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ORIGINAL COMMUNICATIONS.

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EDITORIAL NOTES ON PRACTICAL SUBJECTS.

TIN FOIL.

BY C. S. CHITTENDEN.

In dentistry, as in almost every thing else, the rage for something new has carried all before it. Conservatism seems to be entirely lost sight of. Operations on the teeth which were and are known to be of the highest character, so far as usefulness is concerned, are now, in almost every instance, discarded for something newer and more costly. I would not for a moment wish to urge a word against the most costly operations where they are required, but there is a class of teeth, for a class of patients, which can be preserved as long and as well by the use of tin foil, as by the use of gold. For instance, if a patient were presented with a large, a very large cavity, a cavity that it would take from ten to fifteen dollars to fill, on the grinding surface of a molar, and the antagonizing molar absent, the patient a person earning his or her bread by daily labor, I would most certainly advise that the tooth should be filled with tin foil, instead of putting him or her to the expense of gold. I like gold fillings, the very best gold fillings, as well as any dentist can, under what I consider proper circumstances, but when I meet with such teeth as I have indicated, which have been saved perfectly for twenty or thirty years, as I do very frequently, I am more and more firmly fixed in the opinion that a little more conservatism is required in these latter days. It has been said that if fillings in the same mouth are made

of different metals we shall excite a galvanic action which will have a deleterious effect. Such may be the case, but I have never seen it unless the two metals were brought in contact, and I do not believe it is possible that it can occur except in exceedingly rare cases, if ever. I have met hundreds of mouths with teeth filled with both gold and tin, without ever meeting an instance in which a sufficient amount of galvanic action had been excited to be perceptible. The saliva acts less on pure tin than on any of the metals employed for filling teeth except gold, frequently remaining nearly untarnished for years. As a cheap filling it is infinitely preferable to amalgam, in that it leaves no sting behind.

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#### VALEDICTORY ADDRESS.

BY E. T. WHITNEY, D.D.S., PRESIDENT.

*Read before the Eighth District Dental Society of New York, Jan.  
18th, 1870.*

GENTLEMEN :

The By-Law imposes upon the President the duty of delivering an annual or valedictory address. At the last annual meeting, by special request of the Committee on Essayists and subjects, I spoke of the organization and government of dental societies. I now propose to follow up that subject, by saying something of the fraternal relationship of their members, of their duty to themselves, to each other, to their patients, and to the public; something of the principles and general working of professional etiquette; something of the morals and manners of dentists as professional gentlemen.

The last two words of the last sentence—*professional gentlemen*—comprise the whole ground and framework of this address. It is the superstructure complete. A man entering any profession, if he has a well balanced and cultivated mind, an honest and humane heart that incites him to do unto others as he would that they should do unto him, and a good, common sense knowledge of the demands and courtesies of civilized society, is intuitively or by natural bent of mind and force of habit, *that man*. He needs no written laws, no written rules of etiquette to direct or govern his actions. But we are not in our primal state of moral goodness. The passions and dispositions of men tend to drift them apart so widely, avarice, ambition, self-conceit, ignorance that aims to be counted wise, and many other *cardinal* faults, so influence us in our relations with each other, and with the world,

that it becomes as necessary to have some recognized or written code of ethics as to have laws for the government of the business and morals of the country; and he who violates this code, either in relation to his professional brethren or with his patients, is as amenable to his brother or the public as though he had violated a civil law of the state. Indeed, under the present law respecting dentistry and dental societies, the code as adopted becomes an absolute law; as this society is organized and working in accordance with that law, which, with the general laws of this State, give all corporate bodies the power to adopt any by-laws, rules and regulations for their governance, and of their individual members, which do not conflict with the laws of the State; and such enactments become absolute laws with that body. Such is the Code of Ethics as adopted by this Society. It is founded on the general principles of that unwritten high moral law which gives tone, and is known and recognized alike in all professions, commerce and trades, as well as in the common walks of life. It is the foundation, the heart and soul of civilized communities. Should we deny its legal force, we must still hold the position that no individual has the *moral* right to act irrespectively of the rights of others; for, in a community, each individual is but a part—whole in himself to be sure—but one member of a community, while all the members in harmony, are necessary to make perfect the integrity of the whole. But, as I have already said, it becomes necessary to have written laws, and the dental profession might adopt, without alteration, the code as written by our elder sister, who is the direct and lineal heir of Æsculapius, in whose line of descent we are. The intimate relationship of the two branches of the healing art make one and the same code applicable, though that of dentistry may be regarded as still in its infancy. But is the child ever too young to be directed or governed? This branch is really the offspring of the nineteenth century, if not actually of the present generation, and of American parentage. Though scarcely reaching its majority, or taking position in adult life, it has grown to giant proportions. In the year 1800 there were not a score of individuals, in 1820 about one hundred, in 1840, from the best statistics, about four thousand, while 1870 finds in the ranks probably about ten thousand in the United States alone, that appropriate the name of "DENTIST." But this vast number will give but one to every four thousand of the whole population.

From the first, there were a few noble men—long live their mem-

ory—who saw in the future a great profession. They were ambitious for its early christening, and with zeal set about the work of preparation. But there were others mean enough to try to *mechanize* the calling, and lock up the avenues to knowledge. The former class worked steadfastly and unitedly, understanding their relation to each other, and their duties to themselves and the world, without a written code, and took high rank with men of letters, or of the arts and sciences; while the latter class, in their rivalry, seemed bent on each other's destruction. These two classes are still at work, though from various causes they are brought more intimately into contact, and must assimilate. But this cannot be by bringing the better class down to the practices or the level of the bickering charlatan, but by elevating all to the recognized standard of professional men, working for a common good. This can only be accomplished by associated action under sound and wholesome rules and regulations. Among these, a standard code of ethics is a necessity; and the moral life and professional character of every member depends much upon his living up to this code.

Our first duty then to ourselves, on becoming dentists, is proper qualification to discharge the duties that must devolve upon us as such. This cannot be accomplished without great personal effort and expense of time and money. The more intelligent public, especially in large towns, are getting to be pretty good judges of merit in dentistry; and understand full well that avenues of knowledge are open and well supplied with the means of teaching; and that even a prodigy cannot reach the goal of even mediocrity through the by ways. They understand, too, that dentistry is not a *trick* at the control of the wand of the magician, nor a *trade* to be learned at sight; but a *power* to deal with living tissue, that can be acquired only by time, study and practice. He who aims to climb up some other way will find the door of public favor shut against him, and that he is little better than the foolish virgins without oil in their lamps. Earlier in the history of dentistry these avenues were not open, and established system unknown. There were no dental colleges, no dental associations, few dental books, or little periodical dental literature; so that there was some excuse for men plodding along as best they could. But a few brief years have wrought a great change; private tuition, dental colleges and standard text books are now open to all; and beyond these, dental associations are the next best means of obtaining correct knowledge. Here we talk of practical points and

compare notes freely. It is doubtless a settled fact, that there is no other source from which so much valuable knowledge can be obtained, and so quickly and cheaply as in these sessions. We meet on common ground as equals, and aim to tell each other what we know on particular points of practice. It has always been a mystery to me why so many absent themselves, especially the younger men, or that so little interest is manifested. We owe it to ourselves especially, to zealously support and sustain these societies for our own future good. We owe it to ourselves to improve and perfect every department of dentistry. If we see a difficult or beautiful operation, let us make the effort to equal or surpass it. If we meet, as we do every day, disease or deformity about the dental organism, it is our duty to ourselves to be able to diagnose and cure it. We owe it to ourselves to make every laudable effort to learn whatever there is unknown to us pertaining to dentistry. As a general rule men are successful in dentistry, as in other professions or business, in proportion to their qualification or knowledge of the principles of their calling, and their ability to execute well and promptly.

In fully discharging ones duty to himself, one cannot be unmindful of his brethren. As his mind and heart gets filled, his feelings warm towards his fellows, with a growing desire to unbosom himself. This feeling is found in the largest degree among the most educated men of all professions; and the contrary among the less educated and inferior classes. It is a good omen for the future that this desire for intercommunication is so greatly on the increase. We claim to be of a liberal profession, and, as such, should be liberally minded towards each other. Then as we leave this hall, let the fire so kindled, burn in our hearts while we extend a hand to every dentist in our neighbourhood, with inducements for them to come into the fold of this Society. We shall thus, not only do them good but ourselves also, by more effectually breaking down the walls of unhalloved rivalry, and bringing each other into more intimate companionship. The more intimately we know each other, the more we find it in our hearts to do each other good.

Our Society is established on the broad platform that "all regular practicing dentists at the time of the passage of the law of April 7th, 1868," may become members, under such restrictions as the members may see fit to impose by its By-Laws and Code of Ethics. All who avail themselves of this privilege are thereby recognized as dentists, and are entitled to its benefits and honors. All may not

have attained perfection in practice—some are young, though vigorous and aspiring, and with a will have seized the rounds of the ladder for an upward course. Others are weaker and need a helping hand, that should not be withheld. We should aim to assist, and not to impede their progress. It should be an *established rule*, never to speak ill or slightingly of another's operations or of himself, to his patients. We often see poor operations from some of our best men, and some very good ones from those of less skill or experience. We do not know the circumstances under which a poor operation may have been performed. It is often as much the fault of the patient as the dentist. If we cannot speak well of an operation, or excuse it, it is better to pass it in silence, without a nod or a look that speaks louder than words. If all the work done is not *perfect*, do not let our fingers burn to get into the purse, at the sacrifice of justice or honor. Better advise the patient to go back and let his dentist have a chance to make any alteration or improvement. This is due to the patient as well as the dentist. I have seen many cases where a word would have secured a profitable operation; but a few moments of well directed labor has remedied an almost fatal defect,—like some slight fault in the articulation of a set of artificial teeth, where the grinding of a tooth, cutting down of the more prominent cusps, so as to give a square bite and more firmness to the plate, or prevent the sliding or jolting motion in chewing. I have gained more than money with that person; I have won his confidence and respect for honorable dealing.

As our patients are often travelling or moving from place to place, we should have confidence in sending them to other dentists, without fear of being destroyed, or the confidence abused, or all our work condemned, and a large bill run up for them to pay. We are safer in selecting the dentist from those who mix liberally with their brethren—a member of some dental association, a man who shows a determination to know whatever is to be learned, and to live up to the requirements of professional intercourse. It is not right towards others, nor just to ourselves, nor to our patients, to pretend to superiority over others; or that we possess some superior advantages or great secret by which we can do wonderful things, or even better than others; or purchase office rights of any patent, to the exclusion of our neighbours; to parade certificates of success or attainments, or flaming advertisements and show bills. They are tricks of the charlatan, and readily recognized as such by the discerning public.

There is no calling unless it is that of medicine, where greater purity of character, and a higher standard of morals are necessary. Wives, daughters and children are entrusted to our care in long and repeated visits.

We should be gentle in our deportment, and cleanly in our persons and office. We can judge full well of the nauseating effects of the foul breath that we so often meet in our patients, but we cannot judge always of our own, especially under the use of tobacco and liquors. If they are used by the dentist, the fumes should never reach the operating room, or be carried over the chair, to regale the nostrils of a patient. The appointments of the room should be attractive, and especially about the chair—napkins, instruments, and the *fingers* should be scrupulously clean; everything free from the appearance of blood stains from a recent operation, or the spittoon from exhalations of decomposition. Never go from one patient to another without first washing the hands. The office, instruments and *personnel* of the man, tell the patient at once whether he is a gentleman of refinement or not. It is due to himself, to his patients, and to the honor of the profession that all these are as perfect and cleanly as possible; besides, it is a good investment, and pays a handsome return.

The milk of human kindness should be dealt out freely. Patients come to us in suffering, and for painful operations; and under peculiar nervous excitement. Many of our operations seem like butchery, but when tempered with kindness and sympathy, they are borne even by the timid with fortitude. We find in that cheap commodity, a great panacea; and, by its free use, we are often enabled to make a good operation; when by a rough, austere demeanor, we would utterly fail. From the temperament and disposition of some patients, firmness and even authority may sometimes seem necessary; but it should be so tempered with tenderness and condescension as to inspire in them respect and confidence. While they expect to give us pecuniary reward, they expect in return to find a well educated mind that will readily comprehend the needs, diagnose correctly, and execute perfectly—not to pass over the case merely for the amount of money we may get; but, while we have an eye to that, to give them the greatest amount of good, and the least possible pain or annoyance.

We owe to the public, not only the duties of being good citizens, sustaining the various social relations of life, and sharing in the burthens and responsibilities of public enterprises and institutions, but to especially guard them against impositions in dentistry, to



direct and educate them, as best we can, in matters pertaining to the teeth: and, in every way, aim to elevate the standard of our profession. To accomplish all this, we must first keep ourselves well posted in the general news and literature of the day, as well as being familiar with the standard works and literature of dentistry; keeping our offices well supplied with dental periodicals, for their eye as well as our own; and gathering the rich harvest of practical items from dental associations; and, in fact, always being students.

The best way to guard the public against impositions in dentistry, as well as to protect ourselves, is not to encourage or manufacture and send out, to prey upon their cupidity and their purse, and bring reproach upon us, *half-fledged* dentists—men who have served a few weeks, or perhaps a few months, not of *pupilage*, but of *apprenticeship*; men utterly incompetent to deal with disease, or living tissue. By aiding this sort of practice we belie our claim to the term *profession*, and reduce our vocation to the cheapest sort of a *trade*. We sometimes hear dentists speak of serving an *apprenticeship*, or taking an *apprentice*. Perhaps the terms are most appropriate to them, if they have never studied the books, or regarded dentistry only in the light of manual labour. Under the new responsibilities imposed on us by the present law regulating the practice of dentistry, elevating us nominally into the professions, let us discharge this duty well—especially every member of this Society—by refusing to take into our offices uneducated persons; and none for anything less than a *pupilage* for the term of years as named in the law, and, if possible, make it a point to secure lectures and a graduation in a dental college. This course will, before another decade passes, rid the community of cheap dentistry and cheap dentists,—will secure for ours the position of a *learned profession*, and the public first-rate operators.

We should always be ready to give proper advice as to *hygienic dentistry*—I give it this term—so as to secure a perfect development of teeth. The prevention of deformity or disease, is of more importance than its treatment. “An ounce of prevention is worth more than a pound of cure.” Give modestly, information as to the proper time of the formation and the proper aliment of the dental organism, the care and treatment of the deciduous teeth, with reference not only to their health and preservation, but to the regularity and strength of the permanent ones. Give intelligent advice to all as to their general care, the avoidance of all nostrums clothed

with high sounding names, by the artful empiric, for "*beautifying and preserving the teeth*," and aim to be conservators and not destroyers. But in doing this do not obtrude the subject into social circles, or in untimely seasons or places. It is not to be proclaimed from the house-top, nor preached in the drawing-room. There is a proper time and place for all things.

It is questionable in what way we can best educate or enlighten the public on this subject, except as we are brought into professional contact. In some localities it has been attempted through the public press, by articles written to suit the popular taste, in a way that may interest, and at the same time benefit them. That much good may be accomplished in this direction, there can be no doubt, by well written articles, not of a professional style or character, but of practical matters within the everyday life of all. There was an inducement for the members of this Society, to demonstrate to the public the position of the Society and the legal standing of the profession, by distributing to their patients the code of ethics and By-Laws, with an abstract of the State law, as printed by this Society. A large number supplied themselves at a trifling expense with copies for this purpose. Each in his locality, and in his own way, might fulfil an important mission, without self-aggrandizement, or making himself obnoxious to his brethren.

Up to April 7th, 1868, there was no law in this or any other of the United States to regulate the practice of dentistry, or indeed, any legal recognition. The Empire State was the first to grant this. This forms a new era in the history of dentistry; and, with our more elevated position, imposes on us enlarged duties. One of the first and most important, after individual qualification, is to sustain, elevate and carry forward all the features of this law, and the societies organized under it. This is necessary for the future good of our societies, for our profession, and for the perpetuity of the law, as well as for our individual benefit. In casting the mind's eye over the country, it becomes obvious that those who are foremost in promoting dental education, and in sustaining dental societies, are acknowledged to be the *representative men*, and are taking the highest position in reputation and practice; and secure the very best class of patients and the largest fees. Let there be a healthful rivalry spring up in this direction—not to stimulate the *absorbents* only, but the *exhalents* also. It is all important that every one should *give out* as well as *take*

in at these gatherings. In doing so, each will benefit himself as well as others.

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## IRREGULARITIES OF THE TEETH.

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BY H. D. ROSS, D.D.S., QUEBEC.

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*Read before the Dental Association of the Province of Quebec.*

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MR. PRESIDENT AND GENTLEMEN :

I regret that the essay on Irregularity was not assigned to some one of you better qualified than myself to treat a subject so difficult.

There is, I think, no specialty of our profession which calls forth greater efforts of ingenuity, knowledge of the anatomical arrangement, not only of the teeth themselves but also of the contiguous parts, physiological knowledge, including temperament, the theory of absorption, ossific changes, etc., and a correct idea of expression, than does the treatment of irregularity. There is, also, I may safely say, no department of dentistry which requires more patient, untiring perseverance, not only on the part of the operator but also that of the child—and before undertaking a difficult case it is well to understand thoroughly the disposition of the little patient, and to be tolerably well assured in your own mind that the child is possessed of sufficient determination and perseverance, to patiently aid you through the difficulties to be encountered in the treatment of the case.

In the few remarks which time permits of this evening, I shall confine myself more particularly to the anatomical and physiological changes which occur in altering the position of a tooth. The mechanical treatment of these cases is so varied—almost every fresh one requiring some particular modification to suit its peculiarities, and as we have so many excellent descriptions and plates illustrating the various methods of reducing irregularity, both in our text books and in the several journals devoted to our profession, with which we are all conversant, that it will be unnecessary to occupy your time with what would be merely a recapitulation of what we have already read and studied.

Let us suppose a simple case of irregularity, in which one or both the superior central incisors have taken an abnormal position anteriorly to the other teeth. The first question which would present

itself to our minds would be, is this irregularity of the incisors an hereditary peculiarity, or is it the result of the operation of some mechanical cause. If the arrangement be hereditary the difficulty of correcting it is very much greater than if it were created by any of the mechanical causes which so often make the trouble; such, for instance, as the premature extraction of the deciduous teeth, or on the other hand the obstruction caused by the non-absorption of the roots of the milk teeth, or as is not uncommon, by the habit acquired by some children of sleeping with a finger or thumb in the mouth, and resting on or pressing against the front teeth; crowding of the teeth, owing to a want of proportion between the maxilla and that of the teeth themselves, or any of the other causes which come under this heading. The difficulty in hereditary cases of irregularity is not so much the mere moving of the teeth to their proper places in the arch, as the retaining them there once they have been drawn into their places, and unless the teeth are kept for a length of time in the desired positions, so as to allow of a firm deposit of new bone around their fangs, they will most assuredly return gradually to the direction taken by them on their eruption through the gum.

I have at present under treatment a case of hereditary irregularity in which, when first brought before my notice, the six front upper teeth projected a considerable distance beyond the corresponding lower ones, the central incisors of the upper jaw being a full inch in advance of the lower teeth when the mouth was closed. This case is rendered the more difficult in consequence of the great prominence of, and strongly pronounced alveoli corresponding in direction with that of the teeth themselves, and the malformation is rendered the more apparent in consequence of the comparative shortness of the lower jaw. In connection with this case there is a curious complication which at first I felt afraid would defeat all attempts at drawing the teeth back and into a regular arch. This difficulty arose from the left superior central incisor having, about two years before, been knocked entirely out of its socket by a fall. The unfortunate central was lost and not recovered till about an hour after the accident, then the doctor was sent for, who, on his arrival, washed the tooth and replaced it, fastening it to the others with thread, and strange to say, after a short time it united firmly with its socket. The most curious part, however, of the case is that my friend the doctor succeeded in fastening it so tight that I have never been able, with all the power that I could get on it with elastic bands, to loosen it the least. We

are all aware that in moving a tooth in the mouth a certain amount of looseness and tenderness is the invariable result, but this case is an exception. The tooth has indeed been moved back, but in moving it has brought the anterior part of the jaw with it. Thus, what at first I was inclined to consider a great difficulty, has turned out a sort of negative evil, as the tooth has acted as a kind of lever in drawing inwards the prominent alveolar process of the anterior part of the superior maxillary which was at first so unsightly.

To the best of my recollection, this is the first case reported of so singular a complication of irregularity, for though we have frequently heard of and occasionally seen cases in which teeth have been knocked out or drawn from their sockets, and being afterwards replaced, have become tolerably firm, I do not remember having heard of any case in which the displaced and restored organ became, as has the one in question, the most firmly seated tooth in the head, and decidedly as healthy in every way as any of the others. It would be out of place here, and foreign to the subject of this paper to express any opinion on the subject of the physiological forces employed by nature in the reinstating of this tooth so firmly in its place, its connection with the system evidently as perfect as ever; its unchanged color and sensitiveness on the application of extreme cold, evincing the perfect preservation of its pulp, and consequently the reunion of the nerve filament at the apex of its root with that in the base of its socket; and the very dense formation of ossific matter which must have taken place around the root. All these phenomena could be made the base of many interesting discussions, but as I have already occupied too much time in introducing this matter here we will return to the proper subject.

The first effect of pressure applied to a tooth for a given time, is to produce an enlargement of its socket, or in other words the socket being composed of porous and slightly elastic bone, the traction exerted by the appliance brought to bear on the irregular tooth causes the socket to stretch or widen in the direction of the applied force. This is the first or mechanical effect. Soon after, however, another and very beautiful physiological process is brought into operation, namely, absorption. It is an established fact that gentle pressure steadily maintained for a given time on bone will produce gradual absorption of the part so pressed against. It is this process of absorption of which we avail ourselves in the treatment of irregularity, and were it not for this stimulated action of the absorbents in removing

little by little, portions of the inner or outer alveolar plate as the case may require, all efforts of dental skill would be unavailing, and the successful treatment of orthodontia become an impossibility.

There is yet another important physiological action brought into play by this change in the position of the tooth, namely, the deposit of new bone around that part of the root which from having been moved is left unsupported. The irritation caused by moving the tooth excites the alveolo-dental periosteum and surrounding tissues, and induces an increased flow of blood to these parts, occasioning a species of hyper-nutrition, which process continues till no longer required; cell by cell the process of building up new alveolar support around the moved and loosened teeth goes on till they become firmly implanted in the newly acquired position. In the treatment of these cases, and more particularly those in which the objectionable position of the teeth is inherited, too much care cannot be taken to preserve the teeth steadily for a considerable length of time in the desired places. If the use of the plate or other appliance which may be employed to retain the teeth in the acquired situation, be discontinued too soon, the teeth will gradually work back again to their old places. On this subject Mr. Tomes remarks, "It would appear as if there were a natural law tending towards the maintenance of a conformation, when once assumed although an irregular one, and which calls into action the reproduction of a lost part more rapidly in the place in which a tooth has been moved from, than into which it has been moved." The truth of this must be apparent to every dentist of a few years experience, for we have all seen cases in which irregular and very prominent teeth have been brought into position, and which have a few years afterwards apparently become almost as irregular as ever. The cause of failure being, no doubt, the want of proper artificial support for a length of time sufficient to allow of the perfect building up of the new alveolar wall or socket around the roots. On this subject permit me to make another short extract from that part of Mr. Tomes' excellent work on dental surgery, which treats of irregularity, he says: "I believe it is in accordance with the experience of those who have devoted their attention to the treatment of irregularities, that where the front teeth have been brought in by mechanical means, and where mechanical means are required to hold them in place until they become permanently fixed, the treatment must be continued for twelve months. It may not be necessary that the apparatus should be constantly worn for the whole

period, but it cannot be wholly thrown aside. Towards the latter part of the time it may be worn occasionally only, but even after the lapse of twelve months, should the teeth show any indication of moving from the desired position, mechanical restraint must be resumed."

### A CASE IN PRACTICE.

BY G. V. N. RELYEA, BELLEVILLE.

In the latter part of December, 1869, I was consulted by a hardware merchant of our town relative to a front incisor, which he told me commenced to decay on the grinding surface about twenty-two years since. He had been in the habit of "digging it out with his tooth-pick after every meal," but latterly suffering considerable inconvenience in doing so, concluded it was high time (patient soul) to consult a dentist. After a little examination of the case I found the bony structure entirely gone, indeed on one side of the wall of the fang was broken through. I considered it a doubtful case, though I made an appointment with him, hoping to find some other tooth decayed in the event of condemning the one in question. Having removed part of the accumulation, I filled it up for the time being with a little cotton saturated in ainet. krameria and cologne. He kept his appointment, and the first word he said was "the cotton you put into my tooth pained me and I took it out," from which I concluded there was no prospect of doing anything for that tooth but to extract; nevertheless I commenced to excavate, determined to "make a spoon or spoil the horn." The orifice was enlarged, and I continued to excavate the fang, avoiding the break, until I had it completely cleaned out. The opening in the side was nearly as large as a grain of wheat, and bled slightly. I washed out the cavity and introduced carbolic acid for about ten minutes, and then filled with Dr. Smith's oxychloride of zinc. I prepared him for the worst, expecting naught but evil report from it. I did not see my patient to speak to him, for ten days, but meeting him one morning, he said "that tooth is doing splendidly, it has not pained me in the least; did you intend that as a permanent filling, or only temporary?" It is now near three months since said tooth was treated, the bone filling is not perceptibly worn, but which will be capped with gold should it be found necessary.

Whether a tooth that has been deprived of the nerve and lost most of its vitality otherwise, can again be restored so as to become a useful and comfortable organ, is no longer a myth but a reality; and we furthermore hold that a dentist would be wanting in common honesty, and truant to the noble calling termed a dental surgeon, were he not to make himself fully competent to treat cases that are of such common occurrence. When consulted by a patient who is willing to submit to the treatment, and able to pay the fee, no tooth should be considered past saving, unless so far gone that nature is endeavouring to rid itself, and exclaims "Lord deliver me from the body of this death."

A case of the kind fell into my hands in the person of a young barrister. The right lower superior molar being in a diseased condition, from which he at times suffered considerably. I found a cavity on the approximate surface and the nerve quite gone, there was active inflammation in the lining membrane, and a large fistulous opening near the apex of the fang, from which escaped daily a quantity of offensive purulent matter. The case was not new to me as I had repeatedly urged him to let me treat it, but it was always deferred. The treatment consisted in a complete removal of all carious matter from the pulp cavity, and temporarily filled. I washed out the opening at the side with lunar caustic, and treated with carbolic acid for about ten days, at which time the discharge had ceased and the gum nearly closed. A healthy tone had evidently been established and I discontinued treatment, leaving nature to complete the cure. After a reasonable time had elapsed I filled the cavity with gold, which operation lasted one hour exclusive of excavating. Nine leaves of gold were used. My patient left, but unfortunately it was one of those inauspicious days termed in England "cut-throat days." I made up my mind that I had not seen the last of my patient, as from the effects of the operation and weather combined I feared an attack of periostitis. Going out on the evening of the same day, I met him promenading the street through water and snow, smoking his pipe for dear life and swearing vociferously at "that tooth." I gave him a sound lecture for his presumption in coming out in such weather, as he had assuredly taken cold, (a great scape-goat) advised him to go home immediately, promising to send a remedy that would be sure to relieve him, and accordingly put up three powders of mercurious vivus with directions to take one every two hours. He left next morning by train for neighbouring town to attend court, and I



did not see him for at least a week. He informed me that the pain gradually ceased towards morning and that he could then eat on it splendidly.

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## PROCEEDINGS OF SOCIETIES.

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### QUINTE DENTAL ASSOCIATION.

BY S. T. CLEMENTS, L.D.S., SECRETARY.

The semi-annual meeting of the Quinte Dental Association was held in Belleville, on Tuesday the 1st inst.

G. V. N. Relyea, Chairman, read a very practical and interesting address, for which he received the hearty thanks of the Association.

T. Neelands, L.D.S., of Port Hope, wishing to become a member of this Association, was accepted.

Moved by Mr. Neeland, and seconded by Thos. Rowe, M.D., that D. Murphy, Barrister, of Trenton, be appointed by this Association to prosecute all dentists practicing illegally within the limits of this Association. Carried.

On motion of Mr. Relyea, seconded by Mr. J. R. Irish, That Thos. Rowe, M. D., and T. Neelands be a committee to draw up a Constitution for the guidance of this Association, and to report at our next meeting.

After an interesting discussion on the treatment of diseased teeth, exposed nerve and their adjacent parts, and clinics by Relyea and Rowe, a lively one arose on the subject of dental fees and the propriety of a uniform provincial minimum tariff.

Upon which it was resolved and carried, That this Association appoint S. T. Clements a delegate to meet delegates chosen by other Associations, whose duty shall be to arrange a minimum tariff of dental fees for the Province of Ontario, and that the Secretary of this Association be requested to notify such Associations of our appointment, requesting their co-operation. Said delegates to meet at Toronto, and report at the next meeting of the Ontario Dental Society, on the first Tuesday in June next.

On motion it was resolved that we have our annual meeting at Trenton, on the 31st August next. Carried.

Adjourned.

HAMILTON DISTRICT DENTAL SOCIETY.

BY J. BOWES, L.D.S., SECRETARY.

The second meeting of this Society was held in Mr. Chittenden's office, Hamilton, on Thursday the 17th inst., commencing at 1:30 p.m.

The President, Mr. Filgiano, in the chair. Mr. Bowes, Secretary.

The President stated that the meeting had been called together to deliberate upon several matters of importance to those dentists practicing in this vicinity, but chiefly for the purpose of arranging a uniformity of fees, and for making arrangements for the prosecution of all dentists who were practicing without a license.

A considerable part of the afternoon was taken up in so arranging the fee bill, that no injustice should be done to those living in the smaller towns and villages.

After a lengthy discussion of the subject of the prosecution of dentists who have not received a license from the Dental Board, it was moved by Mr. Patterson, of Paris, seconded by Mr. Chittenden, That the sum of \$5 be paid from the funds of this Society, to any one who shall prosecute and *convict* any dentist of practicing dentistry unlawfully. Carried.

Moved by Mr. Green, of Caledonia, seconded by Mr. Meacham, of Brantford, That the Fee Bill be published in the form of a circular for the use of the members of this Society. Carried.

Moved by Mr. Patterson, seconded by Mr. Chittenden, That our next meeting be held in St. Catharines. Carried.

Moved by Mr. Bowes, seconded by Mr. Thos. Brown, of Thorald, That in view of the fact that the annual meeting of the Ontario Dental Society is to be held in June, this meeting adjourn to meet again on Wednesday, the 21st of July next. Carried.

A copy of the Fee Bill will be sent to all the licensed dentists in the district, for their signatures, and when all have signed it, it will be published in the form of a circular, so that each one can have one or more copies for his own use. It is thought that when all have signed this Fee Bill, there will be much less competition between the dentists in the same locality, and consequently much higher fees can be obtained.

After the conclusion of the business which had been brought before the meeting by the President, a lengthy discussion was held on the subject of capping exposed nerves, in which most of those present took part, and it is very gratifying to know that a large portion of

the dentists in this district have been turning their attention to this important operation for saving the class of teeth thus affected.

As most of those present had assembled at Mr. Chittenden's office at ten o'clock in the forenoon, he kindly permitted them to witness the operation of filling a compound cavity on the posterior proximate surface of a superior bicuspid and explained to them his method of filling that class of teeth.

It was moved by Mr. T. Brown, seconded by Mr. Patterson, That the thanks of this meeting be tendered to Mr. Chittenden for the clinic of this morning. Carried.

Adjourned.

#### EIGHTH DISTRICT DENTAL SOCIETY OF NEW YORK.

BY S. A. FREEMAN, SECRETARY.

The Eighth District Dental Society convened in the rooms of the Buffalo Medical Association at eleven o'clock A.M., Jan. 18th, 1870. The President, Dr. B. T. Whitney, took the chair and called the Society to order. There was quite a fair average attendance of the Dentists of the district.

Dr. Whitney opened the exercises by reading his report of the condition of the Society, which was represented as being prosperous, and an excellent state of feeling existing among its members.

On motion of Dr. Barrett, of Warsaw, the report was referred to a business committee, consisting of Drs. R. G. Snow, S. A. Freeman, and B. Rathbun.

Dr. S. A. Freeman was appointed to assist the Secretary in preparing a report of the meeting for publication in the city papers.

The Secretary read the minutes of the meeting held in October, 1869, which were approved.

Drs. H. B. Arnold, of Fredonia, and T. A. C. Everett, of Randolph, were elected members.

Dr. McCall, of Binghampton, being present, was elected an honorary member.

The Treasurer, Dr. John L. Daboll, of Batavia, presented his annual report, showing the financial condition of the Society to be flourishing.

On motion, the hours of the session were fixed as follows: Morn-

ing from 9 to 12 M. Afternoon from 2 to 4, and to adjourn on Wednesday at 4 P. M.

Dr. R. G. Snow extended to all the members of the Society, and their families, the hospitality of his house at 7½ o'clock Tuesday evening, which was accepted.

On motion, the hour for the delivery of the President's annual address was fixed at 12 M. on Wednesday.

#### AFTERNOON SESSION.

The Society re-assembled at 2 o'clock P.M. The annual report of the Corresponding Secretary, Dr. Theo. G. Lewis, was presented.

Dr. R. G. Snow read a comprehensive paper upon the different modes of inserting artificial teeth, touching upon the extraction of teeth, the taking of impressions, and the different materials used for plates.

Dr. Bristol, of Lockport, explained his manner of making plates of fusible metal, which process was much in vogue some few years since.

Dr. Oliver doubted the practicability of using the Adamantine Base, or Weston's metal, or any combination of metals of like character, believing that they would not withstand the action of the fluids of the mouth. He advocated the insertion of artificial teeth as soon as possible after the extraction of the natural teeth.

Dr. N. Whitcomb remarked that his experience has taught him that temporary plates are of great injury to the mouth in promoting the absorption of the alveolar ridge, and in rendering the mouth soft and spongy.

Dr. Squires, of Aurora, thought all plates were temporary, and this must be so from the nature of the case.

Dr. Barrett, of Warsaw, never used the term temporary in connection with artificial teeth. He advocated the use of Folsom's patent for plates of artificial teeth, and urged its adoption.

Dr. G. C. Daboll remarked that the mouth was temporary, and the plate permanent. Thought that the absorption of the alveolar ridge arose not from pressure, but from some constitutional cause.

Dr. Everett, of Randolph, said that any undue pressure of a plate causes inflammation of the mucous membrane of the mouth, and therefore he considered that the bead around the edge of a plate called Folsom's patent was objectionable.

Dr. Gifford, of Westfield, spoke in favor of Folsom's patent, and

felt confident it was very serviceable and practical. He had recently seen a case where red rubber had apparently produced mercurial irritation, which was removed at once by substituting the black rubber.

Dr. Barrett had seen similar cases, which he had relieved in like manner; thought some persons were very susceptible to the influence of mercury.

Drs. Stainton, Daboll, McCall, Walter, and others, joined in the discussion up to 5 o'clock, after which a few moments were devoted to the consideration of the claims of the Goodyear Dental Vulcanite Co. Many were opposed to paying royalty longer, since the company gave them no protection; while others knew no other and saw no better way than to submit to the extortion.

On motion the Society adjourned to 9 a. m. to-morrow.

#### SECOND DAY, JAN. 19TH.

The Society was called to order at 9 A.M. to-day by the President, Dr. B. T. Whitney. Several members, not present yesterday, were in attendance, together with quite a number of dentists from the adjoining districts.

The minutes of the proceedings of Tuesday were read by the Secretary, Dr. W. C. Barrett, of Warsaw, and approved.

Dr. Joel Danforth, of Jamestown, was elected a member of the Society.

The subject of "The best method of keeping cavities dry during the operation of filling," was then taken up and pretty thoroughly discussed.

Dr. Bristol, of Lockport, offered the following which was adopted:

*Resolved*, That the thanks of this Society are hereby tendered to Dr. and Mrs. R. G. Snow for their very pleasant entertainment last evening, and that, at the future meetings of this Society, members bring their wives and daughters, and sweethearts for social intercourse and improvement.

The Society then proceeded to the election of officers for the ensuing year, which resulted in the choice of the following ticket:

*President*—Dr. L. W. Bristol, of Lockport.

*Vice President*—Dr. W. C. Barrett, of Warsaw.

*Recording Secretary*—Dr. S. A. Freeman, of Buffalo.

*Corresponding Secretary*—Dr. T. G. Lewis, of Buffalo.

*Treasurer*—Dr. Sohn L. Daboll, of Batavia.

*Censor*—Dr. J. C. Gifford, of Westfield.

*Delegates to the State Dental Society for four years*—Dr. G. C. Daboll, Dr. A. P. Southwick, of Buffalo.

*Delegate to the State Dental Society for one year*—Dr. N. Whitcomb, of Buffalo.

The hour of twelve having arrived, the President, Dr. B. T. Whitney, delivered his retiring address, which was listened to with great interest.

#### AFTERNOON SESSION.

On assembling at 2 o'clock P. M., Dr. Bristol, the newly elected President, in a few well-chosen words returned his thanks to the Society for the honor conferred upon him, and expressed his determination to serve the Society with the best of his abilities, and to do all in his power to elevate the standard of dentistry in this district.

The Business Committee then made a report embodying the following resolution.

*Resolved*, That the By-Laws be so amended that the annual meeting shall be held hereafter on the 2nd Tuesday in May, instead of the 3rd Tuesday in January.

Also, the following :

*Whereas*, We recognize the necessity and importance of the elevation of our profession, and its proper appreciation by the public, and believing that the confidence and respect of a profession depends upon the intelligence and general qualifications of its members ; and

*Whereas*, We recognize the necessity of the more thorough education of dentists as provided for by the present State law, "to improve and regulate the practice of dentistry ;" therefore

*Resolved*, That we will not admit into our offices any person to learn dentistry, except as students, and then only for the full term of years indicated by the present law, nor countenance in others the practice so largely followed in former years of turning out upon the public incompetent and uneducated persons as dentists.

The following subjects and essayists were designated for the next annual meeting, to be held in Buffalo, on the second Tuesday in May 1871 :

"Syphilis ; its effects upon the osseous system." Essayist, Dr. L. F. Harvey.

"Best method of preparing and filling of cavities in Bicuspids." Essayist, Dr. J. C. Gifford.

"Preparation of the mouth for, and the adaptation of Artificial Dentures." Essayist, Dr. H. B. Arnold.

"Diseases of the gums and their treatment." Essayist, Dr. J. Danforth.

Clinics will be held on the morning of the second day of the session, for which arrangements will be made.

The report was received and adopted.

On motion the matter of taking the initiative steps in the formation of a cabinet of morbid specimens, and also a library, was referred to the executive board consisting of the officers of the Society.

Dr. Chas B. Brown, of Buffalo, was elected a member.

Dr. G. C. Daboll read a paper upon the "causes of the discoloration of the teeth," which was discussed by quite a number of the members.

Dr. Chas. A. Hasting, of Rio Janiero, Brazil, Dr. Joseph F. Vegas, of Bahia, Brazil, and Dr. Homer Judd, of St. Louis, Mo., were elected honorary members, and the Corresponding Secretary directed to inform these gentlemen of the action of the Society, together with its thanks for valuable information, and services rendered.

Considerable miscellaneous and unfinished business was dispatched, and the minutes read and approved; after which the Society adjourned to meet in joint session with the Seventh District Society at Rochester, in October, 1870.

## SELECTED ARTICLES.

### MISCELLANIES.

BY H. SCOTT.

*Manipulation.*—It will not be expected that all manipulators of the mouth can be equal in tact and ability; in fact, there will be found the same differences in skill and execution among dentists that exist in the mechanic arts; in music, poetry, or anything else that man attempts to do. All are not gifted alike. Some can no more than imitate what others do well with little effort. In this there will be no difference of opinion. The ability to plan, and the ability to execute, are separate talents. Many minds are fruitful in origination, whose hands can do little in putting their designs into shape and artistic finish. This, also, will be conceded. But it is not to be expected that men can, or will, find what they are best fitted for, so as to start out on the right road before entering upon life's active duties. This achievement is not likely to be reached.

But it is no part of our present purpose to analyze all men and find what they are fit for, and then assign to each his task. It is not our business to say that many have chosen dentistry for their avocation who would have made better merchants, or farmers, or lawyers: but this much it is right to say: Those who by nature have been given abilities to become good mechanics, would, with equal effort, become good dentists, generally, if due modifications be made for timidity. But there are many engaged in dental manipulations, and, without attempting to sort them out, we will say some things that may help the good as well as the indifferent operator, if acted upon,

There is less in a greater array of instruments than there is in cool, calm and patient determination to succeed; and first of all is coolness. If a man can not so command his nerves and his philosophy, as to be unmoved by the petty annoyances that arise in the progress of filling a tooth, or adjusting an artificial denture, or even extracting a tooth, he will not likely please either his patient or himself. And we shall hold that a dentist is to be wholly indifferent to the caprice, or fears, or suggestions of his patients. If he can not so feel, and so act, he will often fail. The great point is to comprehend what is to be done, and then feel that you can do it. And then again, dentists manacle themselves by attempting too much machinery, and by trying to adopt this or that new suggestion, thus giving up their acquired advantages for some new way of doing a thing, only to find themselves embarrassed and defeated in attempting to do what they had often done before, successfully. Thus, through fear that moisture will get into their cavity—before they can finish a filling—they spend all their attention in trying to keep the water away, and blunder along amid harrassing circumstances, and at last make a bad filling. In an old standard author, the writer said: "*He is a bungler who can not remove the tartar from the teeth without making the gums bleed.*" This is nonsense to a practical man. What is required is to clear the calculus away; and the more the gums bleed the better. It is simply not necessary to lacerate the soft parts in an awkward use of instruments; and a man will be the best tooth extractor who knows the anatomy of the parts, the strength of his tooth and the adaptation of his instrument, and then deliberately, and with perfect self-reliance, does his work, forgetting for the time being the prescribed rules laid down in the books. We must be entirely self-reliant. Of course, written directions are not to be ignored; but they are not to displace our experiences.



But not to be in a hurry, or impatient of time, or afraid of one's own ability; these are some of the secrets of success. And the examples of seeing how other people do things in their specialties, are aids to dentists.

Thirty years practice has given me confidence in myself, but the way my workmen handled their tools while erecting my new residence, during the past year, gave me some lessons that have helped me to work easier and better. Simplicity in the number and variety of instruments is better than too much complication. To reach success in any of the manipulations about the mouth, the concentrated attention of the manipulator must go with the point of his instrument; and his eye must be there too, whenever it can peer to the spot. That which can not be done is not to be attempted; and to try to do a thing like somebody else says they do it, is to abandon a way of your own that has been successful, and given you, perhaps, conscious satisfaction. This will be wrong, generally, and the cause of failure. On the other hand, we are not to discard new suggestions because they are new; they are to be tested, to see what they are worth to us. Only in this way do we advance. But if one insists that the ten ounce lead mallet is the best thing to consolidate gold with, and you are doing good work with the two ounce wooden one, don't be too ready to make the change; for if you do change, you may find yourself away from home. It is not difficult to see that equally good fillings can be made with either, in different hands, or with the automaton, or by hand.

*Amalgams.*—I have not found much difference in the fitness of the various amalgams for tooth-stoppings, as they are now improved and sold. I submit a few lines on my manner of manipulating them. But first, I do not believe that gold amalgam work is secured by manipulating in the palm of the hand; I am sure it is not. My method is to triturate in a mortar till there is perfect amalgamation, and then to take the mass through several washings—not less than three; and this I do by continual rubbing with the pestle. I remove the mass from the mortar after each washing, and wipe the mortar and pestle perfectly dry each time. When the fluid is no longer visibly colored, then the process is finished. I have found that a large amount of heavy rubbing, with the pestle, is required to make the solidest fillings; and this I am sure is one of the conditions of good amalgam work. I squeeze all the mercury from the metal that I can, through buck or chamois skin, softly dressed. In packing, I

use heavy force, placing the metal in small pieces, and, as the surface softens under the packers, I scrape away the excess of mercury, and commence again with fresh pieces of the mass. I never can fill more than two, sometimes only one cavity with the same mixing, on account of the preparation becoming too dry to work. I have been astonished at the firmness of my amalgam fillings, and the fineness of the finish they take, both of which I attribute to the protracted trituration, the thorough washing, and the dry state in which I use the metal. Fillings of amalgam, conducted in this way, do not contract perceptibly from the borders of the cavities. I do the work as well under the saliva as in the dry cavity. The wet makes no shade of difference in the goodness of the work. Try it, and you will see that I am right.

*Tin Foil.*—I continue to use, chemically, pure tin foil for cheap fillings; but I use it only in medium and small cavities on the lateral and crown surfaces of the bicuspid and molars, where oxydation is the least likely to take place. My method of using it is as follows: I prepare it in cylinders, or balls, as firmly manipulated out of the mouth as is comatible with driving it solidly to the walls. In packing, I use heavy malleting force, both with automaton and hand mallets—being always specially careful that the foil does not get cut or mangled in the process. I make the metal as solid from the bottom to the surface as it is possible to do, and then chisel and file away to the required shape, and finish as fine as tin will take. I have found that tin fillings, when finely polished, resist oxydation much more than when left in an unfinished state; and I have been surprised, in some instances, at the amount of use they have endured without loss of substance. I think it more important to keep dry while filling with tin than with amalgam.

*Perplexities.*—How far may a dentist compromise himself in acceding to the ignorance and caprices of occasional patients?

A lad called to have a permanent molar extracted, and, with peremptory injunction from his mother that the gum must not be cut. I sent him home. In an hour he returned, accompanied by his maternal parent. She had known "*a woman who had the gum cut, and bled to death.*" I assured her that such an occurrence could not be one in one million, and that no one could bleed to death now from tooth extraction, with the means at our control for arresting the bleeding. But she was inaccessible. She wanted the tooth out, but "*the gums must not be cut.*" I dismissed them. Did I do right? I

could have taken the molar out without the lance ; but is it right to let one's self down to such a whim ?

A young miss came with a written note from her mother, requesting me to fill her teeth, but I "*must not file them.*" I requested the miss to ask her mother to call at my office ; which she did on the following day. I explained that some of the front teeth would require the file. She was firm in her objection. It would "*break the enamel, and cause the teeth to decay faster.*" I suggested that the crumbling edges must be removed to guarantee good work ; and asked her if she thought it could make any difference whether they were taken away with the file or the cutting instruments. I might "*cut them, but must not use the file.*" My patience was waning, and, as there was another case waiting in the sitting-room, I asked the daughter to please give up the chair. I don't know whether she found a man that she could order or not. The girl had my sympathies ; the mother, pity.

A man of some ability, financially, sent his daughter to have an incisor filled. I found the four six year molars with pretty little cavities in the grinding surfaces. I suggested that they ought to be filled. She "*guessed father wanted her to have all done that needed doing.*" I filled them, and gave her the bill, which she asked for. The father came in a couple of days, and was terribly angry. I had "*bored holes in teeth that didn't need it, just to get a job.*" I receipted his bill, and handed it to him. But, oh no ! he would "*pay what was right ;*" he would "*pay for the front tooth.*" I made no reply, but turned to my work, and he went away. The mother came afterwards to have a compromise, by paying half the bill ; "*perhaps the teeth did need plugging—some of them.*" I made no concessions, and got no money in the case, and never will.

*A Case.*—Miss L. had an exposed pulp. It was the first left superior molar. The cavity was from the front approximal surface. The tooth was firm, and in all respects, except the decay, in good condition. Miss L. was eighteen, and of sanguine bilious temperament, enjoying very good health. I prepared the cavity well, and filled very successfully with os-artificial. There was just the usual amount of twinging after application, and the tooth did good service for about eighteen months. Upon removing the zinc filling, at the end of that time, there was seen a solid bony arch thrown over the aperture, a little elevated in the center, and very hard. The color of the crown was natural, and indicated a living tooth,<sup>2</sup> but there

was found no sensibility of the dentine. I filled the cavity solidly with tin foil, using mallet force. It was a success, and would be under similar circumstances. My next card in the papers, said: "*Teeth with exposed nerves saved alive.*" For two years more nothing was wrong; but at last she came, with a frightfully swelled face, which had tortured her for thirty hours. The tooth was removed and split open, and every indication was present that the nerve had been dead a long time—perhaps ever since the oxychloride was applied. I think so now. It was her catamenial period.—*Dental Register.*

LANCASTER, O.

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C O R R E S P O N D E N C E .

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TORONTO, February 10th, 1870.

*To the Editors of the "Canada Journal of Dental Science."*

DEAR SIRS:—It affords me much pleasure to acknowledge through the medium of your well conducted and welcome Journal, the receipt of a fine large and valuable collection of specimens, presented to the Royal College of Dental Surgeons, by G. V. N. Relyea, L. D. S., of Belleville. Also some specimens from H. T. Wood, L. D. S., of Picton; and specimens of necrosed bone containing crowns of unma-tured permanent teeth, resulting from a disease of the antrum, (a case of much interest, and I should be pleased to see it given in detail to the readers of the *Journal*,) by Chas. P. Lennox, L. D. S., Chatham.

And here allow me in behalf of the College and its interests, to express my feelings of thankfulness for the valuable specimens received. Also for the congratulatory encouragement, from the first announcement of its opening, and which we are continually receiving from the interested public, no less than from the dental profession, the kind and heartily expressed wish of success in this noble enterprise. But it is not all sunshine, for with this as with every other good work, there are those who from personal interest predict a failure, and labor for its accomplishment. But here again, I am equally thankful for the assistance of so large a number of intelligent men whose professional services are interested in securing the welfare of this institution. And whose interests, for all must more or less contribute through their pupils to its future usefulness, in their

development to professional greatness. Here in safety I can leave it, for its success and interests are yours, professional readers.

Yours respectfully,

F. G. CALLENDER.

*To the Editors of the "Canada Journal of Dental Science."*

DEAR SIRS:—I noticed in the February number of your *Dental Journal* an account of the case of Irish against myself, for practicing dentistry without a license. Now, not wishing to be considered by the members of the profession as an interloper, altogether, I hope you will permit me to inform them through your journal, that I applied to the Board for a license as a practitioner of eight years standing previously to the year 1868. For the purpose I presented the necessary affidavits, which were refused on the grounds that I had been in the habit of travelling, and was politely requested to eat my oath and come up for examination for the benefit of the profession. I am quite willing to submit to any reasonable demand dictated by the Board, but far from admitting that I have made false affidavits. I am not alone conversant with the fact that my practice has been quite as regular as many to whom licenses have been granted, not excepting some who are now prominent members of the Board. From a consideration of the circumstances of the case, I feel perfectly justified in practicing, and in appealing from the decision of the magistrates; and at the proper time, shall take the necessary steps to ascertain whether or not I am legally entitled to a license.

Yours, &c.,

TRENTON, March 14th, 1870.

C. H. DORLAND.

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## EDITORIAL.

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### "THE EXPOSITOR OF THE ABUSES OF DENTISTRY."

We are averse to noticing any emanations of a mind prompted by miserable jealousy and self-interest; but we cannot pass over an instance of the kind, in an article in the January number of the "Canada Medical Journal," by H. M. Bowker, Esq., Dentist, Montreal. In justice to the institutions he attacks, and the large majority of the Canadian profession, whom he, with most exquisite egotism, chooses to rank as unskilful, ignorant or dishonest, we feel bound to expose

the unjustness of his remarks ; expecting, of course, that those journals which gave place to Mr. B's article will publish sufficient of this refutation to show their readers what foundation Mr. B. had for his reflections. In another place we will discuss the subject proper of his paper, but here we have to deal with what may be called his personalities.

In an article on amalgam,—any other would as well have served his purpose—"the expositor of the abuses of dentistry," as Mr. Bowker calls himself, says, "when I see an institution such as exists in Toronto, with the imposing title of the 'Royal College of Dental Surgeons,' encouraging the use of such a pernicious compound, and that the same may be said of the 'Dental Association of Quebec,' I think it time that the public should clearly understand the risk the patient runs by using it. The Dental Societies of Canada, who put themselves forward as the guardians and representatives of the profession in the Dominion, not only advocate, but vindicate its use." Mr. Bowker also says that it is "a practice now almost universally adopted among dentists throughout the Dominion of Canada," and that the reasons why they use it, is because it is cheap, easily introduced, "it makes up for the want of skill and ability to use something better," and also, "from ignorance, or the want of honesty." After this "the expositor" intimates that *he* does not use it in his practice, by which, of course, we are left to the inference that he is something superior to the common herd.

Mr. Bowker is not troubled with modesty. His unblushing impudence, though, is refreshing, because it is so unique, so rare. His motives, however, will be fully appreciated by our readers when we inform those of them who do not already know, that the subject of amalgam has never once been discussed in either the college or the voluntary societies, and that all clinics in filling teeth have been done with gold. Mr. B. has consistently refused to have anything to do with the dental movement in Canada ; he was never known to do as much for the progress of his profession in all his life, as any dental society in Canada has done in one hour. He is one of the Rip Van Winkle's of the Canadian profession, and his animus towards the only dental college in Canada, and our dental societies, is easily understood. If those of our readers who see Mr. B's article on amalgam, will refer to back numbers of the "American Journal of Dental Science," Dr. Parmly's letters of 1845-47, and Dr. Watt's Chemical Essays, they will appreciate the *originality* of Mr. B's

paper. It may be here stated that every practical argument he (?) offers is at least a quarter of a century old. Yet he sends it to a respectable journal as something new.

Mr. Bowker says, and mark the imposing personal pronoun: "I know of many patients who have been treated by their physicians for certain diseases caused by amalgam plugs in the mouth, *when neither the physician nor the patient suspects the cause. Many cases of what are called "spontaneous salivation" have been produced, and are the legitimate results of the presence of amalgam plugs in the teeth, &c."*

Dr. Watt says, (page 149) "Many cases occur in which there is severe mercurial disease, *while neither physician nor patient suspects the cause. Many cases that pass for "spontaneous salivation" are the legitimate results of the presence of amalgam plugs in the mouth, &c."* Mr. B's effort to palm off the above as original is contemptible. Having deliberately altered the wording of Watt's writing, he cannot make any excuse of omission of inverted commas, as is frequently the case when plagiarism is detected.

Mr. B's intimation that he does not use amalgam, and the dogmatic assertion that all who do—and almost all dentists in Canada do, he says,—are ignorant, unskilful or dishonest, is remarkable, considering that we, in common with others, can give proof at any time, that the superlative expositor has used it, and even in many cases where the patients were able and willing to pay for gold. As Mr. Beecher says, a man should not "pray cream, and live skim milk;" and allowing that he may have recently given it up, Mr. B. should remember that "no roads are so rough as those which have just been mended, and no sinners more intolerant than those who have just turned saints." We will await further developments from Mr. B. before giving most unmistakable proof that Mr. B. cannot safely afford to assume to be "the expositor of the abuses of dentistry."

The attempt to make capital for himself and to injure his competitors by accusing our only dental educational institutions of a practice which he asserts to be ignorant and dishonest, is most contemptible. We mistake the intelligence and courtesy of the profession at large, if he finds one apologizer for his unjust attacks. Let us differ as we may, and as we do, upon points of practice; but a man who makes his own rule of conduct the square and line by which to judge all others, and who is contemptuous of those who are not of his dogma or way of thinking, had better turn his quills into tooth-picks, and

be mute as a fish. He certainly should never venture into print, because then he immortalizes his narrow-mindedness. We must apologize to our readers for giving so much space to this matter; but knowing the exact why and wherefore of Mr. B's attacks, and feeling it our duty to refute his charges, associated as they were with opinions prejudicial to the private practice of those of our confreres who feel justified in the proper use of amalgam, we believe that these remarks will meet with their approval. Whatever a writer may think, or pretend to think, of any method of practice, such personal charges as Mr. Bowker makes, are totally uncalled for. Having exposed himself to exposure, he must take the consequences. We hope that his like will never be known again in this Dominion,—and for the sake of dentists throughout the world, we most heartily add, nor in any other.

W. G. B.

COMPLIMENTARY SUPPER AND ADDRESS TO MR. H.  
T. WOOD.

We have great pleasure in copying the following from a long article in the *Picton Gazette*, and we are sure that every one who knows Mr. Wood well, will echo the sentiments expressed in the address presented to him by the citizens of Picton. Mr. Wood has taken the office lately occupied by Mr. Callender, at Cobourg.

“On Thursday evening of last week, about eighty friends of H. T. Wood, L.D.S., assembled at the Hotel of Mrs. Blanchard, in this Town, to do honor to one whom they had learned to respect. After partaking of a most sumptuous supper, prepared in Mrs. Blanchard's best style, the usual loyal and other toasts were proposed and responded to. The Dr. certainly has every reason to feel proud of the earnestness and evidences of feeling manifested by all present, in his favor. The presentation of Addresses and a magnificent Past-Masters Jewel, and the replies thereto was of the most pleasing as well as affecting character, and unmistakably gave evidence that the most pleasing relations existed between the Dr. and his fellow townsmen. The Dr. left Picton for Cobourg on Tuesday, and we trust he will meet with such success as he may be deserving of; if he does he will have no cause to regret his removal to that place. We give below the addresses and replies thereto:—

CITIZEN'S ADDRESS.

HENRY T. WOOD, ESQ., L. D. S.,—Dear Sir,—We, the citizens of the Town of Picton, with mingled feelings of pleasure and regret, have sought your presence on this occasion. We have learned with sorrow that you intend to remove from amongst us. Changes of this



kind are neither so uncommon or unnatural, either with individuals or in communities, that they should excite our surprise. But separations of this kind are occasionally surrounded by circumstances which present a two-fold phase. We separate with pleasure and with sorrow—with pleasure because in your case, Dear Sir, we can bear testimony to your worth as a man and as a citizen. Your sojourn with us has been marked by a consistent and exemplary walk, by christian principles and usefulness; by Temperance and an active avowal of its principles, and by giving to the promoters of the interests of our Town your valuable counsel and advice. All these are traits of your character in addition to your high standing as a Dental Surgeon, which we gladly acknowledge, and which have left their impress upon the community. But while we are glad to say so much, we are sorry to lose a man whose influence has ever been on the side of right. We indulge in a hope, Sir, that your usefulness will in no wise be diminished wherever you may go, that you may be to others what you have been to us, that our loss may be another's gain. Accept our assurance, Sir, that our best wishes shall follow you. May prosperity smile upon you. May health and happiness be the lot of your estimable wife, and may the blessing of God rest upon you as a family."

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We regret being obliged to defer the publishing of the proceedings of the Quebec Dental Association, till next number.

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OMISSION.—We omitted to state that M. Pourtier's essay on "Dental Hygiene," published in our last number, was originally written in French. It was translated by Dr. W. R. Patton, of Quebec.

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A WORD TO OUR SUBSCRIBERS.—We regret being compelled to dun, and we are sure that our subscribers who have not yet remitted, will take sufficient interest in maintaining a dental journal in Canada, to remit their \$2 after this gentle reminder. We try hard to give them more than the worth of their money, and while we do the work of bringing this periodical out month after month, we hope our subscribers will provide some of "the sinews of war," necessary to pay the printer.