolutely free from plagiarism, written in a lucid and practical style, easy to read and understand, but no doubt hard to write.

The laboratory is frequently a place for which the dentist has to apologize. In spite of the improved apparatus, etc., provided by our enterprising manufacturers, too many dentists are content to make it a sort of a dungeon, where they are "cabined, cribbed, confined," out of sight of their patients. Mr. Pearsall's ideas throw a flood of sunshine and suggestion into this dinginess, which not only lightens labor, but transforms the room into a cosy retreat. The chapters on the construction and equipment of the work-room reveal an attractive originality which, with their plain illustrations, ought to be a joy and delight to anyone re-fitting the laboratory. The illustrated plans of work-rooms and work benches are practically of much value. There are plans of fifteen different work-rooms, and a large number of other illustrations, making in all throughout the book one hundred and sixty-eight, mostly original. The author has wisely given an appendix containing classified lists of tools suitable for use at the various benches in the work-room, and has therein arranged the illustrations properly placed in catalogues, but which when found in the body of a text-book are a disfigurement. A beautiful portrait of George Washington is used to show how a handsome face was disfigured by a dentist in the insertion of a badly-constructed artificial set.

Perhaps we who are devoted, by reason of success, to adhesion and atmospheric pressure, have something to learn from the favor with which the author writes of the use of spiral springs. Mr. Pearsall's experience is not to be flippantly criticised, and yet there is probably not a dentist in Canada or the United States who has made use of spiral springs for the purpose of retaining sets of teeth for the last forty years.

The chapter on continuous gum work brings back to some of us the pleasant recollection of student days before vulcanite was introduced. The chapter on fixed bridge work treats the subject in a practical, common-sense manner, which is by no means complimentary to the noisy crown-and-bridge advertisers, who, in the daily press, deceive their victims. One of the personally interesting features is the attention paid by the author to the invention and skill of Mr. I. H Garbrelly, of Penzance, England, a former student of Dr. John Leggo, of Ottawa, and an L.D.S. *sine curriculo* of the Royal College of Dental Surgeons of Ontario. His methods of removable bridge work are profusely illustrated and commended. Experience has long ago shown the folly of much of the crown-and-bridge work of the present day, and the superiority in the make of removal plates. Canadian, as well as American, dentists are

inserting the most hideously ugly and unnatural advertisements of the degeneracy of practical taste and skill. We do not care who the dentist may be, he is lacking in professional and personal æsthetics who inserts conspicuous all-gold crowns; while not a few lack in judgment and honesty who insert much of the modern fixed bridge work.

We had the pleasure of meeting the author of this work at the British Dental Association gathering in Dublin, in 1888, and discovering for ourselves that to his minute attention to detail and the deep interest he took was due the memorable success of the dental museums. His collaborator, Dr. Theo. Stack, shared in the work and the appreciation, and the members who came from England and Scotland to the Emerald Isle were immensely taken by surprise. Altogether we have the greatest confidence in recommending our readers in Canada and the United States to possess this work. If it had no other attraction than that of being the product of many years of theoretical and practical study in a direction which is, to the author, a labor of love, it would be worthy a prominent place in our libraries.

Dental Pathology a Dental Medicine. By GEO. W. WARREN, A.M., D.D.S. Third edition, illustrated. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street. 1898. Pp. 176, 80 cents.

This is No. 13 of the "Quiz Compends" which the Blackistons have made so popular. It is a valuable aid to the student at college as well as to the larger number of practitioners in Canada who should continue to be students in their offices. It can be obtained through any Canadian bookseller.

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WHAT HAS CANADA DONE?

What has Canada done to encourage a home dental journal? We need not discuss the importance of its existence. It is the only medium of full and open communication between members of the Canadian profession, and the only local representative of the Associations in the Provinces. Its columns contain, with few exceptions, whatever contributions Canadian dentists make to the literature of dentistry. It is not a trade journal in any sense. It is not monopolized by its publisher to boom any one depot more than another. It is independent of any organization, and the publisher gives the editor a free hand in dealing with whatever questions he chooses to discuss. It is neither omnipotent nor infallible. It has its faults, and makes mistakes, but none of them are wilful or malicious.

Every single number costs the publisher more hard cash than he gets for it. If there were ten thousand subscribers at the present price, it would not then even pay expenses. Were it not for the advertising patronage every issue would be a direct and dead loss, unless the number of pages were reduced one half. The advertisers enable us to give the subscriber a journal double the size the subscription alone would justify. The blank paper alone of the best one cent papers of Canada cost each issue double the price at which the paper is sold. The advertisements alone supply the sinews of war. And that is the simple reason why we feel justified in asking subscribers, in their own interest, to give their patronage to our advertisers, directly or indirectly. This journal and its

readers are under deep obligation to these advertisers, every time the journal is issued.

The journal has in its own and only way done good service for the Associations of the Dominion. It has in its own way served the teaching bodies of the Dominion. But, from its first issue in 1868 to the present, it has never received one of their advertisements. Upon one occasion the Ontario Dental Society gave it a contribution of $25, which was expended exclusively in the interest of the same Society. The cost of publishing in Canada a journal which depends entirely upon the patronage of advertisers and subscribers, is much greater than if the publisher had any connection with a depot, which could make extensive and profitable use of its pages.

We leave our readers to ponder over these facts. The journal is not a beggar, and never will be, but there are dentists in Ontario and Quebec who would give a bigger subscription to bury than to boom it. They may be enthusiastic about its contemporaries, whether published in the United States or England, and may do all they can for their circulation, and nothing for the circulation of our own. There are so many good-souled fellows in our ranks, and so many who forgive us our editorial trespasses, that we could afford to be charitable to those whose anathema is their only benediction. To the few who get into the sulks, and who ignore the existence of a Canadian journal, we try to return good for evil. But if this journal is not expected to keep clean the skirts of the profession and demand open and above-board integrity from its members, it would have no particular *raison d'etre* for its existence. It would be better to bury wrongdoers than to bury the journal.

OVER-STOCKED.

That the profession is over-stocked in Ontario and Quebec, goes without saying. That it is an injury to the profession as well as to the public to continue the present encouragement, for entrance must be apparent to ordinary common sense. The sooner remedies are proposed and applied, the better it will be for those who suffer by the surfeit, as well as for those who innocently come into our ranks. It is declared by many that to ask compliance with a code of ethics in face of the boasting competition and lying of quackery, is to put a penalty upon right and a premium upon wrong. Honest men must live, and will not suffer starvation for their ethics. Those who have well-established practices, and who enjoy various collateral means of retaining and increasing them, should put themselves in the place of the host of young beginners who have to struggle to pay expenses.

There is no use mincing the matter; there is not room in any of the Provinces for all the dentists we have made; there will be less for all we are making.

The remedy is simple. Increase the qualifications for entrance, as well as the period of study. Five years is not all sufficient, yet it is not perhaps possible to exceed that time. The fees are altogether too low. Both parties in the Ontario Legislature favor anything that will raise the standard and value of education. Unless some fellow has a personal axe to grind, or some member thinks he can "pull the dentist's leg," we ought not to expect opposition to needed amendments. We have been for many years giving quite too much attention to the convenience of "the public." The public would not object to free trade in practice and to a dental "parlor" at every street corner. It is only just to give a little more attention to the "convenience" of the unfortunate crowd of poorly paid dentists.

JOHN BULL AND JONATHAN.

Have'nt the dentists been long leading the way in the fraternity of the two nations, while the politicians and the press have been as long beating the wind? The American dental societies from Maine to California have never once withheld the open hand of welcome to Canadians and Britons generally. We have had many a good time between us on both sides of the line, and we have discussed our little political differences, and understand each other better than we did before. Jonathan as a politician may find it hard to do justice to Canada as an integral part of the British Empire, but Jonathan as a personal and professional friend has a heart as big as his country. We are less emotional, we Canadian Britons, than our brothers, and we take our stubbornness and other such national virtues from Old John, but we can never forget the ties which bind us, and with all our heart we rejoice in the success of the Stars and Stripes in the war.

ADDITION TO THE DENTAL COLLEGE.

On the fifty-foot lot recently purchased, and immediately to the west of the Dental College, on College Street, will be erected an addition the full height of the back part, which will be formed into a side entrance, with the professors' rooms on the ground, a photographic room on the first floor, and a bacteriological room on the second floor. The addition will cost not more than $2,000. The grounds of this college will also be fitted up for recreation, and it is intended to have an alley board placed there to utilize the vacant space, which is hardly large enough for football.

THANKS TO VERMONT STATE SOCIETY.

We return the thanks of the publisher and editor to the Vermont State Society for their generous treatment of this Canadian journal, which made it possible for us to give so many pictorial memories of a memorable visit.

ONTARIO DENTAL SOCIETY MEETING.

The August issue will be another specially Ontario number, to contain the papers received at the meeting of the Ontario Dental Society in Toronto, portraits of the officers, etc.

EDITORIAL NOTES.

☞ Read the advertisements carefully.

WHAT is the matter with the societies in Manitoba, North-West Territory and British Columbia?

THERE are many people who never believe in a dentist's honesty, until some "real painless" rascal has cheated them.

WE regret that we have not the space to give to many society, college and other reports sent us from over the border, and many of which are of more than local interest.

WE refer any of our readers who intended going to Dr. Haskell's Post-Graduate course, to the advt. on another page, which announces a vacation for August and September.

IT is very odd how the youth who tells you that he is "awfully busy," and has his appointments several weeks ahead, cannot pay his tailor, the dental depot, or his subscription to the journal.

The Dentist. Vol. 1. Hampton & Co., 13 Cursitor Street, London, E.C., London, Eng. Monthly. Seven shillings per annum. A handsomely arranged and well-edited addition to the journals of England.

ONE of our patients, aged fifty-four, began the eruption of one of his superior *dons sapientiæ*, the same day that his grandchild, aged five months, had its first deciduous tooth. If the baby could express its opinion, it would no doubt call the old man a slow coach.

WE often receive newspapers from friendly correspondents containing somewhere something they want us to know. They should be marked, as we rarely know who they are from, and we have little time to hunt them over to find out what is intended for our benefit.

ONE of our oldest practitioners thinks that some of the questions asked by enquirers are trifling. "Queries" is meant for the limitations of the inexperienced, as well as for the experience of the wise. If those who know it all would help those who do not, Dr. Sparks would have no space left for those who know so little that they are not ashamed to ask for advice.

SEVERAL of our well-known confreres have died recently; some of them under tragic circumstances. That is all we can say, for that is all we know. It should be easy for a dentist in each locality to send us such personal items, verified under his own signature. But it is not possible for an editor unaided to keep track of the births, marriages, deaths and divorces in the profession.

The Dental Century. Vol. 1, No. 1. Madison, Wis., U.S. Monthly. Another venture in the field of dental journalism, which is expected to do good work, specially for its own State. It is very neat, and aspires to "have all issues as original as possible." There is nothing original now, however, excepting original sin. We wish our bright little contemporary every possible prosperity.

MANY of our readers owe the publisher for several years' subscription. Those who get this journal every month, get it for less than it costs, and they may thank the advertisers for it. By using collateral advantages the publisher is able to give us for one dollar a year a larger periodical than any circulation obtainable would warrant. It is not much to ask those who owe for it to pay their debts.

WE miss the personality of our friend Dr. J. Ed. Line, in the disappearance of the *Odontographic Journal*, of Rochester, N.Y. Keenness of competition brought the spicy quarterly "over the Falls" with the Rochester Dental Company. The best part of it, its late editor, whose wisdom and wit inspired it, is, however, very much alive, and we hope he may not forget that we have a brotherly regard for the productions of his pen.

TOO many clergymen and churches of all creeds; too many convents and monasteries and charitable(?) societies; too many hospitals or too much abuse of them; too many physicians, lawyers, dentists, school teachers and civil engineers; too much "higher education," too many B.A.'s and M.A.'s, many of whom

could not pass a common school exam. Too many who can talk Greek and who do not know their mother tongue. Too many students of all sorts and conditions, three-fourths of whom would serve God and man better on farms.

Millions of acres of the finest lands in the finest country on the face of the earth, and hundreds of us fools enough to keep our noses to the treadle and strain of the unhealthiest of all the professions.

FOR reasons best known to themselves, there are worthy men who object to aggressive reform. Where they discover roguery or rottenness, they want to administer the reproof gentle. Theoretically, they are pioneers of the millennium. Practically, they are milk-and-water mischief-makers. In the politics of dentistry they are either on the fence or under it, apologetically pouring oil upon troubled waters as if they were addressing a school class of eunuchs. They think aggression is all wrong, that "evil will cure itself," that this journal should be blind to quackery, deaf to scandal, and in general devote itself to "suckling fools and chronicling small beer." They do not want to stab the devil in the back, and they will not tackle him to his face, so they display towards him a deferential idiocy. They are the milk-sops of dentistry.

WE are afraid there are officials who imagine that there are no limitations to their liberty to make laws and by-laws and use as they like the money accruing from the members who elected them. Every licentiate is entitled to know how every dollar is expended, and corruption begins when indifference in this matter is shown. Boards of Examiners are neither permanent nor infallible. They are merely the appointed trustees of the interests of the electors. Individually or collectively they can be impeached for wrong-doing. They have no right to make topsy-turvy of the instructions given them ; they have no power to alter or amend one iota of the explicit lines of conduct desired by the licentiates, as expressed at the regular meetings. The books and correspondence and accounts are the property of the licentiates and are merely held for them by the Boards in trust during their term of office. If mischief or mistakes are made, the licentiates have only themselves to blame. Every possible light should be demanded, and no detail as to how money has been expended should be kept from the knowledge of the electors. Honest men never try to conceal details. There is reason for suspicion when efforts are made to bluff or to hide. There should be a clear understanding of the rights of licentiates, and the limitations of the Boards.