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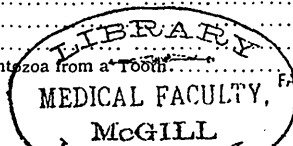
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ERRATA.

Owing to circumstances not likely to occur again, the editor did not see all the proofs.

Page 9, line 31. --For "contraction," read "condition."

Page 9, line 38. --For "tetanus," read "central."

Pages 1, 2, 3, etc. --For "Supernumary," read "Supernumerary."

Page 36, last line. --For "they belong," read "he belongs."

Page 37, line 2. --For "corporation," read "Confederation."

Page 38, line 22. --For "clines as Dr. C.," read "clines as those of Dr. C."

Page 41, line 14. --For "*apres nous le deluge*," read "*après nous le deluge*."

Page 42, line 2. --For "stigmatizes," read "stimulates."

Page 8, line 42. --For "Confucious," read "Confucius."

Page 42 line 11. --For "Jamacia," read "Jamaica."

Page 42, line 16. --For "outcast," read "autocrat."

Page 42, line 18. --For "respect the sentiments," read "represent the sentiments."

Page 42, line 21. --For "Dr. Atkinson Dwinelle," read "Dr. Atkinson and Dwinelle."

Page 43, line 21. --For "their highest sphere," read "the highest sphere."

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DOMINION DENTAL JOURNAL.

Vol. I

TORONTO, JANUARY, 1880.

No. 1

Original Communications.

A Unique Case of Regulating Teeth.

Fifteen Years After.

By W. GEO. BEERS, L.D.S., Montreal.

In a paper read before the New York Odontological Society, in December, 1875, I ventured to give one of the quickest cases of regulating the teeth on record, done without plates or ligatures, and comprising ideas as old as Hunter and as modern as Tomes. The case was a unique one, inasmuch as it was one where the patient, a young man eighteen years old, had determined to have the teeth extracted and artificial substitutes inserted. I am aware that other modes of treatment might have been used by those who could command a large fee, but as the case was one which I volunteered as an experiment, and for which no reasonable fee was expected, I made choice of two evils—the one I chose having proved to be a blessing in disguise. Through the courtesy of the publisher of the "Cosmos" I am able to present the illustrations.

Fig. 1 shows the normal centrals lying outside of the arch, five-eighths of an inch apart, the left lateral behind the first central, three-eighths of an inch distant, with one side against the back of the canine, while the right lateral is crowded to the rear by the cuspid and central. On the left side of the median line is implanted a malformed supernumary lateral; on the right a supernumary central, perfectly formed on the lateral, but concave and irregular on the lingual side. Its lateral surface is turned towards the supernumary lateral, thus lying obliquely and touching the lateral. Evidently these supernumary teeth had displaced the normal dentition. This is somewhat analogous

to a transposition of the dental germs in position, and owing to the distance of the normal centrals from each other, it was utterly impossible to bring them into juxta position or into any sort of harmony. The transposition of teeth might cause just such a result as the separation of the centrals. Fig. 1 well illustrates the case as it came to me first.

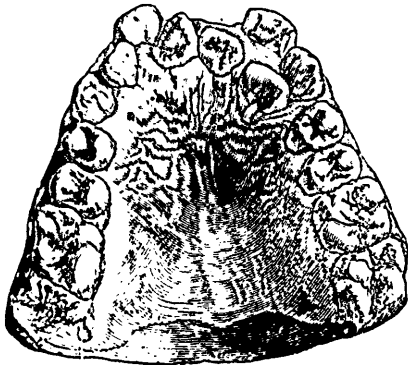


Fig. 1.

I first extracted the right normal central. It was too far out of the proper line, and too far from the median line to be brought into position by any mechanical means. Immediately afterwards I slowly turned the supernumerary on its axis, as suggested by Tomes, bringing it to the "front face." Having previously prepared a plate fitting the roof of the mouth, I attached floss-silk

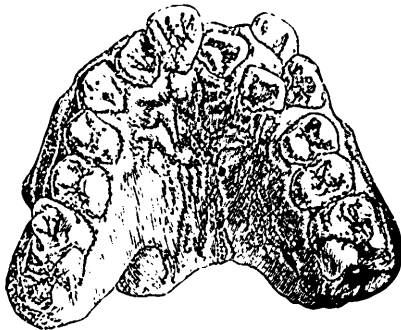


Fig. 2.

to the intruder, and drew it back in one day into line with the lateral. The gum was painted with aconite and iodine, and the patient instructed to keep the lips and gum cool with ice. In two days the tooth was firmly in line, and the ligature was removed. The case then presented the appearance seen in Fig. 2.

Members of the Quebec Dental Society will probably remember a case presented by Dr. H. D. Ross, of Quebec, in which he replanted a dislodged central incisor, and which he afterwards, when regulating the teeth of the same patient, found he could not move by any mechanical means he used. It was firmer than nature had originally put it. Something similar occurred in the socket of this supernumary twisted central, for ever since it has been singularly solid.

In 'Tomes' Dental Surgery, edition 1873, page 107, is seen a somewhat similar case of irregularity in appearance, though from transposition of the permanent teeth, instead of from displacement by supernumeraries. The canine is placed between the central and lateral; the teeth being otherwise quite regular. Referring to it the author says: "In a practical point of view no great interest is attached to this form of irregularity, *as it does not admit of remedy.*" Garretson's System of Oral Surgery, page 480, says, "Instances are

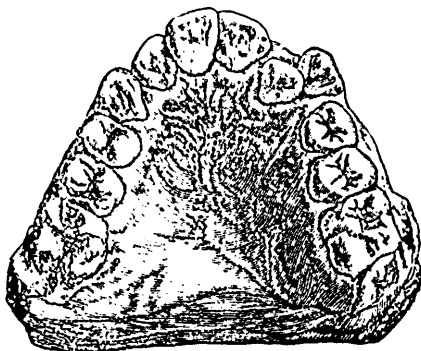


Fig. 1.

met where certain teeth have completely changed position. A lateral incisor appears in the situation of a central, the central occupying the place of the lateral. *Here there is no correction possible except it be in the extraction of the teeth,* and their re arrangement upon a plate or through the pivoting process." Salter, in his Dental Pathology and Surgery, page 51, in writing of the transposition of teeth, supposes a case almost identical with that shown in Fig. 2, and says, "*Still no remedy is available.*" Fox mentions a case like Fig. 1, where two supernumary teeth were situated partly behind and partly between the central incisors, which were consequently thrown forward. The centrals were half an inch apart and formed one row with the cuspids, as in Fig. 1, and the laterals and supernumeraries another. Fox saw three cases of the kind, but it is considered very rare. The one of which I write had this appearance, but instead of the supernumeraries being of a conical and therefore useless form,

the central was perfect on the lateral side and, as seen in Fig. 1, turned towards the median line.

My patient was now treated as follows: It will be remembered that Fig. 2 was the result of the first operation. A few days afterwards I extracted the supernumary lateral, on the left side of the median line. I then extracted the left normal central which was so high on the upper part of the alveolus that the lip entirely concealed it (see Fig. 1). After excising the apex of its root, I pushed it slowly up into the socket of the latter I had just extracted, fortunately securing the beautiful relation and contiguity seen in Fig. 3. In two days the transplanted tooth was apparently as firm as its neighbor which had undergone torsion; and there they are to-day, after four years, as comfortable and alike as if they had grown into the regular harmony they now present.

The cuspid was drawn by ligatures back to the bicuspid, and the irregular central brought easily into place. The latter was a very easy matter as any one familiar with regulating teeth is aware.

Both operations were done in the presence of my friend and former colleague, Dr. Chas. Brewster, who has himself admirably succeeded in some cases of both torsion and transplantation. The patient kindly allowed several other conferees to see the case.

I may add that I shall not be amazed some day to learn that the teeth are loosening in their sockets. I do not here stop to consider constitutional conditions which should dissuade any one from attempting a case like this. These conditions have been well discussed elsewhere, and are familiar to the profession.

The above case was published in the *Canada Journal of Dental Science* eleven years ago. The uncertainty at the time of its permanent success makes its history interesting fifteen years after the operation. About two months ago I learned that the patient has repeatedly displayed the firmness of the teeth, by placing stout cord between his teeth and pulling it forcibly. He has never had the least trouble with the teeth; no periosteal trouble; in fact is unconscious that they were ever any differently placed.

A Plea for Tube Teeth.

By C. H. WILLES, L.D.S., Huntingdon, Que.

During a brief practice in the old country some years ago, I was forcibly struck with the many advantages of the English tube over the pin tooth, and the conviction remains with me, that even critics here who have never used them and who therefore are apt to despise them, would probably change their opin-

ion, as I did, could they see the service they render, and bring them into comparison and competition with their rivals. It is true that for facility of application, the pin teeth are superior, but having said that, I know nothing more to be said in their favor. It is complained that the tube teeth, which are only held on by sulphur, draw from the pin; but what about the American teeth? The pivots or pins of the very best often draw from the teeth. You can easily replace a tube tooth which slips from a pin, or you can rivet it on the top and prevent it from slipping, but you cannot restore the tooth which has lost its pins.

One very great advantage of the tube teeth - the pin being immediately in the centre of the tooth, - is that the strain is directly in the middle; the masticating force comes plump in the centre, and is better distributed. In the pin teeth, this strain is uneven, and it is common, even in gold plates, to find the attachment of the lining broken from the plate. How frequently, too, does it occur with vulcanite. The whole strain on our bicuspid and molars, is outwards; is not borne by the lower part of the lining, but by the small metal pins in the tooth. But the metal pivot of stiff gold into which the tube tooth is placed, bears strain better, because it is next to impossible to bring pressure on it at any angle, except the tooth itself first breaks, and not often even then.

Another advantage is that to the tongue tube teeth are nearer to nature, and feel best. With ours, the tongue is constantly in contact with metal linings. Another advantage is that with the exception of the specks of solder holding the pins in the plate, there is no quantity of solder likely to cause contractions in the arch. I was told by old British dentists who used tube teeth thirty years ago, that when the journals were discussing the warping of gold plates in this country, they were rarely troubled, owing, they thought, to the absence of a great quantity of solder. A gold plate with tube teeth always fits well if once made well: but the best gold plate with teeth which have been lined and soldered, may be warped any time it has to be repaired, and may be nearly ruined if a botch should repair it with common solder. No botch can spoil a gold plate with tube teeth, because he cannot adapt a new tooth to perfection.

I admit that for close bites, our teeth are better than tube teeth. They can be used too, better with vulcanite combinations. The cheapening of artificial work, not the improvement of it, has given the boom to the pin tooth, and yet among the latest improvements by several manufacturers, we find a modified form of the old tube teeth, with the holes through the sides, and intended for miserable vulcanite to run into, instead of for solid gold pins.

I am using almost exclusively the English tube tooth—with the interior platinum tube lining, when I can get them, in places where ordinary and even improved methods of pivoting is required. They are as dense and as

solid as flint, and I have yet to meet the first failure on any such account as that friability characteristic of our teeth. I should like to see you cut one of these teeth in two with a pair of scissors, as you can cut clean our gum blocks! You might as well try to take a bite out of a bit of steel.

A Batch of Hints.

By R. D.

You invite hints in brevity as well as more studied articles; and I believe there is not a dentist living but could send you an original batch several times a year.

Taking a Bite.—Trim your wax, if for upper or lower set, to the contour and length. I once thought that sufficient, but now I get accuracy itself by taking two teeth, if plain teeth, or a couple of the blocks, if gum teeth, cutting away the wax exactly as it has finally to be cut away, to let in the teeth, and then simply set these samplers to the exact length and prominence they are to remain.

Lining Teeth.—In lining bicuspid and molars for gold plates, use heavier backing than for front teeth, as these teeth stand a greater strain. Also add a bit of plate—thus doubling the lining at the bottom next to the plate.

Before you extract for a set, take an impression of the natural teeth, and have it on your laboratory beside the substitute.

Arsenic.—Before applying for the destruction of a pulp, anaesthetize the head of the latter by holding in contact a pellet of cotton, dipped in hot, carbolic acid. Most of dentists use too much arsenic. If the decomposed dentine is properly removed, and the pulp fully exposed, a small pin's head size of arsenic is sufficient.

Facial Fistula.—When a fistula has opened on the outside of the face, on account of poulticing or from any other cause, do not extract the offending tooth until you make an artificial fistula inside the mouth. The outside fistula will heal by granulation. If you extract the tooth before doing so, the tissue certainly will be greatly depressed, and an uglier scar result.

Over-Medication.—In treating alveolar abscesses, we may have too much of a good thing. Many a case of gonorrhœa would get better if syringing was not so often persisted in. It is the same with pumping carbolic acid, peroxide of hydrogen, bichloride of mercury, etc., into alveolar abscesses. Periods of rest ought to be allowed, or only warm water substituted.

Projection of Heated Air.

By L. D. S.

At a meeting of the Odontological Society, of New York, 20th February, 1883, Dr. E. A. Bogue referred to an apparatus he was working upon a few years previously, intended to deliver hot air into the cavity of a tooth while it was being excavated. He showed what he had done to Dr. Brasseur, of Paris, about a year before, and upon returning there in 1883, the latter presented Dr. Bogue with a complete instrument of his own invention. The instrument was operated by means of two rubber bulbs acting on a double bellows. The pipe leading from it was connected with a tube in the handle of the thermo-injector, which tube passing through the handle becomes spiral at a division in front. In the middle of this spiral was a minute jet of gas which entered the back of the handle, and was supplied from the gas bracket on the wall by rubber tubing. The gas heated the spiral tube, which was of platinum, and the air, being driven through it by the bellows, was heated sufficiently to retain its heat until discharged at the nozzle, four or five inches away from the flame. A shield protected the face and lips of the patient. The injector was useful, not only in obtaining unusual dryness, obliterating sensibility, but for throwing remedies, in the form of vapor, into abscesses. Dr. Bogue also referred to an electric cautery invented by M. Trouvé, who had given much attention to electricity.

In connection with the above and with recent devices in dental electricity, it is curious to refer to an article in the *American Journal of Dental Science*, 1851, by George Waite, M.R.C.S., London, England, from which I make the following extracts. The article is headed: "An Instrument for Applying Electric Heat in Dental Operations"

"A conversation with the late Mr. Murphy, of King's College, Cambridge, he suggested to me the use of electricity in dental surgery; his words, as near as I can remember, were as follows: 'The day will come when electric heat will be used in surgery, and also for many purposes in domestic arrangements.'

"The idea remained a secret with me until last year, when I communicated it to Mr. Redwood," etc. . . . "For the purpose I use a Grove's battery, with eight cells. When using it, I have in my hand a holder with two copper wires passing through it; one positive, from the battery, and the other terminating in a groove in the holder, and fastened to a spring, by which I make or break contact at will with the negative wire. To the further end of the two wires a thin platinum wire is connected, and on the battery being charged and contact made, this takes suddenly the electric heat."

"The efficacy and simplicity of the process being so decided, I am enabled to use it for many purposes, viz., to evaporate quicksilver from cement; also where too great sensitiveness exists, and which prevents the operator from

removing the caries : where gums have receded and left the necks of teeth highly sensitive to the touch : where teeth are affected by mollities which cannot by other means be combated : where teeth have been broken, or cut, or filed, and left sensitive to cold or warmth : where violent toothache exists : where hæmorrhage comes on, or slight bleeding into a cavity. The electric heat retains its force differently to all other heat which can be applied to the mouth : the platinum wire can be placed, without the patient being aware of it, near the part affected, heat can be produced almost momentarily and suddenly deadened, and as a most interesting phenomenon, and one which has surprised me very much, in patients of a highly nervous temperament, where I have expected much suffering, none has been endured on its application. It would be superfluous to detail many interesting facts which the use of electric heat will discover to the scientific dentist.

In many cases it will be found equally efficacious when holding it near the teeth, as if they were touched by it. Care must be taken not to continue its application too long, as it will burn up and blacken the part it touches. As time passes on, I look forward to its use being generally understood, and it will then give rise to many improvements tending to the benefit of society."

Reflex Nausea.

By W. G. B.

About a year ago a lady brought me several upper sets of teeth, well made and adapted for her own mouth : but after a year's trial she had abandoned all attempts to wear them, on account of the gagging and nausea. Perseverance only led to vomiting. The strange fact was that she did not mind plaster of paris impressions, even when they touched the pharynx, and was not discommoded by any handling of the soft palate with the fingers. You could poke your fingers down her tonsils without provoking nausea ; yet the moment she put any one of these sets in her mouth and her tongue touched it, she gasped and gagged until it was removed. In fact, it was quite painful for an unprofessional observer to witness.

The instant conclusion to which I came was that the plate must not cover so much of the hard palate, and I made a set of ten instead of fourteen teeth, reaching about half as far back as any of the others. It was as great a failure. I then made the thinnest possible plate, covering the tuberosities, which were like marbles, and keeping a rim not more than half an inch wide, covering the front of the maxilla. It was retained by suction from three small chambers at the heels and in the centre. The moment the lady attempted to suck it, the plate adhered, but she gagged as much as ever, and was obliged to remove it. I then reduced the plate to the smallest possible compass, with eight teeth, but it was no more successful.

I then painted the soft palate and the fauces with a four-per-cent. solution of hydrochlorate of cocaine. A very slight improvement was perceptible, but after an hour the gagging returned. We both persevered doing this, but it was of no permanent avail. Finally, I made her protrude her tongue, and I sprayed it with the solution. To the surprise of both of us, she instantly for the first time in her experience, sucked the plate into place without the least unpleasant sensation. The effect—and the set—remained for two days, but on the third the old gagging returned, and I could not persuade her to make another effort. The interesting question is, what is the physiological explanation of the cause? Is it not exceptional as illustrating a deviation from the well-known neurosis associated with the nerves of the teeth, as in inflammation of the pulp. Evidently the tongue alone was the sentient seat from which a centripetal current traveled towards the fauces, reappearing as a centrifugal impulse, which excited reflex irritability of the nerves of the stomach, and contraction of the viscus. Yet it was not until the act of suction was performed that the retching occurred. The plate could be put into the mouth and the teeth closed on it without exciting nausea, but the instant the tongue touched it in sucking, the gagging occurred. Was not the dorsum of the tongue in a hypersensitive condition, and did not the spray paralyze the papille, as well as by reflex action, the nerves of taste, the glosso-pharyngeal, and the lingual or gustatory? Was not the tongue the stimulation that produced the irritation?

I am indebted to Dr. T. Wesley Mills, Professor of Physiology McGill College, Montreal, for the following hasty notes on the above:—

Case of Nausea Produced Reflexly.—In this case there seems to be little doubt but that the afferent impulses travelled from the tongue by way of the fifth nerve, were the sources of the nausea. The tongue is very readily affected by all foreign sensations, such as that referred to in the account of the present interesting case. But as the nature of reflex depends not only on the *quality*, intensity, site, etc., of the stimulus, but very largely on the *contraction of the central cells* acting as centre, it becomes a question whether in the present instance there was increased excitability (activity) of the nerve endings, of the nerve itself, the central cells, or all of these. Many facts go to show, that the central cells are of most importance in determining the issue, as witness the readiness with which cerebral events (emotions, recollections) cause nausea.

The case in question seems to me to illustrate this aspect of the subject. As in the case of other centres, so in this instance, the tetanus "vomiting centre" had, partly from repeated stimulating and partly from cerebral influences, become irritable, *i.e.*, discharged impulses with undue readiness. This centre seems to be especially liable to get into this condition, so that even a vomiting (or regurgitating) habit may be formed.

Mistaken Diagnosis.

By Ed. L. Fairley, L.D.S.

An interesting case of mistaken diagnosis by two surgeons in New York, came under my notice recently. Miss E., aged 29, came to me about some carious teeth in the upper jaw of the right side. Noticing a large swelling on the left side of the same jaw, I inquired as to its history. The patient was more than usually intelligent on the subject. It had first attracted the attention of a surgeon a year ago, who declared it was an osseous tumor; then last July, of another who said it was a cystic tumor; both holding that a surgical operation for removal would be necessary. There were no decayed or undeveloped teeth on that side of the jaw; no functional disturbance; no congestion of the gums; no pain. About a year ago a slight pain had been felt in the first molar, but it was said to be entirely sympathetic. In the meantime the so-called "tumor" was slowly growing in size. The patient got so accustomed to its presence that I fancy she rather cherished it, and would not have thought any more for the present about it, had I not warned her of its possibilities.

Upon examination, I found imperfect calcification of the first molar, and the indications of a dead pulp, but very slight response to tapping. A cavity was drilled through the crown into the pulp cavity. The pulp was mummified and dry as punk. The canals of both roots were enlarged down to and through the apex; and by the use of peroxide of hydrogen and the usual treatment, I treated the tooth which was the cause of all the trouble. The swelling was reduced in a few weeks.

Societies.

Notes from Proceedings of Dental Societies.

BRITISH DENTAL ASSOCIATION.—We enjoyed the privilege of attending the annual meeting of the British Dental Association, in Dublin, on the 23rd, 24th and 25th of last August. As a business arrangement it was a remarkable success, everything running systematically and in order. Reception, Demonstration, and other Committees were organized, and an Annual Museum Committee, which was unique and exceptionally successful. Under the presidency of the genial Mr. Daniel Corbett, of Dublin, and the efficient assistance of Messrs. R. Theodore Stack and Mr. Booth Pearsall, the meeting was in every sense an event of great importance in the history of British dentistry, and excelled anything of the kind we have ever seen among our

American cousins. The annual dinner was simply magnificent. The museum comprised four sections, divided into (1) Manufactures, being exhibitions by British manufacturers; (2) Literature, journals, monographs, handbooks, etc.; (3) Surgical Specimens in small bottles, of odontomes, enamel nodules, supplemental cusps, degeneration of wisdom teeth, supernumerary teeth, abnormal roots, missing roots, fusion of roots, oblique teeth, dilaceration, germination of teeth, macrodonts, microdonts, exostosis, fractures, etc. In all there were 1685 specimens, including syphilitic and mercurial teeth, cleft palate, tumors, and preparations of comparative anatomy. The printed catalogue of the museum comprised 72 pages. There were 80 microscopes exhibited, showing specimens of oral anatomy, comparative and oral pathology, etc. Trinity College lent its magnificent rooms, and the dinner was held in the Royal College of Surgeons.

The annual meeting was in every respect a success. We can only give a hasty resume of the proceedings; but we shall in each issue keep our readers acquainted with the regular work of the Association.

Mr. Geo. Cunningham, of Cambridge, read a report with regard to the "Dental Aspect of Public Health," in which he drew attention to the condition of the teeth in the army and navy. It will likely result in a practical plan for examining and attending to the teeth of recruits passing through the recruiting depots, as well as the appointment of dentists in two branches of the service. Mr. Foster, of Dundee, read a report recommending that attention to the teeth of school children should be compulsory. Mr. Brownlee, the retiring president, delivered his valedictory, and Mr. Daniel Corbett, his successor, read his inaugural address, in which he gracefully complimented Mr. Booth Pearsall, Mr. Stark and Mr. Baker, for their laborious attention in the organization of the museum. He also gave a retrospect of his early career. "Six weeks was the usual time spent in the manufacture of a complete denture. When working bone and natural teeth, each tooth was drilled through the pulp chamber, a silver tap was screwed into it of required length, and rivetted, in the ordeal the tooth often split in consequence of its dryness. When human teeth were the fashion, they were usually had from the graveyard, and I recollect what attention was paid the grave-digger, at his periodical visits to my father's house with his gleanings from the coffin. His visits were generally at night, and no hospitable duty in which my father might chance to engage was permitted to interfere with the reception of this ever welcome visitor to the 'sanctum sanctorum' of the house." His father introduced into Ireland in 1829 composition teeth, then called "Teno Metallic Teeth." In 1832, a Mr. Hallett called upon him and introduced a new form of mineral tooth, the tube tooth. In 1837 Mr. Corbett's brother gave the information to Ash & Sons, which led to their production of mineral teeth." It was alone worth a visit to Dublin to see and hear the warm-hearted President.

Dr. K. Theo. Stack (Dublin) read a paper on "Dental Ethics," embracing the whole duty of the dentist towards his patient and his confrere. Dr. Corley read a paper on "Anesthetics in Dental Surgery," treating of chloroform, ether, and nitrous oxide, showing a decreasing ratio of casualties owing to increased knowledge and skill. The importance of knowing the state of the heart, watching its action, and taking care that all the precautions required for maintaining its action, or restoring in cases of failure, were mentioned. The danger with ether originates in the lungs and brain. He preferred it to chloroform. Mr. King referred to a case where ether was administered *per rectum*, the patient being under the influence in seven minutes, the operation being over in twenty minutes. The ether was boiled. The effect was complete.

The second day's proceedings were very interesting. Dr. Walker (London) showed plaster casts demonstrating the relative contraction, expansion, etc., when mixed with hot and cold water, also with a solution of salt, potash, etc. Various demonstrations of dry steam vulcanizers, cleft palate, artificial nose were shown. Mr. Geo. Cunningham demonstrated implantation. Messrs. Balkwill, Rhodes, R. H. Woodhouse, T. Cooke Parson, R. F. H. King, Alfred Jones, Wm. Woodruff, Wm. Fernald, Lloyd Williams executed gold fillings, with hand pressure, all kinds of mallets and all sorts of gold. This part of the meeting was very largely attended. Mr. W. Booth Pearsall read an interesting paper on "The use of the imagination in the design and construction of artificial teeth," in which he gave the manufacturers a well-deserved rap on the knuckles. Mr. A. I. Watts (Dublin) read a paper "On some work room appliances," Mr. Murray (Dublin) on "The work-room section of the Museum and its contents." One of the most interesting papers was by Mr. Geo. Cunningham on "Implantation of Teeth." Mr. Cunningham exhibited a patient and carefully prepared diagrams, illustrating the several points of his paper. We shall refer to Mr. Cunningham's paper in another part of this journal. Mr. Kirby read a paper on "Some properties of amalgams." The discussions were well conducted. One could have spent weeks examining the Museum. Some well known faces were absent, but the general success of the meeting was very encouraging. From our point of view, it gave us a great many hints from which our cousins over the border as well as Canadians might profit, and which we hope, from time to time, to bring before their notice.

The British Dental Association has eight separate branches, each branch having its own officers and meetings, but holding a general meeting annually. Its membership is nearly 800. It is the true governing body of the three kingdoms and must eventually include every respectable licentiate in its ranks. Its organ, the *Journal of the British Dental Association*, is conducted with great ability by Mr. A. S. Underwood, whom it was one of our great

pleasures to meet in Dublin. The next meet of the Association will be held at Brighton next August.

FIFTH, SIXTH, SEVENTH AND EIGHTH DISTRICTS DENTAL SOCIETIES OF NEW YORK STATE, SYRACUSE, OCT. 25TH, 26TH.—One of the most pleasant and profitable conventions which has been held for a long time, was that of the union meetings in Syracuse. The organization under the skilful and genial leadership of Drs. S. B. Palmer and G. L. Curtis, was all that could be desired. Among the foreign visiting guests the following were present from Canada:—Drs. J. B. Willmott, G. S. Caesar, C. V. Snellgrove, J. G. Roberts, and W. G. Beers. The paper of Dr. J. C. Curtis on "Chemistry an Important Feature in Dental Education," assumed a practical character. He maintained that all dental caries is due to external causes, the substances brought in contact with them as food or medicine, or those resulting from decomposition of one or both. If sour apple or lemon or dilute acid is taken into the mouth, the teeth become what is termed "set on edge," which means that the calcium of the tooth has been acted upon by the acid, forming a new compound, and leaving the organic parts unprotected. From decomposition of starchy foods results acetic acid, and from this by further fermentation, butyric acids. Nitrogenous substances, as lean meats, albumen and mucus, are converted by decomposition into acids of the nitric and nitrous groups. The normal period of the stomach contains hydrochloric acid, and in many cases of dyspepsia butyric acid is found; while nitric, as sulphuric, sulphurous, nitro-hydrochloric, and hydrochloric acids are in use medicines. Of the organic acids, we have in apples, malic acid; in plums, prunes, grapes and currants, tartaric acid; in lemons, citric acid.

Whenever lean meats are allowed habitually to remain between teeth, decay ensues. This is explained by authorities as follows: "When nitrogenous organic matter is exposed to the air, the nitrogen assumes the form of ammonia; but when alkalis, such as potash, soda or lime are present, a further slow oxidation takes place, and nitrates of these metals are formed." In combatting the action of acids upon tooth-structure, an acid is always unsatisfied until it is combined with a base to produce a salt, so that instead of permitting the salt to be formed at the expense of tooth-structure, the base is supplied from outside, the problem is solved.

Happily, potassium, and magnesium have more affinity for acids than calcium. It is well established that an approximately decayed tooth, though ever so well filled, will again decay if subjected to the same influences as before it was treated. The conditions are changed in a measure by self-cleansing spaces, by contriving only the removal of one or more teeth; but whatever means are employed, reliance is still placed on the saliva, because, first it acts mechanically in conjunction with the tongue, and second it is

alkaline and will neutralize acids with which it comes in contact. The teeth of smokers who take care of them are better preserved than those of non-smokers, because the salivary glands are stimulated to produce an abnormal quantity of saliva, and because a certain amount of creasote comes into the mouth with the smoke to retard fermentative action. Decay cannot occur in the presence of an alkali. Alkaline earths, as mouth-washes, are valuable.

Dr. Barrett admits the correctness of the merely chemical ideas, but they ignore later investigation. In the mouth we find the acids so diluted that the reactions do not always occur. Citric acid may produce the reaction noted, malic acid found in an apple is not strong enough to act on enamel. We used to talk of catalysis, but that question has been solved by the knowledge we now have of the fermentative organisms. Dr. Miller has shown that they produce acids, and that these are the cause of caries. Fermentation lies at the root of all dental chemistry.

Dr. Dwinelle said fermentation will account for much of the phenomena of caries which chemistry will not account for. He denied that decay is as apt to recur, as a rule, after the teeth are put into good condition.

Dr. Brophy disagreed with the statement that caries does not occur in alkaline conditions of the saliva. Some of the most extreme cases of decay are found in mouths that are always alkaline. This is accounted for by the fact that lactic acid produced through the agency of fermentation is the most important factor in decay.

Dr. J. B. Willmott took exception to the explanation of the phenomenon of "setting the teeth on edge." He thought is a hyperæsthetic condition caused by the acids permeating the enamel, and acting as an irritant to the underlying dentine, the condition passing away as soon as the acids are washed out. He thought that it is only those acids which are formed in the mouth in actual contact with the teeth that act upon them, and that they act only when in the nascent condition; and that those acids which are taken into the mouth in fruits, etc., have no destructive action upon the tissues with which they are brought into contact. It has been pretty well established that the exciting cause of caries in the teeth is fermentative action, and that recurrence of caries after filling, may be better prevented by the use of germicides and antiseptic dentifrices than by the use of antacids.

Dr. J. C. Curtis believes where decay is found in alkaline mouths, there is a line which corresponds exactly with the location of the decay, where tests with litmus show that there are acids. He believes in the use of antiseptics—in those things which prevent fermentation—because they stop the formation of acids.

Dr. E. T. Darby referred to the experiments conducted by the late Dr. Wescott, showing the action of acids upon tooth structure. He found that all mineral and vegetable acids need not be of any great strength to

decalcify teeth. Even one part in one hundred was sufficient in most cases to corrode the surface. A tooth immersed in the juice of a lemon (citric acid) would soon lose its polished surface and assume a chalk-like appearance, and if let alone long enough would undergo a partial decalcification. Common cider vinegar (acetic acid) will corrode the surface of the enamel in forty-eight hours. If you would note the action of acid upon carbonate of lime, place a little lemon-juice or strong vinegar upon a marble slab and allow it to remain twenty-four hours. The polish is first destroyed, and then white powder may be scraped from the spot after the acid has evaporated. Dr. Brophy has spoken of the alkalinity which is shown to exist so frequently in some mouths. This may be true of some portions of the mouth. For instance, the product of the sub-maxillary, sub-lingual, and parotid glands may show, as they accumulate in the floor of the mouth, but if litmus paper were put into the cavities of carious teeth or in spaces where food has accumulated, the test would doubtless show an acid reaction. Fermentation is the great factor in producing caries of the teeth, and cleanliness, absolute cleanliness, about the only preventive. Dr. Miller has found that the micro-organisms of caries do not flourish in carbolic acid or bichloride of mercury. Neither are they in their element when in the forms of tobacco or in a decoction of that weed.

Dr. J. Curtis would like to know if the microbes do the work of destruction themselves, or do they generate an acid which does. He believes we always change the shape of a tooth when we fill it, or at least that we change the conditions which surround it, and that is why, when the work is properly done, the decay does not recur. The surfaces are made smoother, so that they can be kept clean more readily, and thus prevent fermentation from taking place.

Dr. John Van Duyn, Syracuse, addressed the convention on the subject of the "Abnormity of the Dentist's Eye." He said:

"The eye is the most important instrument which the dentist has. In some callings the hearing or other faculties are more useful, but in the practice of dentistry the eye is the all-important. In proportion as the eye of the dentist is defective, his usefulness is lessened. Some persons have trouble with their eyes from birth, others have difficulties which are acquired at various periods of their lives, at thirty, forty or fifty years. He would not go into a list of the troubles of the eye, but would only state a few of them. These are connected with refraction,—with the way the rays of light are disposed of after they enter the eye. [Dr. Van Duyn here drew upon the blackboard a diagram of the normal eye, which he explained.] When a ray of light enters the normal eye, what becomes of it? Those rays which strike the centre go straight through; if they strike above or below the centre they are refracted—he would not speak of the laws of refraction—so that all meet at a point upon the retina, which is called the focus. Such an eye is called emmetropic.

When the light rays are refracted in this way the eye sees, and vision is perfect. In an eye in which the antero-posterior portion is shortened, the focus comes behind the retina, and it is characterized by indistinct sight, the hypermetropic eye. There is another condition, just the opposite of this, in which the antero-posterior portion of the eye is too long. Here the light-rays focus before they reach the retina. This is the near-sighted, the myopic eye. There is still another condition, of which Dr. Marshall can tell you something, the irregular eye, the astigmatic eye. In this the meridian in one eye is normal, or hypermetropic, or myopic, and in the other, one of the other conditions is found. Any two of them may be combined. If it is a regular astigmatism—where one meridian is normal—the difficulty can be perfectly corrected by properly made glasses; but when it is irregular,—when neither eye is normal,—the correction can be only approximate. In this eye the focus is not a point but a line.

The correction of all these difficulties of vision is of course by means of glasses. When the eye has its focus too far back, the lines of the rays of light must be made to converge before they enter the eye; so we put on a convex glass. For the myopic eye, the focus must be thrown back; hence concave glasses are used to cause the rays to diverge, so that when they enter the eye they will be carried farther back than they would be without the glasses.

The hypermetropic and the astigmatic eye are congenital; the myopic is or it is not congenital. In the former case it is known; in the latter it may go on for years before the fact is discovered. When it is acquired or congenital the way to find it out is by comparison with normal sight. If it is found that the lens of the eye is imperfect so that one does not see, it must be changed. The sailor's eye, the keen vision of which is so often quoted, is not so good as the landsman's. The sailor will announce that the ship is approaching land long before the landsman aboard observes any sign of it. But it is not superior sight on the part of the sailor. He sees a mistiness, which his experience teaches him means that the land is near. With the hypermetropic eye there is not always a necessity for glasses, as when the condition exists in the young eye, because at five, ten, fifteen, or twenty years the lens is so soft in the lamellæ and the ciliary muscles so strong that a greater curve is given to the lens when looking at near objects, so that the defect is not noticeable, although the act of seeing in such cases is accompanied by muscular effort. As the person grows older the lens becomes harder and is less easily curved, so that at the age of thirty to forty or forty-five years the muscular effort required begins to be felt as a strain and glasses are required. Every eye becomes hypermetropic at the age of seventy or eighty years; that is, it loses the power of curving the lens. This curving of the lens is what is called "accommodation." When we look at an object at a distance and then at one nearer, the lens is curved more for the nearer object.

Applying these general principles to the eye of the dentist, it is readily seen that a fissure in the enamel so fine as is often found will require strain of the eyes to see it; also, how important for the discovery upon the surface of the smallest points of the beginning of caries is perfect vision. Then, too, how is the approach of disease as disclosed by the shadows, by the depth of color, which we get by transmitted or reflected light, to be seen without it? All these things are only appreciated by the finest vision. Two luminous points cannot be distinguished by the normal eye except they are separated by an angle of sixty seconds; within that distance they seem as one. A few eyes can distinguish the difference at fifty seconds' separation, while others are so coarse that they require an interval of eighty or ninety seconds. In order to know, one must see, and persons who have not a sufficiently sensitive retina cannot know because they cannot see. Accuracy of vision depends upon the sensitiveness of the retina.

To go back to the emmetropic eye: let a man use the naked eye till he is forty years old in a pursuit which requires constant close application of sight, as in the practice of dentistry, and he will begin to feel the effects of fatigue on the eye. Sometimes the disturbance is in the eye itself, sometimes it is shown by headaches, and even by general weariness of the whole system. He is not sick, but he tires easily. This is due to the fact that the ciliary muscle is not able to do its work as formerly, and the strain is reflected. Just as soon as this occurs the retina loses sensitiveness, and just as soon as the sensitiveness is lost we do not see. So that it becomes necessary for a man intending to adopt the practice of dentistry to recognize that he must have perfect eyesight; and it follows as a corollary that no one should enter the profession without first having a competent examination of his eyes. If he has astigmatism of a kind which cannot be corrected by the use of glasses, he should refrain from entering the profession. Again, if, having become a dentist, he finds, after reaching the age of thirty years, that his eyes become fatigued, he should periodically repair to the proper authority for examination. By such a course only can he avoid the troubles which are to be attributed to over-use of the eyes.

Dr. John S. Marshall, Chicago. Prof. Van Duyn never said a truer word than when he declared that the eye was the best instrument of the dentist. The dentist is usually very sensitive about his eyes. How many of them put on glasses willingly? Dr. Marshall presumed that he was born with astigmatism. He was troubled with fatigue of the eye and general weariness all through his student life, and for twelve years after entering upon the practice of dentistry. He was completely broken down, and finally it was suggested that there might be trouble with his eyes. Prof. Van Duyn made an examination which disclosed the existence of horizontal stigmatism, and he prescribed the very glasses which the speaker has on to-day. There are probably

many here to day who suffer from these troubles of the eye. They cannot get near enough to the patient's mouth to see the work properly, and when the day's work is done they go to their homes feeling worn out. A gentleman near Chicago thinks that dentists should use different glasses from those usually prescribed. He thinks they should wear prismatic glasses, because, as he says, the dentist has to get so close to his work that the normal eye cannot see without injury, and the effort causes a slight convergent squint. If they would get prismatic glasses the eye would look straight out. Dr. Black wears them with much satisfaction. If dentists would lay their pride aside and wear glasses whenever they are needed, they would be better off and their patients very much so. He had tried to get along with using them only a part of the time. One day he would wear them and feel no trouble. The next day without them he would feel the old sense of fatigue. Since wearing them continuously he had had no trouble. It is probable that some persons go to the age of fifty years without losing the power of accommodation. The majority of dentists probably suffer from some form of eye trouble. It is likely that very few who have been in practice for ten years have perfect eyes. The reason for this is that a good deal of the dentist's work is done in the back of the mouth, where the light is poor under the most favorable circumstances.

Dr. Van Duyn thought that this would hardly correct the evil. It is probable that many of the defects of vision from which dentists suffer existed long before they became dentists, which only makes true what he had said as to the importance of the dentist knowing exactly what his eyes are.

Dr. J. Branston Willmott, Toronto, Canada, would not venture to speak upon the subject, but that possibly the relation of his personal experience might prevent others from suffering a similar penalty for want of knowledge. He was born, he presumed, with a defect of vision, -- congenital astigmatism, -- but he did not find out until he was thirty-eight years of age. His eyes did not focus together, and when his sight began to fail he was troubled with a great twitching of the muscles of one eye, accompanied by considerable weakness. Before night came each day he would be wearied out, and sleep failed to restore him to his normal condition. His eyes were examined by an oculist, the difficulty discovered, and glasses were made to correct the astigmatism. The twitching ceased in one day after he began to wear them, and his health was soon restored to its normal tone. What was singular about the case was that about two years afterward the prescription glasses were broken, and since then he had used ordinary, though strong glasses, without any recurrence of the former symptoms. The wearing of the special glasses seemed to have cured his trouble entirely. He related these facts merely to emphasize the wisdom of consulting a specialist on the first indication of failing or defective vision.

Dr. Truman W. Brophy, Chicago, felt more than usual interest in the subject under discussion, because of the experience he had passed through during the past three or four years. Some four years ago his eyes began to grow weary toward the latter part of the day, and especially along towards the end of the week. He procured glasses, but the examination was not critical, and later it had to be done over. With the first glasses he found that on Monday he did not need them, on Tuesdays he used them a part of the day, and on Wednesdays and Thursdays from the time he began operating in the morning. During the remainder of the week he was troubled with headaches as before, in spite of the glasses. After two months of this kind of experience, he underwent a critical examination by a well-known oculist, who pronounced his eyes hypermetropic, and prescribed the proper glasses. The headaches disappeared at once on beginning to wear them, and he felt far better than for years. It would seem to be the part of wisdom for those who use the eyes much to get glasses early, not only to avoid distressing physical symptoms, but, what is of more importance, to preserve their eyesight through life. Prof. Van Duyn says that hypermetropia is usually congenital. The speaker is satisfied that he had none of it in his earlier years. One thing to which he would direct special attention as of the highest importance to dentists,—the necessity of not using the eyes in a bad light, as towards night. In having glasses made do not have the bows too tight, as by pinching the nose they will cause headache, but have them made to fit on loosely.

Dr. W. H. Dwinelle, New York. As to the question whether a large magnifying glass would correct the difficulty of poor sight, it might do so for the normal eye which was simply growing old; but it will do no good for the astigmatic eye. This trouble is only to be corrected by glasses for the eye. It has been stated that as we grow old the focus of the eye is carried farther back. It sometimes occurs that the sight of old persons is partly restored to the normal condition. This he had observed among several of his patients, one of whom was in his office recently, and her eyes were tested in reading the finest type used in printing. The theory is that in such cases the retina to some extent takes up the office of the ciliary muscles and so partially restores the lens to its normal condition. We can thus take up the office of the ciliary muscles at any time to some extent, and on this principle some have recommended the manipulation of the eye as a hygienic measure. John Quincy Adams always manipulated his eyes, and he never wore glasses. Dr. Dwinelle is satisfied from experience with his own eyes that this theory has at least a foundation in fact. We know that in the old the eye becomes flattened, which throws the focus out of place, and we can almost recognize near-sighted persons by the shape of the eye, which is much more rounded in the outward contour than the normal eye.

Dr. Marshall wished to offer a suggestion which followed out will afford

considerable rest to the eyes during an operation. We all know that when the eye is kept fixed on any one point for a considerable length of time, and more especially if the gaze is intent, it is very fatiguing to the muscles. If the dentist's office is so arranged that he can once in a while look away from his work to some object at a distance, he will find that from this simple act his eyes will be rested; and if he can make this a habit he will be very much benefited.

Dr. Brophy wanted to ask Prof. Van Duyn a question, and he would preface it by the statement that he thought the cause of the trouble with his eyes was a cross-light in his office. The question he would ask is, What light is best for the dentist, and is a cross-light detrimental?

Dr. Van Duyn. The best light comes not direct from the sun, but from a luminous sky or a light cloud. A north light from a cloud is best of all. A cross-light should never be used.—*Cosmos.*

(To be continued.)

Selections.

Electricity in Dentistry.

As an instance of the rapid march of science, and its adaptation to the varying needs of mankind, one would, perhaps, be inclined to place electricity in the very foremost rank; not only on account of the tremendous strides which it has of late taken as an abstract science, but more particularly in view of the fact that to it we owe so many of the material comforts which we are privileged to enjoy in these modern days, when Nature's secrets are being forfeited at a rate which would fairly have puzzled our more easy-going forefathers. Science has always ministered to the wants of man—to the alleviation of his sufferings, and to the amelioration of his condition. It has done much, in conjunction with art, for our own specialty; and it is, therefore, but reasonable that, in reviewing the large field of usefulness which electricity now covers, we should enquire as to any special benefits which it is capable of conferring upon dentistry, and seize upon them, in the interests both of ourselves and our patients.

One of the most formidable enemies of the dentist (especially if he be located in London) is light—or rather the absence of it—during a large portion of his working hours. To attempt delicate work in bad light is to court failure, to experience disappointment, and to tread that borderland where loss of self-control merges into despair. The electric light is doing much to lessen the gloom of our cities, and is eminently adapted to dental requirements from its peculiar advantages of brilliancy of illumination, absence of noxious pro-

ducts, and the definition of daylight hues of color. To those within reach of having this beautiful lighting power "laid on," there can be no excuse for not availing themselves of the boon—except it be that of expense. We understand, however, that the current is not suitable for purposes other than lighting: but, surely, this is an obstacle to be overcome in the future. To those who attempt anything beyond the casual use of a tiny oral lamp driven from a primary battery, disappointment comes sooner or later; and hosts of batteries, "guaranteed" to do the most marvellous work, have come and gone, like spectres of ill-fame. We are aware that a great amount of care and trouble in certain instances have yielded fair results, but if domestic lighting on a large scale had been feasible from primary batteries, we should have seen them in general use long ere this. The hope of the present appears to cling to secondary batteries or accumulators, but the storage necessary for lighting on anything like an adequate scale must prove a stumbling-block to the general adoption of this system.

In the direction of motors and mallets, things are certainly more promising, for a large section of our younger operators have utilized primary batteries for these purposes for some years with a fair amount of success. It took some time to familiarize the public with the dental engine, and it is not impossible even to-day to lay one's hands on both practitioners and patients, who are strongly prejudiced against its use. In like manner, it will take some time to overcome the prejudice which exists against the employment of motors, but in future we have no doubt that they will become very general, and will be appreciated as lessening the dentist's exertions, while performing their work with greater effect, and less discomfort to the patient. Water-power has its advocates for this purpose; but, whilst fully admitting its many advantages, yet we cannot ignore the fact that the general use of electricity for motor purposes in the future must also appeal to us, as being adequate, convenient, and economical. Meanwhile, we are casting about for suitable electrical motor power, and the principle of *storage* seems to be coming to the front. Should this method prove, after reasonable trial, to fulfil our requirements, the way will have been prepared for the more general utilization of dental motors.

If opinions differ as to the way we should drive our engines, the same is doubly true as to the methods of introducing gold; and even those who employ mallets are sharply divided as to the particular form of blow which should be given. The advocates of the electric mallet are, we believe, on the increase; and, although it will probably never become a universal idol, yet we venture to prophesy, that it will hold its own in years to come as a reliable adjunct to cohesive gold filling. Although the form of the mallet needs much improvement, yet we are more concerned at the present moment with a suitable power for working it. All those who have had any experience of primary batteries know something of the chagrin caused by failure of power in the

middle of a large filling, except reserve funds be requisitioned to help one over the stile.

Our remarks on motors will also apply to mallets, and a reliable power will be hailed with much pleasure, not only as a solution of much that is perplexing, but also as a medium of making more popular an instrument which deserves the attention of every student of dentistry.—*Record, London, Eng.*

Dentistry in Ontario.

The recent affiliation of the Royal College of Dental Surgeons of Ontario with the University of Toronto, and the formulating by that institute of a curriculum in dentistry leading up to the degree of Doctor of Dental Surgery, is the latest, and perhaps the most important, step in the development of the profession of dentistry in Ontario.

But little more than twenty years ago, dentistry in this Province had no claim to professional standing. Having no legal status, there was no standard of qualification, which students were required to reach. "The only means of instruction was pupilage in the office of a dentist. In most cases the terms did not exceed from three to six months, sometimes even less, and the embryo dentist was let loose upon the community ignorant of the very elements of his calling. In the year 1865, a few of the most progressive men organized the Ontario Dental Association, which soon included in its membership more than half the dentists in Ontario.

Incorporation by statute was discussed, and arrangements made for application to the Legislature. The confederation of the provinces in 1867, with local legislatures having control of local matters, greatly facilitated this enterprise.

At the first session of the Ontario Legislature application was made in due form, and on March 4th, 1868, the "Act respecting Dentistry," incorporating the dentists of Ontario as the "Royal College of Dental Surgeons of Ontario," became law. This statute is the earliest efficient dental legislation in the world, although in 1841 an Act regulating the practice of dentistry was passed by the State Legislature of Alabama, which, however, does not appear to have been enforced.

The control of dentistry was placed in the hands of a Board of Directors elected biennially by the legally qualified practitioners, and which holds the same relation to dentistry that the Council of the College of Physicians and Surgeons of Ontario does to medicine. A curriculum fixing the term of pupilage, subjects of study and examination, was immediately prepared and put in force; and system and order commenced to evolve out of the chaos which had previously existed.

Since March, 1868, no one has been permitted to enter upon the practice of dentistry until he has been duly examined and licensed by the proper authority.

In 1872 a matriculation examination was established, and since 1882 this has approximated closely to that required by the College of Physicians and Surgeons.

In 1875 a School of Dentistry was established by the Board of Directors under the provisions of the Dental Act, and regular winter sessions have since been held.

The curriculum includes, besides dentistry proper, anatomy, physiology, chemistry, principles of medicine and surgery, histology, etc. The period of pupillage is three calendar years, under indentures with a Licentiate of Dental Surgery, including attendance on at least two full courses of lectures at the School of Dentistry.

The final examinations, conducted by the Board of Directors, are severe, and each year from fifteen to twenty-five per cent. fail to reach the standard. There are now on the books of the college 100 undergraduates, 54 of whom are in attendance at lectures in the School of Dentistry.

We learn that a considerable number of the graduates and senior students of the Royal College of Dental Surgeons purpose matriculating in the Dental Department of the University at an early date, with a view to presenting themselves at the first examination for the degree of D.D.S., which commences March 25th, 1889. The requirements of the curriculum are fully abreast of those of similar departments in the best American universities, and the high standard maintained in the other faculties of our university will no doubt be required in the Department of Dentistry.

We are sanguine that the impetus given to dental education in Ontario will fully justify the wisdom of the university authorities in the "new departure" which they have just made. — *The Canadian Practitioner*.

Petition of the Board of Examiners of Quebec to the Local Legislature.

To the Committee on Private Bills:

GENTLEMEN,—We, the undersigned, representing the Board of Examiners of the "Dental Association of the Province of Quebec," beg to oppose the applications for special and personal legislation, of _____, against whom suits are now in procedure for illegal practice as Dentists in this Province. We respectfully submit that such legislation as these illegal practitioners demand, would be a violation of the constituted authority of the Board, as well as a gross injustice to our members and students, all of whom have

willingly confirmed to the provisions of the Act and the By-laws of the Association.

1. In the case of———, the applicant is an Ontario Licentiate; never had any claim of any kind as a Dentist in Quebec, any more than a Quebec Licentiate has in Ontario; but in open defiance of the Act, and repeated warnings from the Secretary of the Board, he established himself in this Province to the injury of regular and registered Licentiates. He has never offered to conform to the requirements exacted from other applicants, and has demanded exemptions without any claim whatever, never asked for by our own resident and regular students or practitioners. The Ontario Board, which preceded the Quebec Board by one year, excluded Quebec residents from any advantage in Ontario, and has refused to recognize the Quebec License. Three times it has justly prosecuted one of our Licentiates, who was in the habit of practising in Ontario two days in each month. Not one of the applicants from Ontario who applied for the Quebec License, offered to conform to the rules governing the profession in this Province, while the Quebec Licentiates, who obtained the Ontario License, only secured it by strict compliance with similar provisions of the Ontario law.

2. The applicant,———, has directly and indirectly done more injury to the profession than all other illegal practitioners put together. He was well aware of the established requirements to study and practice in Quebec long before he went to the United States. Upon his return, he applied personally to members of the Board; was given a copy of the Act and the By-laws, and was assured that while the actual time he had spent even in a foreign college, would receive the full recognition required by the By-laws, the same as if it had been spent in the Province, his qualifications were not equal to those required from resident applicants and registered students. Instead of making the least effort to comply with these equitable requirements, he, in conjunction with his brother and other parties, wrote abusive letters to the press, damaging to the personal, professional and official character of members of the Board, and tending to excite violent prejudice in the mind of the public by utterly baseless and untrue statements. So violently abusive and false was some of this correspondence, that it led to direct loss and injury to regular Licentiates in the vicinity where this party was openly defying the law. The applicant then opened an office in the immediate neighborhood of one of our regular Licentiates, who is also a graduate of the same College, but who had conformed to the requirements of the Act.

In his application for permission to appear before the Board without fulfilling the conditions placed upon regular applicants, he declared that he had passed "Three years" at College. We wish to point out that the "year" consists of only eight months, making *only twenty-four months*, instead of the forty-eight months passed by our own students. The applicant had no pre-

vious pupilage or practice. Our Quebec students have to pass a severe Matriculation Examination. This applicant asks for special exemption upon no reasonable pretext. He asks that his twenty-four months, without the registration obligatory, should be received as equivalent to the forty-eight of registered applicants.

Your Petitioners feel it necessary to show the malicious falsity of statements made publicly in the Press, by and in his interest, with reference to the system of education in Quebec. While compelling a Matriculation that will raise the educational standard of applicants, and exacting four years of studentship, Section 4, By-law 6, provides as follows: "If a student desires to attend a Dental College, the actual time of such attendance will be accepted as equivalent to the same period of studentship;" and although a flourishing one exists in Toronto, the Board liberally extends the same recognition to the tuition or the diplomas of foreign schools, a courtesy not reciprocated. To encourage thorough training, the Quebec Act exempts Canadian Medical Graduates from all conditions, except examination upon Operative and Mechanical Dentistry and the payment of the fee; while the Board, which is only constituted an examining body, assists the students in Clinical practical instruction, without any fee; and has provided a system of gratuitous Hospital service for the public, which will be available without fee, to dental as well as medical students. Two of our Medical Universities have also given members of the Association special appointments to lecture on Dentistry applied to Medicine and Surgery, and it may be stated, that the lecturers receive no remuneration. Your Petitioners allude to these facts among others that might be cited, to show that the accusation of neglect on the part of the Association is not true; and that the claim that the wants of the public can be relieved by granting these two law breakers private bills, is absurd and presumptuous.

The statement that the Board compels our students to remain the full four years in the office of the Licentiate is untrue. Page 8, Section 3, of the By-laws, distinctly states that students should confine their attention exclusively *for the first year* to the Laboratory, their reading to Mechanical Dentistry and Metallurgy, together with the study of the skull and jaws, and the Anatomical character of the teeth. Lectures in a Medical College upon Anatomy, Physiology, Chemistry, and Practical Dissection, with certified tickets, is required after the second year. The special practical and personal training under the guidance and in the practice of a Licentiate has been recognized as of inestimable value; it is imperative in Britain and France, and is urged by the best men in the United States, and by none more forcibly than by the Faculties of the Dental Colleges. It is compulsory in Ontario, Manitoba and British Columbia; yet in none of these Provinces are the provisions for the recognition of tuition elsewhere as liberal as in Quebec. It is a fact, however, that very few of our students fail to avail themselves of the best facul-

ties to obtain a special course in the operative branch, by taking the time out of their four years for attendance at College. The only exceptions are in the case of some of our French students, for reasons which will be mentioned further on. Yet the Clinical system provided by the Board, for students who cannot attend College, supplies practical tuition without fee. In the Primary branches, our students have invariably ranked much higher than applicants who had been trained in American schools. In the branches supplied by the Medical Colleges, the trained graduates of the American schools have, in every instance, ranked far below the students who obtained these branches at Laval, McGill, Victoria or Bishops' Universities. At this moment one third of our students, after fulfilling one or two years of their term, are attending Dental Colleges. Every one not at these Colleges, is in regular attendance at the course required by the Board in some of our Quebec Medical Colleges. Several are even taking the full four years Medical Course, intending to graduate in Medicine or Surgery before they graduate in Dentistry. Your Petitioners maintain that the future of such work must be more beneficial to the public than the loose system in the United States, which has only within the last few years been improved, but not until thousands of so-called Doctors of Dental Surgery had been manufactured in one session of a few months.

It would be impracticable yet in a Province like Quebec to organize a thoroughly efficient school, at which attendance could be justly compelled. The explanation is very simple. There is not the demand in our Province that exists over the border for Dentists in every village. A town like Three Rivers failed to support two. Half a dozen combined in many parts failed to support even one itinerant. Medical men in small localities do the emergent service of the Dentist. The numerical strength of the profession can never be anything like the equivalent in communities where Dental diseases are more prevalent. Several of our Licentiates, all graduates of Colleges, abandoned such places as Sherbrooke, Quebec, etc., for lack of support. It would be impossible too, to rival the advantages in the one branch of Operative Dentistry, of Colleges which possess large endowments, some of which every year have nearly half as many students as there are Dentists in the Dominion. The Quebec Board feel that in encouraging students to avail themselves of the special facilities natural to richer and more populous communities, it is acting in the best spirit both for the profession and the public: but to expect the profession in this Province, to maintain an efficient school, and compel—as would be necessary—the students' attendance, would not only be financially impossible at present, but unjust.

Your Petitioners, representing the profession in Quebec Province, would refer to the action of the "National Association of Examiners," a body representing all the American Dental Colleges. Of the thirty or more Dental

Colleges in the United States, only two are recognized in England. One College, the "Wisconsin," organized under the laws of the State of Wisconsin, 1880, and repudiated by the above associated body, has disposed of its Diploma for Twelve dollars, without attendance upon lectures. (One of these Diplomas obtained as a test and for curiosity by a Quebec Licentiate during residence in Delavan in 1882, accompanies this protest.) The above associated body passed a resolution in August, 1885, refusing to recognize the "Royal College of Dental Surgeons of Ontario," the only Dental College in Canada, then in its eleventh year, and now affiliated with the University of Toronto; thus placing it on a level with the disreputable one in Wisconsin, in spite of the fact that its Matriculation was 75 per cent. higher than that demanded by the above body, its period of studentship longer, and its course a complete course in Dentistry.

One of our chief Provincial difficulties has been the position of the French students, who are in the majority, and whose peculiar claims must not be ignored. The American Colleges insist upon a knowledge of the English language: the lectures and examinations, the journals and text-books are exclusively in English. French students are thus heavily handicapped unless they know English. The Quebec Board, realizing the numerical and financial weakness of the profession in the Province, feel that it has been doing the most justice in aiming in the past to develop our own Provincial talent, by securing text-books in French as has been done, and by having the Matriculation, the Medical lectures, the Dental Thesis, and the Examinations, entirely in the language of the candidate. The Board does not consider all of these difficulties insurmountable, but the demands of the Province will not warrant the establishment of two teaching bodies—one French and one English: and separated, would be numerically and financially an utter impossibility. Under our present system, which every year improves the profession in Quebec founded the first Dental Journal in Canada; preceded every State but one in the American Union in legislative protection for the public; has more than quadrupled its strength since its incorporation, and is now elaborating further improved methods of Clinical instruction without any fee. In 1869, there were only eleven dentists in Montreal. To-day there are forty-three and two dental depots. The country parts have been supplied with all they appear able to support.

Your Petitioners, would respectfully complain that though the Association has been incorporated since 1869, it has never yet obtained the necessary power or protection granted to the profession in Ontario, Manitoba and British Columbia; and that it has had to spend too much of its energies in fruitless litigation, which has done more than anything else to frustrate progressive efforts. While in Ontario, the Legislature refused to allow unregistered applicants to obstruct necessary legislation, it has been permitted in

Quebec ; and every case which has involved the Association in litigation, and hampered its educational efforts, has been moved by outside applicants, asking exceptional alterations to suit their personal circumstances. The Board having had twenty years practical experience of the success of the system in vogue, and knowing the better service and protection afforded to the public by the restrictions placed upon the free entrance of travelling dentists from over the border, does not speak at random in declaring, that while it has made no sensational boast, it has organized the profession into a body as efficient for the public demand as anywhere else in the world. It receives not only the loyal support of its entire members, but of the Medical profession and the general public and Press. Its only obstruction has been from such parties as the two opposed applicants, and such local friends on the Press and at the Bar, as could be hired to secure their purpose.

The opposed applicants have been special offenders. They have not only openly violated and still violate the law, but they have boasted of their violation, and have done their share by their example, to educate a part of the community to believe, that each man may interpret and violate a law as he likes, if it happen to read counter to his abilities and ambition. It would be thought gross presumption if a burglar caught in the act, and against whom an action was pending, was to petition the Legislature to condone his crime, and honour and reward him for his criminality. Yet here we have two law breakers asking to be made law-makers : two men who have been in open defiance of a law which is as much a law of the land as the law against burglary, asking by special Bills to have their illegality made legal. They ask for exemptions as irregular applicants denied to regular applicants. They demand special privileges as possessors of foreign diplomas, never before asked for by those of our own students who likewise possess them ; and ask recognition for diplomas, from institutions which refuse to recognize those of Canada. This would be placing a premium upon education abroad, and a penalty upon education in Quebec. It would be recognizing no Matriculation, or a very superficial one, as equivalent to the severe one imposed in this Province. There are thousands of these American diplomas, which were granted in one session of a few months. The Association of Quebec has never once granted its License without full compliance with its rules. Neither of the opposed applicants could plead ignorance or want of opportunity ; but if two may be a law for themselves, so may two hundred. If those who have conformed to the law are to be over-ridden by those who are breaking it, neither professional nor political morality is safe. All that the Board demands from the opposed applicants is simple conformity to the established law, which every other applicant had and has to follow. If these rules are relaxed they might as well be repealed, and the good work done for the public within the last twenty years, will be undone.

Your Petitioners respectfully beg your Committee to bear in mind that the Association has worked in complete harmony, French and English, and that conditions which apply to Ontario or any State of the American Union, where there is only one legal language, cannot apply to Quebec. In everything but one branch, the standard of Matriculation and study is higher in Quebec than in any part of the United States: and the Board has every reason to believe that soon there will be nothing lacking.

Your Petitioners, therefore, respectfully beg that you will recommend in justice to the public and the profession, that the Legislature do not grant the petitions of _____, against both of whom legal actions are now pending in the Civil Courts for breaches of the law.

And your Petitioners will ever pray, etc., etc.

C. F. F. TRESTLER, M.D., L.D.S.,

President.

L. J. B. LEBLANC,

Secretary.

MONTREAL.

Our Canadian College.

We attach so much importance to the work of the College, now in its fourteenth year, that we propose giving it special attention from time to time under the above heading. The dentists of Ontario have good reason to be proud of the position it has achieved. Canadian Universities are never in a hurry to throw their arms around every pleading applicant; but the Toronto school has won its laurels, and will do even more than it has done to raise the standard of Canadian dentistry. We know very well that Dr. Willmott prefers success to praise, but a profession would be ungrateful that refused him his just due. To him specially, and to his colleagues, we are all in debt.

The following documents mark, perhaps, the most important epoch in dentistry in Ontario:

STATUTE OF TORONTO UNIVERSITY ESTABLISHING A "DEPARTMENT OF DENTISTRY," PASSED OCT. 19TH, 1888.

By the University of Toronto be it enacted:

Sec. 1. The Degree of Doctor of Dental Surgery (D.D.S.) will be conferred by the University of Toronto upon Students of Dentistry on compliance with the requirements of the Curriculum in Dentistry which may from time to time be prescribed by the Senate.

MATRICULATION.

Sec. 2. Candidates for the Degree of D.D.S. must pass the Matriculation Examination hereinafter mentioned, unless,

1st. They possess a degree in Arts (not being an honorary degree) from some recognized University; or

2nd. Have already matriculated in the Faculty of Arts, or the Faculty of Law, or the Faculty of Medicine in this or some other University in Canada; or

3rd. Are Matriculants in the College of Physicians and Surgeons of Ontario; or

4th. Have passed the 1st, 2nd, or 3rd Class Departmental non-professional examinations in which the Latin option has been taken.

Candidates not possessing any of the above named qualifications, will require to pass the examination prescribed for matriculants in the Faculty of Medicine in this University, provided always, that candidates registered as Matriculants of the Royal College of Dental Surgeons of Ontario, on the first day of November, A.D. 1888, shall be admitted Matriculants in the Department of Dentistry.

UNDERGRADUATES.

Sec. 3. Undergraduates (candidates for the degree) residents of the Province of Ontario, must have complied with all the requirements, prescribed from time to time by the Board of Directors of the Royal College of Dental Surgeons of Ontario, for admission to examination for a Certificate of License to practice Dentistry in Ontario.

Sec. 4. Undergraduates (candidates for the degree) not resident in Ontario, must:—

(1) Have devoted at least three full calendar years (not being engaged in any other business) to the study of dentistry.

(2) Must have attended at least two full courses of lectures, embracing all the subjects of the curriculum of not less than five months each, exclusive of the time occupied in examination, and including the daily Clinic at a Dental School recognised by this University; the last of which must be at the School of Dentistry of the Royal College of Dental Surgeons of Ontario.

(3) Must have spent that portion of the time, when not in attendance at lectures and clinics at a school of dentistry, as a student in the office of a reputable dentist.

EXAMINATIONS.

Sec. 5. Candidates for the degree must pass two examinations: an Intermediate and a Final, an interval of not less than one year intervening between them. Until further provision be made a certificate of having passed the Intermediate Examination of the Royal College of Dental Surgeons of Ontario will be accepted by this University.

Sec. 6. Applicants for the final examination must present to the Registrar satisfactory certificates, covering all the requirements of sections three or four of this statute, and of having passed the intermediate examination.

Sec. 7. The subjects for final examinations will be

(a) Theory and Practice of Operative Dentistry.

(b) Theory and Practice of Dental Prosthetics.

(These examinations will be partly written, partly oral, and partly practical.)

(c) Dental Pathology.

(d) Dental Histology.

(e) Principles and Practice of Medicine and Surgery as applied in Dentistry.

(g) Dental Materia Medica and Therapeutics.

(h) General Anatomy and Special Anatomy of Head and Neck.

(i) Physiology.

(k) Chemistry.

These examinations shall be written.

Sec. 8. No candidate shall be considered as having passed the examination who has not obtained 50 per cent. of the marks allotted; nor will a candidate be considered passed in any individual subject who has not obtained at least 33 $\frac{1}{3}$ per cent. of the marks allotted to each subject.

Sec. 9. The fee for matriculation examination shall be five dollars.

The fee for registration of a certificate accepted in lieu of said examination shall be five dollars.

The fee for final examination shall be five dollars.

The fee for the degree of D.D.S. shall be twenty dollars.

No fee shall be charged for transferring from any Faculty of this University to the Department of Dentistry.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO,

DEAR SIR:

TORONTO, NOV. 15TH, 1888.

The Directors of the Royal College of Dental Surgeons of Ontario are pleased to be able to inform you that the University of Toronto has established a Curriculum of Dentistry, on compliance with which students of dentistry will have conferred on them by the University the degree of Doctor of Dental Surgery.

The arrangement with the University provides that all matriculants of the R.C.D.S., registered as such on or before the first day of November, 1888, shall be admitted as matriculants in the Dental Department of the University on presenting to the Registrar the certificate of the Secretary of the R.C.D.S. to that effect, and payment of the fee of five dollars.

Any graduate of the R.C.D.S., or any undergraduate, who is admitted to examination for L.D.S. in March, 1889, who matriculates in the Dental Department of the University before, say, February 1st, 1889, will be eligible for the examination for the degree of D.D.S. which commences March 25th, 1889, provided that at least three weeks before that date he has deposited

with the Registrar of the University his application for examination and the certificates required by the University and the examination fee of five dollars.

The certificates required with the application for examination will be those of the Secretary of the R.C.D.S. that the applicant has passed the intermediate examination of the College, and has complied with all the requirements prescribed by the directors of the R.C.D.S. for admission to examination for a certificate of license to practice dentistry in Ontario.

The subjects for final examination will be .

(a) Theory and Practice of Operative Dentistry.

(b) Theory and Practice of Dental Prosthetics.

These examinations will be partly written, partly oral, and partly practical.

(c) Dental Pathology.

(d) Dental Histology.

(e) Principles and Practice of Medicine and Surgery as applied in Dentistry.

(g) Dental Materia Medica and Therapeutics.

(h) General Anatomy and Special Anatomy of Head and Neck.

(i) Physiology.

(k) Chemistry.

These examinations shall be written.

The practical work required will probably be similar to that required for the examination for L.D.S.

No candidate shall be considered as having passed the examination who has not obtained 50 per cent. of the marks allotted; nor will a candidate be considered as passed in any individual subject who has not obtained at least 33 $\frac{1}{3}$ per cent. of the marks allotted to each subject.

The fee for the degree of D.D.S. will be twenty dollars.

Yours very truly,

J. BRANTSON WILLMOTT,

Sec'y of R.C.D.S. of Ont.

STUDENTS IN ATTENDANCE AT THE SCHOOL OF DENTISTRY OF THE R.C.D.S.
OF TORONTO, SESSION 1887-8.

A. F. Webster,	J. L. Young,	A. H. Hipple,	S. Moyer,
J. F. Simpson,	T. E. Bruce,	A. Rose,	O. Martin,
M. G. MacElhinney,	J. E. Armstrong,	A. F. Pearson,	J. Bower,
J. J. Kerr,	W. H. Steele,	S. Burns,	J. J. Wisser,
E. Cunningham,	A. J. Smith,	C. M. French,	G. P. Allen,
F. J. Kennedy,	J. Letherdale,	M. F. Binkley,	G. W. Lloyd,
R. G. McLaughlin,	J. W. Oakley,	S. A. Aykroyd,	J. W. Swarm,
W. W. McPhee,	J. W. B. Topp,	A. E. Sangster,	F. Butler,
C. Ferguson,	W. R. Hamilton,	A. A. Shaw,	G. F. Bilden,
A. J. Edwards,	C. S. McLean,	G.P. Matthewman,	G. F. Wright,

H. P. Martin,	E. H. Edit,	B. Gallop,	N. W. Cleary,
H. E. Harris,	T. D. Fawcett,	C. A. Risk,	M. Cavanagh,
M. W. Sparrow.	J. T. Ireland,	G. McDonald,	J.F.Chittenden,
W. J. Trotter.			

DENTISTS AT DINNER.

The Faculty and students of the School of Dentistry enjoyed their fourth annual dinner in the Rossin House on the evening of the 24th November, and the gathering was one of the most interesting of its kind held this season. The recent affiliation of the school with the Toronto University as the Royal College of Dental Surgeons was the topic of the evening, and the different speakers alluded to the fact as one of the most eventful in the history of Provincial higher education. The dinner was got up in the most approved manner, everything being of the choicest, and the sixty students present had a good time, without being unnecessarily hilarious.

The chair was occupied by Mr. A. H. Hipple, and the guests on either side were Hon. G. W. Ross, Principal Thos. Kirkland, Rev. Dr. Stafford, Dr. Adam Wright, Dr. R. A. Reeve, Dr. J. B. Willmott (dean of the school) and M. C. Dewar, Trinity Medical, and Mr. Maybury, University Medical School, representing these schools. The vice-chairs were occupied by Messrs. J. W. Oakley and T. Butler, and Mr. S. J. Wisser discharged the duties of secretary.

Letters of regret at their inability to be present were read from Mayor Clarke, Toronto, Prof. J. Tatt, (dean Dental Department of the University of Michigan), Dr. W. G. Beer, Montreal, and Dr. G. L. Curtis, Syracuse, N. Y.

The chairman, in his opening remarks, referred to the progress made in dental surgery in the Province. They had now an established college in affiliation with the University of Toronto, and their course had been lengthened to three years. He spoke in high praise of Dr. J. B. Willmott, whom he characterized as the pioneer of dental education in Ontario. The reference was received with cheers.

The speakers to the toast of "Educational Institutions" were introduced in a few well-chosen words by Dr. W. T. Stuart. Hon. G. W. Ross dealt with the school system of Ontario, and reminded the students that they had cut their educational teeth in the Public schools. He claimed that the facilities in Ontario for secondary or High schools were more complete than in any other country in the world. He referred to the Dental College as the youngest child of the educational family of Ontario, and concluded by expressing the hope that the young men present would become able exponents of dental surgery.

Principal Thos. Kirkland, of the Normal School, said that the dental students were more indebted to the Normal than they might care to acknowledge. He caused some amusement by attributing all the punctuality in the country to a Normal school training, and he remarked that he had no

doubt but that the dental students would make themselves "felt" in the world.

Dr. Teskey proposed the toast of the "University of Toronto," and introduced Dr. Adam Wright. The latter expressed a deep interest in the "baby," and remarked that in his opinion it was the best in town. He said that he had the honor of being chairman of the University Committee that had in hand the admittance of the dental college to affiliation. There had been some objection in the Senate at first until they began to realize that the dentists would be a credit to them. He referred in complimentary terms to Dr. Willmott's labors on behalf of dental education.

Rev. Dr. Stafford, speaking for the professions, expressed pleasure in the growing intimacy and friendship of the students of the different colleges. Among the various difficulties of life he thought trying to talk without teeth was about the worst. He created amusement by referring to sermons as one of the best remedies for sleeplessness.

Dr. R. A. Reeve said that he felt quite at home among the students of dentistry, because, like them, his time was chiefly occupied with the part supplied by the fifth nerve. The condition of the teeth depended upon the general condition of the system, and dentists were therefore closely related to the medical profession. He urged the young men not to allow their education to be one-sided, but to aim at an all-round knowledge of the human system, which would better fit them to be leaders in their special branch.

Dr. Willmott was heartily received by the students. He gave his hearers some very good advice, especially urging them to avoid quack advertising and reminding them that the future of the college was entirely in their own hands. Before concluding he announced that a Canadian dental journal was about to be published quarterly.

Short addresses were also made by Dr. Spalding, Dr. J. G. Roberts, Dr. Stretton (Guelph), M. C. Dewar, Mr. Maybury, C. A. Risk and others, and at intervals during the evening the students sang a number of college songs.

Editorial.

Business Notice.

This Journal absorbs the *Canada Journal of Dental Science*. For the present, it will be issued quarterly, at \$1.00 a year, in advance. Subscriptions, advertisements, and all business communications must be sent to DOMINION DENTAL JOURNAL, Box 298, Toronto. All communications relative to the editorial department, exchanges, and books for review, must be sent

the editor, Mr. GEO. BEERS, P.O. BOX 126, Montreal. The JOURNAL will be conducted on strict business principles; will be issued promptly on the 15th of January, April, July and October.

What a fairly comfortable world this would be to live in, if people never procrastinated. And how much easier journalism would be, if subscribers would sit down at once before they forget it, and send the publisher their subscriptions. Even the journals which could be given away *because they are such good advertising mediums for their publishers*, enforce payment on receipt of the first number, unless there is a running account. Let our friends in Canada do their small share promptly. We shall do ours. In the middle, or at the close of a volume, many send for the back numbers. It is not possible to print upon speculation. We hope to make this journal, the only one in Canada, well worth much more than its price. If any one who receives this, does not think so, would he return the number, with his name and address, to the publisher?

The Outlook.

As no man or woman longs more to be wed than a widower or a widow, so no people feel more the want of a journal than a people who had one and who lost one. The pioneer venture, born in Montreal in 1868, was necessarily experimental. But it gave us at least two thousand, three hundred and seventy-four pages of dental literature, as the first Canadian installment. There was nothing exceptional in the vicissitudes of the C. J. D. S. It was but a repetition of the story of dental journalism everywhere. Subscribers, however, got all they paid for; and the founder got a lesson he neither forgets nor regrets. The attempt to publish as well as edit a monthly, amid the demands of an active practice, will not be repeated. A publishing company has been organized in Toronto under the name of the DOMINION DENTAL JOURNAL Publishing Co., and the editor, freed from all financial responsibility, has nothing to do with the business department.

The Canadian profession has nearly doubled since the first issue of the *Canada Journal of Dental Science*. A few years ago Manitoba and British Columbia were isolated and comparatively unknown. Now they are splendid and progressive provinces of our great Confederation, and they not only have their increasing corps of dentists, but both provinces have passed Acts incorporating the profession. Quebec pokes along in its hereditary old way, caring more to build churches than colleges, and believing that a dead

saint is better than a living sinner. Nova Scotia, New Brunswick and Prince Edward Island have not yet passed legislative enactments. Newfoundland, though not yet of us, is sure to be with us. But grand old Ontario leads the way like a lion among the Provinces, and there the want of a home journal has been felt, as a man who has lost four wives might pine for a fifth. No foreign journal, however generous, can do the work of a home periodical. We have local wants, and perhaps family grievances, and nobody outside wants to meddle in our worries, though we always invite them to share in our joys. While, too, we should have no sectionalism in science, and should subscribe to journals in England and the States, "charity begins at home." The profession is awake in Canada, and the man who wrote us in 1868, that he thought a dental journal would be a curse to "the profession," told some truth. It obliged him to move aside when he refused to move on, and to-day he opens a gate on a railroad, and the men who moved on have got his practice.

There are people and papers that have no right to live. They both live in spite of moral right. Many a dog is of more use in the world, and would be more missed than many a man. Many a paper has no more "right" to live than sin. What right has this journal to live? The best right in the world—that Canada wants its own; that our students as well as our Licentiatees want it; that the profession in the provinces not incorporated need it that if twenty can live over the lines, one can live here.

We hope to muster every dentist in the Dominion in our ranks. We had many good friends in the old country whom we hope to hear from. And though we will never hearken to the wooing of political lovers next door woo they ever so warmly; and though we will not get a divorce from our solid old spouse John Bull, we shall expect many a neighborly call from generous Brother Jonathan. We love to love him, but we were never intended for each other, but as staunch friends and kinsmen.

THE "SAMPLE COPY" MAN.—In the old C. J. D. S. we once alluded to a prominent public man of extremely mean conduct, who regaled his New-Year visitors with wine he had obtained as samples. There are no doubt perfectly honest people who send for sample copies and who ought to get them, but the business of getting, then selling old and new magazines has been developed to such an extent that one or two firms in the United States have grown rich out of the profits. Any one who sends for a sample copy of this journal, after the receipt of this number and who does not wish to be mistaken for a dead-beat, will please enclose a sample of the twenty-five-cent currency of the country to which they belong.

Of Age.

It was one of the coincidences of the birth of dental legislation in Ontario, that it was contemporaneous with the birth of the Dominion. When our Canadian statesmen were in session discussing the corporation of the Provinces, a convention of dentists met in Toronto to consider the organization and legislative government of our profession. The first convention was held in Toronto in January, 1867. The Dominion of Canada was born on the 1st of July of the same year. The first meeting of the Dental Association of Ontario was held in Cobourg in July; the next session in Toronto on the 21st, 22nd and 23rd of January, 1868. The Act respecting Dentistry was read for the first time in the Local Legislature on the 30th of January, and finally became law on the 3rd of March. So that this issue of the JOURNAL celebrates the 21st natal day of the profession. What better way could every dentist in the Dominion, who loves his land and his profession, commemorate the event than by a practical support of the revival of our Canadian dental journalism.

Every new effort in any sphere meets with some opposition. There are very few, if any, of the well-meaning men who suspected the motives of the pioneers of 1867 who feel to-day as they felt then. Most of them have loyally followed the lead; some of them have become leaders. Here and there, perhaps, one finds a relic of the old dog in the manger, whose last breath, let us pray, may not breathe egoism. But the bulk of the profession realize that however fallible and imperfect were the founders of our Canadian dental legislation and education, they were sincere and honest, and did good work that no apparent partizanship can remove. There are many in active practice too old or too busy ever to share personally in the privilege now offered in Ontario in the way of dental education; but everyone who remembers dentistry as it was twenty-five years ago, and as it is to-day, must rejoice that they can now claim a social and scientific status for their profession it never possessed before. Each one of us who shared in the work from the beginning, some of us only in the first year of our practice, can take a happy retrospect of the difficulties of the past, and feel proud of having smoothed the way of those who came after. The old schoc' who knew little physiology and less pathology, were not to blame. Dentists in their time were made out of beeswax, plaster and moulding sand, and it was thought a waste of time to study books when models and human mouths were at hand. Who that remembers the old secrecy of suspicion; the plodding and plotting to get knowledge; the unrestrained access to the ranks: who that remembers this, regrets the picture presented to us to-day.

The School of Dentistry of the Royal College of Dental Surgery, now in its 14th session, has had a career memorable in our professional annals. Its

affiliation with the University of Toronto marks an epoch of which the whole profession should be proud, as dentists and as Canadians. We believe that the Directors of the R.C.D.S. have done a noble work in this direction that will give an impetus to higher professional education throughout the whole Dominion.

A Dominion Dental Society.

There are various reasons why Dental Societies, as a rule, have not flourished in Canada. There are few, if any, meeting anywhere which are free from objections; and we do not hesitate to declare that a fair proportion do not fully compensate a busy practitioner, for the expenditure of a large amount of time and money. The Journals may be unconsciously to blame in part. They publish all the papers and the best of the discussions. The clinics are apt to be unsystematic and crowded, and unless one is very pushing, and gets and holds one of the very few points from which they can be fairly witnessed, he might as well be looking at the moon. It seems to us it would not be improper to classify the visitors in some way, so that each in turn could pass before the operator, and have even two minutes or more uninterrupted study and examination of the case. We have never seen the matter so well managed anywhere as it was at the Dublin meeting of the British Dental Association. The officers were railed off in squares, leaving more space than can be obtained where a few are allowed to close in and monopolize all that is to be seen. But even there, it sometimes failed, when the natural anxiety of everybody, to see such interesting clinics as Dr Cunningham. Implantations only gave a few a good opportunity. If the members present were placed in Indian file, and took their turn, everybody would see something, and those who did not wish to fall into line again, would make more time for those who did. It is not fair play to give all the exhibition to one or two, however devoted they may be. This is one of the grievances of the grumblers who do not believe in conventions.

Another grievance is that most of the papers are too long. It is easy to remedy that by limiting their length, giving the essayist the privilege of adding to his paper before publication.

Another grievance is that some of the essayists do not only begin at the beginning of their subject, as if nobody else had the most rudimentary ideas, but they literally begin at the beginning of creation, and in discussing a diseased pulp, bring in everything they can think of in science, theology, philosophy, etc. There is too much straining after effect, which generally ends in wearisome effusions about everything but the subject. We can point to many prominent offenders, who run over the gamut of all they know about everything before they get to the point of what they know about their subject

These faults are rarely absent from any convention, and the quiet, thinking men who go to learn, too often end in staying away for the same purpose.

But say the most about the worst, there is a gratification and a compensation in meeting each other face to face, in the quiet exchange of thought and sentiment not on the programme; in the practical advantages gained by personal interviews with inventors; in the inspiration which all lovers of truth, receive from the grasp of a kindly hand, the look of a sympathetic eye, and above all and beyond all, in quietly discovering how much less we know than is known; how much wisdom abounds that does not belong to us; how much better and nobler we could each be, if we would come together as learners rather than conceited teachers.

Canada is now a Dominion of which we, as dentists, may well be proud. It is no discredit to us that our population is smaller than our neighbors. Thank heaven, we have not the burden of problems arising from the existence of a large part of that population. But we are strong enough, as a united body, to organize one Dominion Dental Society. We have good and active men from Halifax to Vancouver. The time is ripe for just such an organization. We can discuss our Provincial positions and endeavor to harmonize them. We could have a perfect carnival of clinics, and a feast of reason that would do us good.

Based upon the method of the British Dental Association, the organization would become a powerful factor in the land. There is no reason why the attempt should not be made at once within our own Dominion, to establish this Society. Will our friends from Nova Scotia and British Columbia let us hear from them? What say you to a Dominion meeting to be held in Toronto early the coming summer?

A Dominion Dental College.

It is greatly to our credit that all the dentists in Canada do not want to become professors and founders of dental colleges *ad nauseam*. The petition on another page, of the Quebec Board will explain the present difficulties in a Province where two legal languages exist. None of the other provinces have numerical representation sufficient to justify the establishment of a well-equipped college. But there is no reason why an affiliation could not be arranged between us so that the Toronto College would accept a certain part of the teaching in the other provinces, and become the centre of graduation for all Canada, granting the degree of D.D.S. of the University of Toronto, which will yet be as proud a degree to possess as its medical degree. Let us have one efficient institution, and be in no hurry to multiply for the mere sake of multiplication.

Legalizing Illegality.

Just now the Board of Examiners of Quebec Province are having a lively time with illegal practitioners. It has rarely had a rest from litigation, owing to the necessity that exists of supporting the army of lawyers who live by the mistakes and miseries of mankind, and whose condition is chiefly considered in most of the legislation that is accomplished at Quebec.

Two birds of a feather, with no claim whatever to consideration, have openly defied the Act for some time—one for several years. At last they were prosecuted, and pending the actions against them, they apply to the Local Legislature, with all the cheek of accomplished presumption, to make their illegality legal. They ask for exceptional privileges as possessors of foreign diplomas, denied to Quebec and residents, and expect recognition for institutions which refuse to recognize the licenses of Ontario or Quebec. It would not at all surprise us if they succeeded in riding rough-shod over our resident students, though they will have to fight for it. If one's family influence in a county can be brought to bear upon some of our noble specimens of Provincial legislators, there is nothing too monstrous that cannot find its mouth-piece. The morality of a question is not measured by its injustice, but by the effect it may have in securing or losing a few votes. In the next number we shall give our readers full particulars of the result.

Rash Reasoning in Dental Science.

One of the first steps toward true knowledge, is to know how little we know. One of the next is not to mistake our own convictions in matters of science for infallible truth; for, however honest, they may be as false and foolish as if they were forged. When searching in the obscurity with which Nature has wisely concealed her secrets, one must blunder and stumble over many obstacles; but while "to err is human," "to try is glorious," and no honest effort is wasted, though it may fail. Many a great idea was conceived in the womb of failure and even despair. As in the material world, so in the world of thought and reason, there is nothing lost or wasted; and no matter how often or how finally we miss success, there has been, or will be, compensation in the effort. And yet one cannot be reconciled to the amount of hasty generalization and superficial study, which too often passes current in this fast age for sober research. Each one of us must candidly confess that we have often been led astray in our opinions, by the dust we have thrown in our own eyes, as well as by neglect to follow to the end where investigation led us. But when men pose as leaders of thought and science, we have a right to expect from the most careful and impartial research, whether the result should or should not destroy their preconceived opinions. We have students

among us whose labors we have learned to respect, even when time and better knowledge proved them in error; but there is a growing conviction in the mind of the dental profession, that a great deal of recent physiological and pathological production, has not been pursued with that analytical certainty and impartial desire, by which alone truth can be revealed. We have men revered by us all, earnestly and honestly putting everything known to the proof, and not fearing to confess, when new light breaks upon them, that often they were wrong when they would have laid down their lives, as they staked their reputations, in once asserting that they were right. And yet we have speculative teachers who leap before they creep, and whose intolerance to the opinions of others, weaken one's confidence in the value of their own. They seem to spend their leisure inventing impractical arguments for impossible conclusions, and without condescending to a cross-examination, contemptuously believe "*après nous le deluge*." The microscopical character of dentine reached finally when it reached them. When they finished their "researches" (heaven, save the mark!) there were no more microscopical worlds to conquer. Not content with firm and quiet faith in their convictions, they call heaven, as well as their slides, to witness. We have microscopical fissures in operative dentistry, but one must have microscopical eyes too, and

"Optics sharp it needs, I ween
To see what is not to be seen"

One must feel like encouraging every modest effort, even when it verges upon plagiarism; but teachers who occupy responsible positions cannot expect to escape the onus of their dogmatism in pure speculation, especially when they go to the extreme of declaring that they alone have solved some physiological enigma, and that there is no need for further research. The early authors who thought they had clearly demonstrated the existence of internal caries of the dentine, speculated as honestly as those who theorize to-day on the part that micro-organisms take in it: when creasote was almost the only antiseptic in our materia medica, men dogmatized about the drug, and declared they accomplished results that we now know were impossible. The origin and development of the dental follicle, the definition of diseases, the therapeutical effect of suggested remedies, the so-called "poisoning" from the supposed bi-sulphuret of mercury on amalgam, which was nothing but a harmless bi-sulphuret of silver. These, and a host of other warnings ought to make teachers at least a little modest in the positiveness of their statements. A teacher may gain passing notoriety by the novelty of his opinions; but unless they are based upon intelligent and able personal observation, and unbiased by his surroundings, they must pass away to exist only among the entombed curiosities—and sometimes the specimens of consummate cheek—of dental literature.

It ought not to be any humiliation to acknowledge one's ignorance in great

or less degree, when we consider the mistakes made in our professional researches by earnest and almost inspired men. It is this spirit which stigmatizes men like the Jones's, Salter, Sewill, Magilot, Parreidt, Taft, Garretson, Kingsley, and W. D. Miller, and which makes one feel when reading a work like Dr. G. V. Black's "Periosteum and Peridental Membrane" that "here is a safe and conscientious guide." We would all find a help to modesty of personal opinion, as well as an inspiration to sincerity in research, if we could keep in memory the saying of old Confucious, "What you know, to know that you know it; and what you do not know, to admit that you do not know it. that is knowledge."

Australia, New Zealand, Bermuda, Jamacia, Ahoy! Ahoy!

We send copies of the JOURNAL to our brethren under the same flag in the above parts of our Empire, and will be glad to hear from them.

Brother Jonathan, Ahoy!

There is a fine Federation of Dental Science all over the world, and Jonathan is as generous as he is full. No politics can stop the reciprocity of good-will between the professions of the two countries; and if we were an outcast we should like no better recreation than sending politicians like Blair, Sherman, and Butterworth into the limbo of obscurity, as men who do not respect the sentiments of honorable Americans as much as their own selfishness and notoriety, and after making Dr. Atkinson Dwmelle, President and Vice President, turn out the whole political Congress at Washington and turn in a whole American Dental Convention in their place.

The Mother Land.

Many important changes for the better have occurred in the political and professional position since the last issue of the C. D. S. The following Journals are published: *British Journal of Dental Science*; *The Dental Record*; *The Journal of the British Dental Association*; *The Odontological Society, of London*; and the *Odonto-chirurgical Society, of Edinburgh*, continue to publish their proceedings. The Dentists Act and the system of registration are working much more effectually; the British Dental Association is proving not only a phenomenal success, but we venture to believe that it already leads all the other societies of the kind in America as well as Europe. The education of students is grounded upon a system that may not develop conceited and half-fledged "Doctors of Dentistry," but that is sure to reap

rich reward in the future. We should not be surprised to see the day when earnest students in search of the solid and scientific, in the higher branches, should resort to England or Germany. The day of the advertising, ostentatious, so-called "American Dentist" who is generally a shrewd Briton in the disguise of a cheap degree obtained in the United States in a few months, is nearly over. No one more than respectable American Dentists will rejoice when the last of these tramps is extinct.

Reviews.

A STUDY OF THE HISTOLOGICAL CHARACTER OF THE PERIOSTEUM AND PERIDENTAL MEMBRANE. By G. V. Black, M.D., D.D.S.; 67 Original Illustrations; Chicago: W. T. Keener, 96 Washington Street. \$2.50. Amid a rush of baseless speculation for mere speculation's sake, it is refreshing to meet a volume, the result of original and industrious research in the author's favorite line. Dr. Black's contributions to the lymph system of the peridental membrane; the relations of the fibers of Sharpey, or residual fibers in bone to the periosteum, and the relation of the residual fibres in cementum to the fibers peridental membrane, are of a character to stamp the book as one of the most valuable that has been presented to the profession on this side of the ocean for a quarter of a century. No better work could be placed in the hand of a student who aspires to be something more than a "tooth carpenter," and who feels that their highest sphere in dentistry is not only in the mechanical art of filling a cavity or manufacturing an artificial set. The dentist who has been educated in that groove and who is content to stay there, must lose professional status, or resort to the collateral arts of attracting notice to keep himself before the public. Such a work as Dr. Black's is an inspiration to higher thought and advancement. It is written with so much care and honesty of purpose, it bears the mark from start to finish of plodding and brilliant genius; it makes itself an absolute necessity to any one who wishes truly to understand the structure and functions of the periosteum and peridental membrane; and while not presuming to arrogate to himself as having reached finality in microscopical research, one feels that the author has added much to what was already known.

No student worthy of the name need fear that the book will always be above his comprehension, even should it be considered a little deep at first. It is a volume in which one can find a daily feast of scientific reasoning practically useful every working hour of the day.

A COMPENDIUM OF DENTISTRY for the use of Students and Practitioners. By Inles Parreidt, translated by Louis Ottogy, D.D.S., with notes and additions by G. V. Black, M.D., D.D.S. Illustrated. Chicago: W. T. Keener,

96 Washington Street, 1889, \$2.50. This is by far one of the best contributions to our dental literature which has been brought before the profession on this continent. M. Parreidt is dental surgeon to the Surgical Polyclinic of the Institute of the University of Leipzig, Germany. He has evidently been actuated by a desire to interest the medical profession in the importance of dentistry as a medical specialty, as well as to afford information to the dental student. Dr. Ottofy remarks in his preface: "While the dental literature of the United States seems in many respects extensive and exhaustive, a work filling a place which this is intended to do, has not hitherto been produced." The table of contents comprise chapters on the anatomy and physiology of the teeth, anomalies of tooth formation, diseases of the hard dental structures, diseases of the pulp, diseases of the periosteum, diseases of the alveolar processes, diseases of the maxillary bones, diseases of the mucous membrane of the mouth, neuroses from dental lesion, filling teeth, extraction, prosthesis. There is no effort made to astonish the reader by speculative and ingenious sensationalism. One can see as he reads that the author modestly aims to instruct rather than to amaze; and that he prefers to reiterate old truths and new facts, than to catch a passing notoriety by dogmatic statements that are based upon hasty generalization. The work is not intended to be more than elementary in operative dentistry. Its chief nature lies in a direction not well covered by other publications, and will no doubt have the very large sale its merits deserve. The association of Drs. Ottofy and Black is sufficient to establish its reputation. We commend it especially to the students in our colleges.

HANDBOOK OF DENTAL PATHOLOGY. By N. Blodgett, M.D., late Professor of Pathology and Therapeutics in Boston Dental College, \$1.75. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia. Another useful text-book for students treating upon the physiology of the jaws, the salivary glands, the pathological conditions affecting these glands, and the effect of poisons upon these structures, the absorption of the deciduous teeth, etc., general pathology of the teeth, relation of the digestive organs to the diseases of the mouth and teeth, bacteria and their action in disorders of the teeth, defective development, pathological conditions associated with the second dentition inflammation, pathological and malignant growths, tumors, etc. It is not easy to understand what use such a volume as this would be to practitioners who believe that Dentistry is not, or should not be, a branch or specialty of Medicine and Surgery. It is true that many a first-class operator does not know, and does not care to know, even the theory of the subjects treated of in this little work, but the best operator in our ranks would be a better dentist if he aspired to know all it teaches. Like all of Blakiston, Son & Co.'s publications, it is printed in clear type, on fine paper, and well bound.

STATISTICAL INQUIRY AS TO THE RESULTS OF THE IMMEDIATE TREATMENT OF ABSCESSSED TEETH. By Dr. Geo. Cunningham. Reprinted from the Transactions of the Odontological Society of Great Britain, June, 1888. Favoring immediate treatment of certain classes of pulpless and abscessed teeth, first advocated by Professor Hesse, of the Leipzig University Dental Institute, and warmly advocated by some of our most skilful operators on this continent. The subject will be more fully reviewed in our next number, as it is one of special practical importance.

ANOTHER PROFESSIONAL HOLIDAY. By Geo. Cunningham, Cambridge, Eng. A spicy account of the visit to the International Medical Congress at Washington, of the British contingent. The author visited Toronto and Montreal and made himself familiar with the history of the dental movement in both provinces, and has given several pages of his *brochure* to a description of the legislative position of our officers.

ILLINOIS STATE DENTAL SOCIETY TRANSACTIONS. 24th Annual Meeting, May, 1888. One of the most interesting and valuable arrivals.

Miscellaneous.

THE TOOTH IN THE APPLE.—The Macon, Ga., *Telegraph* says: Chandler Jones, a negro, is in jail for a burglary on Mr. Milton's store in Hazelhurst. The circumstances of his detection are peculiar, and the work was done by Detective E. A. Wilson, who had found nothing in the way of a clue except an apple, out of which two bites had been taken. He at once noticed that the two front teeth of the biter were not only irregular, but peculiar. He imagined that when the biter was a boy an old tooth remaining in the gum caused a new tooth to grow one-sided. The apple was placed in water so as to prevent shrivelling, and, keeping his secret to himself, Wilson went down to Basley, where he knew a number of loafing negroes.

Walking into a store, he bought some apples, and, biting one, said to a well-dressed negro who had attracted his attention: "Try one." The negro accepted the gift, and when he raised the apple to his mouth for a second bite the handcuffs were placed on his wrists. There never was a more astonished negro. He was under arrest so quickly that he was unable to offer any resistance. He gave his name as Chandler Jones, and was found to be wearing a suit of clothes and a watch and chain taken from Mr. Milton. Jones was taken to the store, where he showed how he obtained entrance on the night of the burglary, and how the first thing he saw was a barrel of apples. He picked up one, and after two bites laid it down on Mr. Milton's desk.

THE following licentiates have died since the organization of the profession in 1868: Ontario: Wm. Allingham, Toronto; John Bowes, Hamilton; M. Buggin, Mount Forest; John G. Bull, Mitchell; C. H. Demages, Mount Forest; J. T. Dorland, Oakville; J. H. Ferguson, Trenton; T. H. Filgiano, Hamilton; W. O. Guthrie, Toronto; M. S. Henry, Oshawa; W. C. Jewell, Meaford; A. D. Lalonde, Brockville; A. Lough, Millbrook; H. May, Belleville; E. J. Millard, Toronto; W. C. Muir, Kingston; J. L. MacDonald, Kingston; D. Macfarlane, Brampton; J. S. Neelands, Ogdensburgh; R. Reid Galt; J. B. Saline, London; J. Stuart Scott, Toronto; S. Smiley, St. Catharines; F. J. Smith, Windsor; M. E. Snider, Toronto; A. C. Stone, London; A. Teeple, Woodstock; O. Uptigrove, London; S. H. Walsh, Millbrook; W. W. Warren, Chatham; S. G. Webster, St. Catharines; L. Wells, Simcoe; J. Wells, Port Burwell.

THE married women of Java dye their teeth black, which is supposed to be a mark of distinction. Their lineal descendents may be found among tobacco chewers. The women of the Marian Islands also blacken their teeth, also the people of Sumatra and Malacca, because they believe that men ought not to have white teeth like brutes. In some of the East India Islands, the people gild the two front incisors of the upper jaw, and blacken the adjoining teeth. In New Zealand and some other Islands in the Pacific, there should be great scope for gold-crown operators, as a golden tooth is regarded as an ensign of royalty. There are no idiots, however, like those on our own continent who have had diamonds inserted into conspicuous cavities.

THE *Archives of Dentistry* has four local editors, and an editor for every State from Alabama to Wyoming Territory. In its list of "States" it oddly adds "Ontario" and "Quebec," with a blank for the prospective "editors." It may easily get the editorial blanks occupied; but it will wait longer than the millenium before it gets Ontario and Quebec among the list of States. If the "States" improve and behave well, we may some day admit them to our Confederation. They have the money, and we have the political stability.

AMONG the curious relics of a by-gone age, the Odontological Society of Great Britain, is in possession of an old notice-board, of which the following is a correct copy:—

Thos Smith Glazier, Let Blood & Draw
Teeth att 3 Tea Kettels & Potts Buckels
Lantrens Cups To ^{BE} Handled Heare.

"WHAT you know, to know that you know it, and what you do not know, to know that you do not know it, that is knowledge."

—Confucius.

THE 25th anniversary of the Chicago Dental Society will be celebrated by a three-days meeting in the Canada Pacific Hotel, Chicago, Feb. 5th, 6th, and 7th. The usual recitations are offered, and the programme is sufficient to tempt any one who can possibly attend.

THE Quebec dentists are making another effort to secure a really protective Dental Bill for the Local Legislature. One of the experiences derived from twenty years' effort, is that when you hire a lawyer to draft a Bill, you should hire another one to watch him.

"Do you wish to be great? Then begin by being little. Do you desire to construct a vast and lofty fabric? Think first about the foundations of humility. The higher your structure is to be, the deeper must be its foundation. Modest humility is beauty's crown."

St. Augustine.

"There is na workemen
That can bothe worken well and gastile
This must be done at leisure parfaitle."

Chaucer

OF Andrew Marvell (1660) it was said, "he was beloved by good men, feared by bad, imitated by few, and scarce paralleled by any."

DR. ELEAZER PARMLY stated that the first gold filling he ever saw was in 1815, inserted by Dr. Waite, of London.

THE Legislatures of Quebec and Ontario were the first to exempt dentists from jury service.

THERE are now over thirty dental colleges in the United States.

"IN AFTER DAYS"

In after days, when grasses high
O'ertop the tomb where I shall lie,
Though well or ill the world adjust
My slender claim to honored dust,
I shall not question nor reply.

I shall not see the morning sky,
I shall not hear the night-wind sigh,
I shall be mute, as all men must,—
In after days!

And yet, now living, fain were I
That some one then should testify,
Saying—*He held his pen in trust
To Art, not serving shame or lust*
Will none? . . . Then let my memory die
In after days!

Austin Dobson.

Publishers' Notice.

DEAR DOCTOR,— You now receive this the first number of the *DOMINION DENTAL JOURNAL*, and we hope that you will pardon any errors or omissions and also the lateness of its appearance. It was found impossible to get ready by the 1st of January, '89, as promised, for there were so many delays incident to a new undertaking of this kind, which, although we did our best, could not be entirely foreseen. In the future the *JOURNAL* will appear promptly on the 15th of January, April, July, and October.

We have endeavored to secure for our patrons as able supervision for the *JOURNAL* editorially as was possible, and we think that the staff whose names appear on the title page will require no commendation from us to the profession at home or abroad.

We respectfully request you to aid us in our undertaking, and would say that the ultimate success of the *JOURNAL* depends upon the profession more than on the editors or publishers, and so it is for you to say whether you feel able to do your small share in making dental journalism in Canada a permanent success. In return for your support we hope to give you an ever increasing *JOURNAL*, with columns filled with the best selections from foreign journals, and a medium for intercommunication for the Canadian profession.

Enclosed you will find an addressed envelope, and we hope that, if you have anything to say on professional politics, dental science, art, or education, or perhaps an expression of good will to the *JOURNAL*, financial or otherwise, you will make use of it.

And before closing we would heartily recommend our advertisers to you. They are all well-known firms, and communications sent to them, or better, to your own Canadian depots, will receive immediate attention.

Wishing you every success in your profession throughout the coming year, and with the hope that the *D.D.J.* may contribute some element to it, we remain, yours respectfully,

THE DOMINION DENTAL JOURNAL PUB. CO.

Box 298, Toronto.