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DOMINION DENTAL JOURNAL.

(Official Organ of the Ontario Dental Association.)



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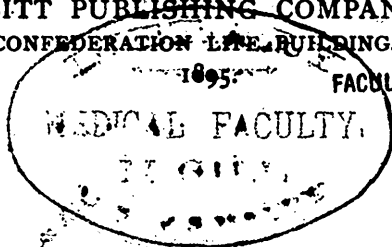
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Original Communications.

Translations.

(From Foreign Dental Journals, etc., etc.)

By CARL E. KLOTZ, L.D.S., St. Catharines, Ont.

TO PREVENT SURGICAL NEEDLES FROM RUSTING, AND AT THE SAME TIME KEEP THEM ANTISEPTIC.—Dr. Hanks uses Lysol. He places a number of assorted needles in a wide-mouthed bottle, points upward, and fills the bottle with Lysol. When he wishes to use a needle he empties the bottle into a shallow dish and selects the needle he requires, and pours the Lysol and needles back into the bottle again. He at the same time uses this Lysol for an antiseptic, should he not have any other handy.

[The above is also very good for dental instruments, especially nerve-canal instruments.—C. E. K.]

CHLOROFORM ANSCHÜTZ OBTAINED FROM SALICYLID CHLOROFORM.—Nevertheless that ether is a strong competitor, it will never force chloroform out of the professional practice, especially if it should be possible to administer it without fatal results, by using the improved methods of administering it. Prof. O. Witzel, of Bonn, recommends a new chloroform preparation, viz., the Salicylid Chloroform Anschütz. Compared with other chloroform preparations, the chemically pure chloroform has a very faint aromatic odor, does not cause difficulty in breathing, and does not excite coughing at the commencement of administration, and the excitement stage is generally absent. It requires a little longer time to obtain complete narcosis. A good pulse does not become

weaker during inhalation. Unpleasant after-effects and vomiting are very rare.

TO REMOVE FISH-BONES OUT OF THE LARYNX.—In cases where it is impossible to remove fish-bones or bone splinters out of the larynx with the ordinary methods, such as fish-bone catchers, sponge or œsophagal probang, or with the assistance of cocaine, Dr. Schliep recommends the drinking of vinegar. He based his trials on the decalcifying power of the vinegar, and found that after fifteen to twenty minutes fish-bone became quite soft. Fragments of bone require a little longer. A 1 to 5 per cent. solution of muriatic acid has also been tested as to its decalcifying properties, and found that it is more powerful than the vinegar, and would be preferred were it not that its effect upon the stomach had to be taken into consideration.—*Zahnärztliches Wochenblatt.*

DI-IODOFORM is a new preparation which may displace the iodoform. It possesses the qualities of iodoform, and with the advantage that it is odorless. It is a combination of iodine and carbon, and contains 4.62 parts of the latter and 95.38 of the former. It is insoluble in water, slightly in alcohol and ether, but easily dissolved in chloroform and benzine.—*Monatsschrift für Zahnheilkunde.*

PORCELAIN AMALGAM CROWN.—Dr. V. Nuki, of Temesvar, Hungary, makes a very simple crown. He prepares the root same as for any crown, then takes an impression and grinds a plate or rubber tooth to fit. With pivot and tooth in position, he packs a good amalgam around the pins and pivot and builds up palatine part of crown; when the amalgam is hard, he polishes it and cements it into the root. These crowns can only be used for bicuspid.—*Correspondenz Blatt.*

NO WONDER.—Dentist: "If you don't sit still I cannot fill your teeth; I am excited already." "But why should you be?" "I must also go to a dentist to have a tooth filled."

AFTER the cuspidor is washed and wiped dry, rub it with an oily rag. This will permit the blood and saliva to run off easily without leaving any trace on the funnel top.

PAIN AFTER EXTRACTION.—Dr. Wilson recommends as a never-failing remedy the inhaling through the nose of a strong solution of ammonia.

A NEW USE FOR GUTTA PERCHA.—Gutta percha can be softened almost to a liquid in boiling water to which a little glycerine has been added. In this softened state it will not only absorb tannin and chloride of iron, but also benzine, carbolic acid, salts of mercury, and other hæmostatic and antiseptic remedies. It will retain its efficiency indefinitely. After the gutta percha is saturated

with the drug, allow it to cool and form into pellets or roll into sheets. To use it, soften in warm water.

LOWER DENTURES.—Dr. Walter Coffin takes a platinum wire, half round or oval, bends it to the shape of the arch, and winds in open spirals fine gold wire around it and solders it together, leaving the ends of the fine wire free, or solders small pieces at intervals to the bow. These ends are bedded in the plaster of Paris in flasking, and keep the bow in place. After vulcanizing, he has a strong and somewhat weighted plate.

ANNEALING GOLD.—Mr. Hunly, of London, states that heating gold to a red heat impairs the cohesive qualities of it. Through a series of experiments, commencing at the melting point of tin up to the melting point of gold, he got the following results: At the melting point of tin, in one second softness and cohesiveness was obtained, also after five, ten, fifteen, twenty and twenty-five minutes. At the melting point of lead, it was obtained in one second, also in five and ten minutes; after fifteen minutes the gold was somewhat harder and less cohesive; after twenty, twenty-five, thirty, thirty-five and forty minutes it was still less; but after sixty-five minutes the gold obtains its former softness and cohesiveness. At the melting point of zinc and a little higher, the gold lost some of its properties, but after five minutes it improved, and after twenty-five minutes had its full softness and cohesiveness. At a dark red heat (in a dark room), the gold was very cohesive and soft up to twenty-five minutes. The next experiment was at a light red heat on platinum foil, and was kept up till the gold stuck to the platinum foil. The gold lost none of its properties during the heat on the foil. Another experiment was with gold in contact with the flame, at a dark red heat, till the last cylinder was melted down to about two-thirds its original size, and this cylinder was the most cohesive of all experimented with. The gold used was No. 1 A cylinders of Small.—*Zahntechnische Reform.*

Diseases of the Oral Mucous Membrane.*

By E. HERBERT ADAMS, M.D., C.M., D.D.S., M.C.P. & S.

Member of the Committee of Public Health and Climatology, Ontario Medical Association, member of American Public Health Association, Ex-Secretary Toronto Medical Society, etc.)

The subject is an important one, not only to dentists, but to the general public. One of Toronto's pathologists remarked to me, when he heard I was going to talk to dentists on the subject, "For goodness' sake! tell them to keep their instruments clean; it is

* Read before the Toronto Dental Society.

simply criminal the way they jab uncleaned instruments from the mouth of one patient to that of another."

The modern and better class of dentist keeps his instruments clean, though rarely perhaps aseptic. The uncleanly ones are however too common, and more than that few dentists can tell the mucous patch of syphilis from an ordinary ulcer. From what I can learn, there has never yet been a clinical demonstration of syphilis of the mouth exhibited to the students in the Dental College in Toronto. My opinion is that dentists should be more practically educated in reference to the diseases of the mouth, so that in all cases where there is a possibility of contagion, they will not only have their instruments properly cleansed, but also rendered thoroughly aseptic.

The ordinary medical practitioner, too, is all too ignorant frequently of oral diseases, and if dentists were better educated in this respect, they would be often invaluable in consultation with their medical confreres, and especially in the country.

The mouth serves as a breeding place for the specific germs of many diseases. Among these are diphtheria, syphilis, tuberculosis, pneumonia and typhus.

Diphtheria bacilli have been found in the saliva of healthy people, thus proving that the saliva is not inimical to the life of this dread germ. Mild and even advanced cases of diphtheria and the various forms of tonsillitis are not unfrequently found in patients occupying the dentist's chair.

The pneumonia coccus is also found in the mouths of healthy people, while a primary tuberculosis of the mouth seems to indicate that the tubercle bacillus occasionally finds a favorable abode in the fluids of the mouth.

The mouths of consumptives, too, who are expectorating much, are peculiarly prone to contain immense numbers of these germs, and dental instruments may easily be the means of transferring the germs to the mouths of healthy persons.

Microscopical examinations which I have made from the sputa which has adhered to the teeth in consumptive patients, has demonstrated the presence of thousands, and in one case millions of tubercle bacilli.

In regard to syphilis, leaving out sexual intercourse, the great majority of infections from this disease take place from the oral cavity. The oral fluids seem not only to be non-destructive to the syphilitic germs, but to serve as carriers of the poison.

Many cases are recorded of syphilis being transmitted by dental instruments. I. Duncan Bulkley (on "The Dangers Arising from Syphilis in the Practice of Dentistry") has enumerated many such cases. Dalles, Otis, Lancereaux, Giovanni and others have recorded cases where chancre of the lip occurred two or three weeks after dental operations. Lydston, Roddick and Parker have recorded cases of syphilis following tooth extraction.

Dentists themselves have been inoculated by scratching their fingers on a patient's tooth. Bulkley relates thirty cases where syphilis was caused by tooth-wounds, by bites and biows on the teeth. Veritable epidemics have occurred by infection with saliva of syphilitic patients. In several cases recorded a large number of persons have been inoculated by tattooing, the instrument used having been moistened with the saliva of a syphilitic person.

In view of these facts, it is of the utmost importance that dentists should exercise greater cleanliness in their instruments, and should be more practically experienced in reference to the manifestations of disease in the human mouth.

Indeed, so important did this subject seem that a few years ago the Stomatological Club* of Buffalo was formed. It is a society composed of dentists and physicians, organized specially for studying the pathology of the oral cavity, comparative dental anatomy, oral bacteriology and kindred subjects. Dr. W. C. Barrett was its first president.

And now, let us consider some of the more common diseases of the oral mucous membrane :

Stomatitis, inflammation of the mouth, is due to mechanical, chemical and bacterial causes. As mechanical causes are the sharp edges of broken and carious teeth and ill-fitting dentures, etc., chemical irritation may come from highly-spiced foods, alcoholics, tobacco-chewing and excessive smoking, or from acids or alkalis, etc., taken into the mouth. Mercurial stomatitis may occur from the use or abuse of mercury in medicine. Infection of various kinds plays an important part. There is usually redness, swelling and increased secretion. Here and there little vesicles appear which burst and leave superficial ulcers. It may be acute or chronic.

The treatment is absolute cleanliness of mouth, etc. Listerine, one in four, one or two teaspoonfuls of a 1 per cent. solution of permanganate of potash to a glass of water, a 2 per cent. solution of chlorate of potash, or a 1 or 2 per cent. solution of carbolic acid are useful mouth-washes.

If there are superficial ulcers they are touched with strong carbolic or lunar caustic. In this way healing will be aided.

Ulcerative Stomatitis, as the name signifies, is a disease of the oral mucous membrane, with superficial necrosis and the consequent formation of ulcers. The disease is frequently epidemic in jails and other public institutions.

The disease usually attacks the gums of the lower jaw first, gradually spreading thence to neighboring portions of the lips and cheeks. The tongue and palate are generally not much affected, though often the seat of a simple catarrhal inflammation. The gums are

* *Dental Cosmos*, 1891, page 303.

swollen, spongy and red, and bleed easily. The breath is very offensive. It is very difficult to take nourishment. There may be marked constitutional symptoms. There may be moderate elevations of temperature, particularly in children. If not treated, disease sometimes becomes chronic.

The treatment is similar to simple stomatitis, and consists of antiseptic mouth-washes, etc. It is important to administer laxatives if necessary, and to keep the stomach in good healthy condition. Brilliant results can be often obtained by judicious treatment.

Aphthæ, or Aphthous Stomatitis, is a name given by physicians to several distinct things. Many doctors and dentists call every disease aphthæ in which there are white spots on the buccal mucous membrane. It is thus frequently confounded with thrush.

The genuine aphthæ are roundish spots upon the mucous membrane, greyish white and of small size, unless made larger by the confluence of several into one another. They usually have a narrow red areola and are most numerous on the edges and dorsum of the tongue and on the frænum, but they also occur on the lips and cheeks. In addition to the genuine aphthæ there are almost always the signs of a common stomatitis.

The disease occurs chiefly in children, and at the time of the first dentition. The disease is not rare in adults. Many individuals seem especially liable to it, and very frequently have little white and often very painful spots here and there on the tongue, or elsewhere in the mouth.

The treatment is antiseptic washes and local application to the ulcers of carbolic acid, nitrate of silver or nitric acid. Care should be taken in making strong applications only to touch the diseased part.

Thrush is a disease principally of children, and is produced by a bud-fungus, the *saccharomyces albicaus*. In adults it occurs with rare exceptions, only after exhausting diseases.

The infection is caused by inhalation of germs from the air, or more commonly by contact with affected objects. Uncleanly sucking bottles afford an excellent medium for the development of bud-fungi, which are rather widely distributed. The growth of the fungus is as a rule restricted to the mucous membrane.

In an acute case of thrush the mouth is hot and the patient feverish. The inflamed surface presents numerous characteristic whitish patches which often coalesce. If the growth is abundant it is easy to scrape off the upper layers and make the diagnosis by aid of a microscope.

The treatment is chiefly prophylactic—good air, food and cleanliness in nursing and in mouth and feeding bottle.

The bud-fungi do not flourish in an alkaline media, and wiping the mouth in a cloth dipped in an 8 or 10 per cent. solution of

bicarbonate of soda is all that is necessary in mild cases. A solution of borax 1 in 30 is also good. Honey should not be added to the borax as is often unwisely done.

Acute Glossitis, or inflammation of the tongue, is generally due to the sting of a bee or a wasp, or a severe burn or cauterization. A severe case in my own practice occurred this summer. A boy was eating bread and jam, and in doing so a wasp, which was also indulging in the jam, was taken into the mouth. A severe sting in the tongue resulted. In a few minutes the tongue was enormously swollen and protruded from the mouth; the entire cavity of the mouth was filled with the swollen mass. The pain, too, was intense, and much anxiety was entertained by his father lest the larynx should also become swollen and fatal dyspnoea result. A 5 per cent. solution of cocaine immediately relieved the pain, and sucking of ice soon lessened the swelling.

Mucous Patches in the mouth are an affection belonging to secondary syphilis. They occur generally during the middle and later period of secondary syphilis, but may occur at any time during the secondary stage. They may even occur very early, associated with the affection of the throat and other parts of the interior of the mouth, with the first outbreak of the eruption and with the falling out of the hair.

Mucous patches are usually multiple, and generally accompanied by other signs of secondary syphilis. Occasionally, however, a single patch occurs on the border of the tongue, and for the time, at least, no other sign of syphilis is present. They may occur on the mucous membrane of the lips, cheek, palate, tongue and tonsils. On the tongue they may form on any part, on the dorsum, borders, tip, or under aspect; but they occur more frequently on the border than elsewhere. They may be met with at any age, for they belong to the congenital as well as to the acquired syphilis; but they are more often seen on the tongues of young adults than at any other period of life. They may be found in both sexes, but are more often observed in men than in women.

The appearance of mucous patches varies greatly. The typical mucous patch is generally rounded or oval in form, and without irregular edges. They are, however, often modified much by external irritants or rubbing against the teeth. It is sharply defined, and is generally greyish white in color. Immediately beyond the border of the patch the tissues are quite natural; there is no redness or swelling unless there is accidental inflammation. Occasionally the patches under the tip of the tongue, and in places where they are little disturbed or irritated, are warty in appearance, of a dead white color, and slightly elevated.

The patches usually begin as a small, slightly raised, white grey spot, and as it causes no pain, is often unnoticed for some time. Several small patches may coalesce, and thus form a large, irregular

patch. If untreated, they may last months, with little apparent change. The *diagnosis* is comparatively easy. To those who have seen them, the patches themselves are characteristic. In doubtful cases, the accompanying signs of syphilis are important. They may be mistaken for aphthous stomatitis, cucomata or wandering rash.

In aphthæ and mucous patches there are white patches, but the white patches of aphthæ belong almost exclusively to children, or to adults suffering from severe illness, while the white patches of syphilis occur almost exclusively in adults who are in good, or at least not in bad health. The white patches of aphthæ are surrounded by bright red areolæ; those of syphilis are peculiarly free from any sign of surrounding inflammation, unless they have been irritated or are accidentally inflamed. Aphthous ulcers are acute, mucous patches are chronic. The presence of other secondary signs of syphilis are of course a crucial test.

Under the heading of leucoma, leukoplakia, psoriasis, ichthyosis, tylosis, keratosis, plaques, opalines are understood white and bluish white patches and plaques, affecting for the most part the tongue. These may be generally called under the one head *leucoma*, meaning a whiteness or white opacity of the surface of the tongue. The *smokers' patch* belongs to the same class of disease, and is probably only an early stage of these affections.

The diagnosis of mucous patch from leucoma depends partly on the difference in the color of the patches, which are not pearly like leucomatous patches but greyish white, as if they had been painted over with a nitrate of silver stick. Mucous patches occur more often on the borders, leucoma patches on the dorsum of the tongue; mucous patches are much more often deeply ulcerated than leucoma patches. Leucomas when thick and white and raised, and therefore more likely to be taken for mucous patches, are as a rule much harder and drier than mucous patches. Leucoma usually runs a very chronic course; mucous patch a fairly acute course.

The treatment of mucous patches is local and general. The general treatment is principally mercury in the form best adapted to the patient, together with hygienic treatment.

The local treatment is often brilliant in its results, and a ten-grain solution of chromic acid is perhaps as productive of as good results as anything. At the same time, all sources of irritation in the mouth, such as a carious tooth, etc., should be removed. Three grains of hydrargyrum cum creta twice a day is a good form for internal treatment.

Tertiary syphilitic plaques are comparatively rare, and have been little described, but are supposed to be the cause of the deep fissures and furrows one sees in old disfigured tongues following tertiary syphilis. The diagnosis is easy, especially as there are usually other signs of syphilis present. The treatment is iodide of potash, 5 or 10 grains three times a day.

Now, what are the practical deductions to be taken from the suggestions made in this paper?

Dentists should be exceedingly careful about thorough cleanliness in their instruments, and especially forceps.

In all doubtful cases of oral disease they should refuse to perform dental operations until the mucous membrane is free from disease; or, if operation such as extraction is urgent and necessary, the forceps should be carefully rendered aseptic by a 1 in 20 solution of carbolic acid after operation.

If there is a doubt about the diagnosis in oral disease, a physician should be called in consultation, or the case referred entirely to a physician for treatment. My opinion, however, is that the average dentist is just as capable—or should be just as capable, if not more so—of treating lesions of the oral mucous membrane as the average physician; but, as a physician, you will excuse me objecting strenuously against dentists treating such cases without charging a fee when the patient can afford it. If the dentist writes a prescription, he should charge for it the same as a physician, and they lose in dignity and in professional standing with the medical fraternity by not doing so.

More attention should be given in our dental colleges to practical clinical instruction for our students in the diseases of the mouth.

There is an immense class of suitable clinical material available, and it is not very flattering to our college management that it has not been more largely utilized.

New Antiseptics.*

By GEO. S. MARTIN, D.D.S.

A glance at the list of agents which might be properly considered under the heading "New Antiseptics," reminds one of the words of Solomon, "Of making many books there is no end." It may be safely said that no other problem so absorbs the best thought of our profession to-day as this one of antiseptics. Almost every dental journal of the day describes some new preparation which its advocates aver is the ideal antiseptic. My purpose in this paper is simply to indicate a few of the more worthy out of all that present themselves to our notice as dentists. An ideal antiseptic must essentially be non-escharotic, non-coagulant, non-toxic, non-odorous, and, at the same time, possessed of the greatest possible germ-destroying powers.

*Read before Toronto Dental Society, December 10th, 1894.

The old-time favorites, iodoform, creosote and carbolic acid, have fallen into disrepute on account, principally, of the disagreeable odors inseparable from their use. To the careful dentist, the question of odor in the selection of antiseptics for use in the operating room is a very important one. The agents I have just named, desirable antiseptics as they may have proved themselves in other particulars, cannot be used at the chair without leaving a terribly persistent disagreeable smell to pervade the whole atmosphere of the office. The dentist lives in this air, and may not notice the odors, but we are persuaded that his patients do, and to delicately organized persons they are very objectionable.

A great many preparations have been produced to take the place of iodoform. Iodol is one of the best of these, as it has the antiseptic properties of iodoform minus the odor. It is soluble in alcohol, ether, chloroform, carbolic acid, olive oil and alkaline solutions, but insoluble in water. It contains 90 per cent. iodine. Another of the "iodine series," as we may call them, is aristol. Aristol is a product of the combination of thymol with iodide of potassium, and according to the latest U.S.D., contains 46 per cent. iodine. It is a brownish or salmon-colored powder, non-poisonous, non-irritant, non-odorous, insoluble in water, alcohol or glycerine, but soluble in chloroform, ether and the essential oils. Dr. Kirk, editor of *Cosmos*, says of this agent: "Its unstable nature is the key to its usefulness, as by its decomposition in the presence of purulent secretions it affords a means for the presentation of iodine in its nascent state." A freshly devitalized pulp, treated with aristol made into a paste with oil of cinnamon or campho-phenique, will, at the end of a week or ten days, be found so toughened as to be readily withdrawn. A solution of aristol in chloroform will keep a plug of cotton in a very much sweeter condition than will sandarac varnish. Aristol is also valuable when mixed with chlora percha 2 grs. to 1 dr., as a permanent aseptic root filling. Dr. Clippinger, in the *Cosmos*, gives the following combination for treating root canals and alveolar abscesses with or without fistulous opening: Aristol, 1 dr.; chloroform, $\frac{1}{2}$ oz.; ol. cassiæ, 10 minims.

Dr. Kirk reports great success from using a paste of aristol with cassia in the pockets around the necks of teeth in Riggs' disease.

Euophen is an agent which Dr. Harlan, of Chicago, says is destined to take the place of iodoform. It is neither poisonous nor odorous, and will answer admirably for all purposes for which iodoform has been used. It contains 28 per cent. of iodine, and is five times lighter than iodoform.

Boracine, a combination of equal parts borax and boric acid, is neither caustic, toxic nor irritating, and is tasteless and odorless. It may be combined with water to make a 16 per cent. solution. According to Mr. Emil Dennis, it has proved excellent in treatment of abscesses of the maxillary sinus.

Campho-phenique, composed of fifty-one parts pure carbolic acid and forty-nine of gum camphor, is a preparation which has stood the severest tests, and stands to-day as one of our most useful antiseptics. It is useful in pulpitis, alveolar abscess, pyorrhœa alveolaris, in root canals, and as a solvent and vehicle for aristol.

Listerine is one of the most widely useful of the antiseptics within the reach of the profession. It may be prescribed as a most efficient mouth-wash in any inflamed condition of the mucous membrane. A solution of one part listerine in three parts water will be found a thoroughly efficient daily wash for use with the tooth-brush.

Guaiaicol is an effective antiseptic which may be substituted for creosote, as it is much less objectionable to the olfactory nerve.

As a germ-destroying agent, hydrogen peroxide has still many advocates, but owing to its rapid deterioration and the amount of irritating acid found in combination with it, pyrozone seems to be much more satisfactory.

Pyrozone is presented in three forms: 3 per cent. aqueous solution for medicinal use, and 5 per cent. and 25 per cent. ethereal solution. I cannot do better here than to quote from Dr. Ream, of Chicago, in his able paper published in the *Dental Review* for November: "In the congested condition of the mucous membrane in the mouths of children, due to a strumous diathesis and malnutrition during gestation, pyrozone 3 per cent. is of untold value, bleaching the teeth and retarding the ravages of caries. As a mouth-wash, alone or combined with listerine, carbolic acid, oil of gaultheria, and other essential oils, the most pleasing results can be obtained in the mouths of tobacco users and those individuals who habitually ignore common hygiene. Its action as a cleanser is so marked that it frequently becomes all sufficient as a means of cure. Ulcerating surfaces, aphthous patches, furred tongue and kindred suppuration quickly yield to this 'great seeker of the effete.' Pyrozone, 5 per cent. and 25 per cent., can be used in the treatment of pyorrhœa and all abscess pockets. Small pledgets of cotton may be dipped in the solution and introduced in the pus pockets at intervals of from five to ten minutes.

"Care should be exercised not to permit an excess of the caustic solution to reach the mucous membrane where not desired. Should an accident of this kind occur, however, tannin and glycerine will quickly arrest its action. Eschars produced by pyrozone, unlike those produced by other escharotics, are not followed by exfoliation, but if the cuticle be not broken, all traces disappear in a few hours. Pyrozone does not seem to deteriorate with age like H_2O_2 sold for chemically pure. The absence of acidity in pyrozone makes it of untold advantage for dental purposes alone, for all acidulated drugs affect the enamel to some extent. As a tooth bleacher pyrozone ranks first. Applied with a platinum director,

around which have been wrapped a few fibres of cotton saturated with the bleacher, it is introduced into the cavity, and its evaporation accelerated by a constant current of air."

Trichloroacetic acid is most conveniently obtained by treating chloral hydrate with three times its volume of fuming nitric acid, and placing the whole mixture in the sunlight until the red fumes have disappeared; the liquid is then distilled, and the portion coming over at 195° C. is pure trichloroacetic acid. It is a solid, easily soluble in water or alcohol. Dr. Harlan says it has a peculiar power to soften and remove the sanguinary deposits on teeth, without injury to these organs or to the tissues. A 10 per cent. solution in water will be found efficient to soften and decalcify these deposits, or it may be used 10 per cent. to 50 per cent. solution in pyrozone, and introduced into the pockets with a hypodermic or a wooden toothpick. Dr. Ottolingué recommends it to be used full strength to destroy overlying gum on wisdom teeth, as it burns away the tissues without pain or subsequent soreness.

Hydronephthol, an agent in the form of fawn-colored crystalline flakes, possesses the power of preventing the development of germs. It is very useful in the canals of pulpless teeth, particularly where inflammation of septic origin is present. For this purpose, Dr. Kirk recommends a paste of hydronephthol and glycerine to be pumped into the canal.

Salicylic acid produced by combining carbolic acid with caustic soda, has powerful antiseptic qualities. The dry powder is effective in the treatment of putrescent pulps of teeth, while in solution it is useful in inflamed mucous membrane.

Sodium peroxide comes to us recommended by such authority as Dr. Kirk. He says of it: "Sodium peroxide is the chemical analogue of the well-known hydrogen peroxide, with several advantages. It is a white solid, strongly alkaline and caustic. It is easily maintained by keeping it from the air, and the solution may be made at any time. It contains thirteen times as much available oxygen as the H_2O_2 of commerce, which can also be prepared from it for immediate use, by adding to it any dilute acid in proper proportion. Sodium peroxide as a bleaching agent, produces results so far as it can be observed, of the most satisfactory character."

The preparation creating the greatest furore in dental circles at present is probably natrium kalium. The credit of introducing this agent to the notice of American dentistry is due to Dr. Emil Schreier, of Vienna. You have probably read of it in the journals. Natrium kalium, as its name indicates, is a combination of two metals, sodium and potassium. It is kept under a covering of paraffine. A needle pressed through the paraffine stopper will withdraw a small portion of the substance, which when introduced into a tooth containing a devitalized pulp, will cause decomposition of the watery contents of the canals. Potassium and sodium hydrates

are formed, which in connection with the fats of the pulp form a soap.

The soapy contents being soluble in water are readily washed out. I have had no practical experience as yet with this substance, but mention it in the hope of learning much from discussion that may arise, as some of our members are using it with success.

Never Deceive Your Patrons.

By G. V. N. RELYEA, L.D.S., Oswego, N.Y.

A father accompanied by his son, a boy ten years of age, entered the office. The son took the chair, and, on my attempting to examine his mouth, he gave me a most beseeching stare and grabbed my hand to see what I had. I assured him it was only a glass. He pushed my hand away and wanted to leave the chair. I tried to calm him, but could not. I then tried my powers of hypnotism, but was equally unsuccessful. I said to the father, "Why is this boy so nervous?" He then reluctantly acknowledged that he had been at another office a few days previous, and the operator made the boy believe that he was about to freeze the gums, when he clandestinely took out the tooth. That boy left my office with his tooth in his mouth. The operator doubtless prided himself on his skill and having done a meritorious act. The father and boy for the moment were satisfied, simply because the present trouble was over. Soon another tooth woke him up, and then loomed up the excruciating, agonizing pain he had experienced only a day or two earlier. It completely unnerved him, and, having been deceived once, he was not again to be caught.

Query: Are we ever, under any circumstances, justified in deceiving our patrons?

To the young practitioner: Be firm, truthful, courteous, kind, gentlemanly to your patrons. If a mother comes in and asks you to deceive her child and get a tooth out by stratagem, say most emphatically, "*No!*" Tell her you will assist in coercing the child, but you *cannot lie to it*. That mother will ever after respect you for it. If you break off a tooth, own up; if not, be sure your sin will find you out.

HOW TO REPAIR A GAS-BAG.—Take a film of vulcanized rubber, coat the one side with chloroform, place it over the break and press it down for ten seconds, and the break is made whole.

To prevent your lancet and other instruments from rusting, run the cutting edge into a large cork, and it will always be ready for use.

Hints by the Way.

By G. V. N. RELYEA, L.D.S., Oswego, N.Y.

If your patient is nervous, excited and perhaps suffering with headache, make external applications of the following. It may also be inhaled with good effect :

Alcohol.....	1 oz.
Chloroform.....	2 oz.
Sulphuric ether.....	$\frac{3}{4}$ oz.
Gum camphor.....	$\frac{1}{4}$ oz.
Laudanum.....	$\frac{1}{8}$ oz.
Oil cloves.....	$\frac{1}{2}$ dram.

Muriate cocaine.....	ii grs.
Hydrate chloral.....	iii grs.
Carbolic acid.....	iii grs.
Aqua dest.....	ii oz.

Equal to any anæsthetic in market, either as a local application or by hypodermic injection. After applying your usual remedy for devitalizing the nerve, flood it with this combination and the nerves will succumb without pain.

Standard purity of gold and silver coin is nine parts of pure metal and one alloy. The alloy for gold coin is silver and copper—silver by law not to exceed one-tenth of the whole alloy. The alloy of silver is pure copper. The five and three cent pieces consist of three parts (75) copper and one part of nickle. The one cent consists of ninety-five copper and four of zinc and one tin.

Formula for Babbitt's metal: Copper, one part; antimony, two; tin, eight parts. Melt in the order named.

My excellent neuralgia remedy, of which I sold in Canada and in this city pounds and pounds, for facial neuralgia has no equal :

Oil of peppermint.....	1 lb.
Aconite.....	$\frac{1}{2}$ lb.
Chloroform.....	$\frac{1}{2}$ lb.
Alcohol.....	$\frac{1}{2}$ lb.

Apply externally with a camel's-hair pencil.

TO DISPEL GLOOM.—Experience has shown again and again that quietness, solicitude and ejaculatory prayers are far more efficacious than the modern inventions, however plausible they may appear. God's sunshine, singing birds and wholesome air are excellent antidotes; also, efforts to cherish and comfort others are especially advisable. The following rules are sure to bring sunshine into the soul: First, look at your miseries with both eyes open, at your troubles with only one; second, study entertainment; third, keep at some useful employment; fourth, keep your hearts' windows always open towards heaven.

The New Preparation, "Quickcure."

By HENRY IEVERS, L.D.S., Quebec.

I should be reluctant to allude to the merits of a preparation which has been used by me in my private practice for many years were it not that every dentist in Canada, whose address I have been able to secure, is already in possession of a pot of "Quickcure," and information as to its composition. I found it impossible to supply many of my patients with it by prescription, without making it myself. As a principle, we object to dentists manufacturing their own discoveries, but Prof. Flagg, of Philadelphia, found that by having his preparations made in his own home, under his own supervision, better results were attained, and my experience has been the same.

The ingredients are combined in such a manner as to render it efficient though mild in its action; its sedative, antiseptic and insoluble properties commend this compound to all who use it. When combined in varying proportions of Zinc Oxide, it produces a filling material for root canals, pulp capping, temporary cases, and deep sensitive cavities not much exposed to attrition.

1. *As a Remedy for Inflammation; Hyperæmia; or exposure of the pulp.* After removing all loose matter from cavity, I syringe with warm water, dry with some absorbent, work some "Quickcure" into a pellet of cotton, warm slightly, and introduce while cavity is dry—if it does not act promptly, I renew it with possibly still less pressure, and also place some over root on "Lintos." It seems to fill the termini of the dentinal fibrils and prevents their conveying irritation to the pulp, which quickly regains its normal condition, and after a short rest, often admits of a very badly decayed tooth being safely filled without devitalizing the pulp. When I fill under these conditions, I always put some "Quickcure" on gum over root, leaving for two hours.

2. *For Inflammation, of Peridental Membrane; Periosteum or Alveolar Abscess.* I apply some on "Lintos" or "Cottonoid" to dry gum over root, and direct the patient to renew it after two or three hours if not relieved. It will be found more efficacious than the "Capsicum" or "Iodine and Aconite" treatment, for such cases, shortening, if not preventing, suppuration (thus diminishing the danger of necrosis), its action being persistent; its insolubility and adhesiveness rendering valuable service.

3. *For Sensitive Dentine.*—Fill with cotton charged with "Quickcure," and leave for twenty-four hours (or longer if desired).

4. *For Allaying Pain when Devitalizing the Pulp.*—Put some on cotton rolled to a point, warm it, dip into Powdered Arsenic and apply to exposed pulp, placing a small piece of "Cottonoid" or "Lintos" gently over this, and secure all in place with "Quickcure" well worked into Zinc Oxide. The presence of the remedy delays the result, but usually renders the process painless, and the "Cottonoid" absorbs any exudation which may take place, avoiding infiltration and subsequent discoloration of the tooth tissue. Use some over root, as for pericementitis, and direct patient to renew if pain continues.

5. *For Floors of Very Deeply Decayed Cavities.*—Mix stiff on warm slab with Oxide Zinc and incorporate thoroughly by rubbing in more oxide, with the fingers dusted with the powder.

6. *For Capping Pulp.*—About one-fourth ($\frac{1}{4}$) "Quickcure" with three-fourths ($\frac{3}{4}$) Oxide Zinc (or more Oxide if case admits of its being stiffer), mixed quickly and thoroughly with a stiff spatula, on a glass slab slightly warmed, applying the paste thus formed before it cools. If actual exposure exists, apply a small portion of warmed "Quicksure" and cover with capping as above. As it does not become very hard when thus mixed, use great care to avoid pressure at the subsequent filling with Weston's cement mixed thin, which can afterwards be covered with other material.

7. *For Filling Root Canals.*—Mix equal parts on a cold slab, forming a long fine point; the warmth of the mouth renders it soft, and it can be packed in position before hardening sets in. When the canals are very small or tortuous, mix thinner and force it to apex. Apply some over root for two hours, and if any pain continues, have the patient reapply some for two hours longer. Its antiseptic properties and readiness of adaptation prove very valuable here. I have had more success in using it than any other root filling.

8. *For Urgent Cases; or Treating Teeth, and for Invalids.*—When the decay cannot be wholly removed, its antiseptic and insoluble properties will enable you to save teeth for a certain period, by filling with "Quickcure" and Zinc Oxide in the required proportions (or even on absorbent cotton well charged with it), until the teeth can be properly attended to. I have had cases more than once, where the dressing on cotton remained for eighteen months and prevented any further caries during that time, and being insoluble, it did not absorb fluids of the mouth to render it unpleasant.

9. *For Aching Deciduous Teeth.*—When "Quickcure" is applied on cotton it gives relief so promptly that confidence replaces fear, and often encourages a timid child to permit teeth being filled, or if the teeth are too badly decayed to admit of filling, you may aid in

preserving them by using "Quickcure" on cotton, and advising its renewal when it comes out, or on the recurrence of pain, until the permanent teeth appear.

The thickening of this compound from long exposure to the air does not impair its properties in any way; but when needed for exposed pulp, and for applying to the gum, I prefer it not too hard. For this reason I use small jars, and you will probably find some of it soft enough under the exposed portion, until all is consumed.

I wipe the instruments just before using on a small square of "Lintos," *slightly* oiled; to prevent this filling adhering to them.

Oil or alcohol removes "Quickcure" readily.

I feel assured that the use of this non-secret remedy will give you much satisfaction and confidence in its merits, and will induce you to recommend it to your patients for decayed deciduous teeth, for emergent cases of pulpitis, and as an abortive agent on first symptoms of pericementitis, until dental treatment can be obtained, rather than have other preparations used, some of which we know to be injurious to the teeth.

Proceedings of Dental Societies.

Royal College of Dental Surgeons of Ontario.

The regular biennial election by the licentiates of Dental Surgery resident in the Province of Ontario, of a Board of Directors of the Royal College of Dental Surgeons of Ontario, was held in accordance with the provisions of the Statute and the By-law of the College, on the 12th day of December, 1894. The result in the several districts is as follows: No. 1, G. E. Hanna, Kemptville; No. 2, J. A. Marshall, Belleville; No. 3, H. T. Wood, Toronto; No. 4, R. J. Husband, Hamilton; No. 5, A. M. Clarke, Woodstock; No. 6, W. A. Brownlee, Mount Forest; No. 7, J. A. Smith, Windsor. Representative from the Faculty, J. B. Willmott. The first meeting of the Board will be held on the fourth Tuesday in March, 1895.

Prospectus for the Question Drawer.

To the readers of the DOMINION DENTAL JOURNAL :

The Editor-in-Chief of this journal, having added a Question Drawer, has solicited me to assume control. I have consented; and, with your co-operation, I am satisfied a most profitable and interesting department can be maintained. Questions will be invited upon live practical subjects, just such as active dentists are continually meeting. A limited number will be published each month. Answers to these are solicited, and will be given the following month. If the dentists take up this work with enthusiasm, we will be able to offer such a variety of methods, opinions, etc., as may lead others to compare, investigate, experiment and report. A clear, direct question may bring out such valuable information as it would be a pity to have lost to the profession. A busy man, who would not feel like writing a scientific article, could give his opinion in such a forceful, pithy way that general benefit would flow from his testimony. It is regretted that so many of our brethren are willing to bloom unseen. They never appear at conventions; their names never appear in the dental journals; yet they are frequently found to be plodding, industrious, practical men and good operators. One object of this Question Drawer will be to draw out and broaden these men—to give them courage and stimulation in their work.

We can all improve by comparing methods and results. I therefore solicit your interest. Send in your questions on any subject connected with dentistry, and when sending answers be prompt and as brief and practical as the subject will warrant.

R. E. SPARKS.

The Question Drawer.

Address all correspondence connected with this Department to DR. R. E. SPARKS, Kingston, Ont., Can. Matter for publication should be in the hands of the Editor not later than the 10th of each month, and must have the writers' names attached, not necessarily for publication, but as a guarantee of good faith.

1. Q.—How would you take an impression of lower maxillary, very flat ridge; muscles risen almost to surface; hypersecretion of saliva?

(a) Select a flat impression cup, edges very low, perhaps an eighth of an inch high. Be sure cup fits jaw perfectly. Mix plaster thoroughly, not too stiff. Instruct patient to raise tongue when you are inserting cup. Then let it lie loosely in the mouth. Leave

cup until plaster sets thoroughly, and you have a good impression. Wash mouth with strong solution of alum-water before commencing.

DR. BELDEN.

Seaforth, Ont.

(b) Elevate head and chin so as to run saliva back from front of alveolar ridge; thoroughly dry ridge muscles. Make patient elevate tongue and hold napkin tightly on sublingual gland while you are mixing plaster and sulphate of potash. Shape the cup so as to cover the mylohyoid ridge. When patient removes napkin and elevates tongue, insert plaster, drawing muscles of cheek away with finger, and direct patient not to swallow.

W. G. B.

(c) Bend up outer wings of impression cup so it will set down on ridge; may have to bend up or cut out inner edge where it passes over frænum linguæ. Leave inner wings full depth, or build down with wax if case will admit. Use Impression Compound. When inserting cup instruct patient to raise tongue to roof of mouth. After pressing down a little, draw out muscles of cheek and press firmly to place. Ask patient to hold left side down by placing thumb under chin and finger over cup, while you do the same on the right side. This leaves your right hand free. With finger press compound under tongue, especially at extreme end. Cool rapidly with swab of cotton and cold water, or jet of water if one has saliva-pump to carry it off. This method gives impression of ridge free from overlapping muscles.

Kingston, Ont.

S. A. AYKROYD.

2. Q.—Explain difference of cohesiveness and discoloration as occurring in one or two sheets, or in pellets of same book or bottle of gold?

(a) Never met that difference with gold of some makers; have frequently with that of others. Sometimes gold is left loose in the vicinity of powerful medicinal agents, the vapor of which may affect it. Should imagine manufacturers could answer best.

W. G. B.

(b) Most operators anneal gold over flame while using. Overheating, by which the pellet is partially melted, would interfere with the cohesiveness of such pellets. Cannot account for discoloration referred to, though have often noticed some gold fillings tarnish much more than others.

S. A. AYKROYD.

Kingston Ont.

(c) In reply to your letter re discoloration of gold, would say that I have been manufacturing dental foils for nearly forty years. I am prepared to guarantee that all my gold is chemically pure, yet in some mouths it discolors. A manufacturer who states that his gold will never discolor is simply trading on the supposed

ignorance of the people. As regards the cause of discoloration, it is often due to the gold being contaminated with mercury by the use of instruments which have been previously used with amalgam. Another cause is undoubtedly the presence of acids in the mouth. In some cases it appears impossible to point out a cause, for you will have teeth filled in the same mouth, from the same book, all of which was from the same melting, yet one filling will be discolored and the other not.

In conclusion, I would say that I think the new department in the JOURNAL is a good thing, and should be much appreciated by the profession.

C. H. HUBBARD.

3. Q.—When, where, and how would you trim models for full upper denture ?

(a) After making model, study muscles and soft and hard parts of mouth, pressing with finger. I mark with pencil the yielding and unyielding parts. Trim where parts yield only. W. G. B.

(b) I presume the object of the question is to get a uniform pressure of plate. After taking impression, examine mouth and mark impression corresponding to hard places found on gums or palate, paying particular attention to ridge usually found in centre of palate, and over which plate is most liable to rock. Scrape impression where marked, lightly or heavily, as hardness of spots would indicate. This will raise plate off unyielding spots and put pressure on soft parts.

R. E. SPARKS.

Kingston, Ont.

Questions for February.

4. Q.—What is the best treatment for perforation of side of root ? (1) When first made ? (2) When it continually discharges bloody matter into root canal ?

5. Q.—Why do some cement fillings dissolve out under the gum while others remain perfect, even while balance of filling is worn out by friction ?

6. Q.—What is the best method of anchoring anterior end of bridge supplying bicuspids ? Six anterior teeth perfect ?

Reviews.

The Anatomy and Physiology of the Teeth. By C. F. W. BODECKER, D.D.S., M.D.S., with 325 illustrations. Adopted by the National Association of Dental Faculties as a Text-Book for Dental Students. Philadelphia: The S. S. White Dental Manufacturing Co., 1894. 676 pages.

We have received a copy of this work, the conscientious labor of an able and industrious man. Of course those who are familiar with the controversies which have raged over several of the subjects discussed by the author, especially in relation to the cell theory development of the teeth, which he denies, and inflammation of dentine, which he maintains, will be prepared to find much with which they cannot agree. The opinions of Dr. Carl Heitzmann are adopted, and extensive contributions are included from Dr. Frank Abbott. A great part of the work has already seen daylight in the *Cosmos* and *Independent Practitioner*. It is beautifully produced, and a credit to the publisher. It is needless to say, that it is an invaluable addition to our literature, and the very fact that it denies one's creed, and maintains creeds that we deny, can only make it provocative of thorough study.

Anatomy of the Human Teeth. By G. V. BLACK, M.D., D.D.S. Third edition. Wilmington Dental Manufacturing Co. Pp. 171. \$2.50.

Those of our readers who had the privilege of meeting and listening to the genial and distinguished author of this work, at the time of the meeting of the Connecticut Valley Dental Society in Montreal some years ago, will wish to possess anything from his pen. As an original thinker and unprejudiced investigator, Dr. Black enjoys the respect and confidence of the profession in the United States; and in these days of guess-work and erratic speculation, it is refreshing to take such a book as Dr. Black's into a quiet corner, and get from it solid food as well as inspiration. We have no hesitation in declaring the belief that dental education cannot do without this valuable work; and that Dr. Black was eminently fitted to be the father and founder of this new departure.

Richardson's Mechanical Dentistry. Sixth edition. By JOSEPH RICHARDSON, M.D., D.D.S. Revised and edited by GEORGE W. WARREN, D.D.S. 600 illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. \$4.50.

It would almost seem unnecessary to do more than draw attention to the fact, that a new edition of this indispensable standard

work has appeared. The progress of practical prosthetics makes it absolutely necessary that new editions should indicate new methods, and remove the obsolete. Dr. Warren has faithfully revised, and in fact, it may be said, that he has re-written the book, making it up to the times in every way, and in many respects the only correct guide. There is no other such thorough work in our literature.

Pearson's Dental Appointment Book. R. J. Pearson & Co., publishers, Kansas City, Mo.

Neat but not gaudy ; can be carried in vest pocket. Prettily bound, with pencil attached, 50 cents ; with your name printed in gold on cover, 75 cents.

Catching's Compendium of Practical Dentistry for 1894. It is coming ! The cream of the cream of all the journals for 1894. No skim milk. Send \$3.00 to Dr. B. H. CATCHING, Atlanta, Ga., and you'll get as many hundred dollars' worth back.

What has Dentistry to Demonstrate against the Hypothesis of Organic Evolution ? By W. G. A. BONWILL, D.D.S., Philadelphia.

Editorial.

Examination of Teachers and Examiners.

In these days of the multiplication of colleges, and the democratic method of electing Boards of examiners, it might be opportune to suggest that teachers and examiners, before filling office, should be obliged to pass an examination in the special branch which they propose to teach. It would, we imagine, let the wind out of some very pretentious people, if the qualifications they assume to possess, had to be put to test before their peers. It would in some cases oblige the resignation of otherwise very worthy people, whose hunger to occupy office is proverbial, but whose conspicuousness makes them the laughing-stock of students. We must recognize the responsibility placed upon members of the Boards and give them just credit, where it is due, for the honesty of their intentions. The position entails many sacrifices, and the direct or collateral benefit from being on the Board is a fictitious compensation for the loss of time. As a rule, members of the Boards do the best they can and take no personal pleasure in the rejection of candidates, or the defence of the established rights of the profession. At the same time, it is only fair, that the qualifications of examiners to examine, should be made as sure as the qualifications demanded from the

students. It need not be a formidable trial, but sufficient to assure us that, at least, the examiners can answer their own questions, and are competent to decide whether or not the answers they receive from the students are above or below the average.

One Hundred More Pages.

This year we sing our song of seven. In six months more we can sing our song of twenty-seven, as it was in June, 1868, that we issued the first number of the first Canadian dental journal. It may not be too personal to say, that hardly a day has passed that has not brought some labor or responsibility in the interest of the profession in the seven provinces. While others enjoyed their professional *dolce far niente*, there have been a few for whom there seemed to be eternal work. Boards of examiners come and go; Acts of parliament are made and amended; but the journalist is always at his post.

Our publisher has determined to add one hundred more pages to this year. We do not suppose it would make any difference to those who are superior to the value of a home journal, if he added one thousand. There is no profession free from the self-seeker and the inordinately ambitious intriguer. But they are sure to get their due. Here and there, attempts were made by Canadian dentists to obstruct the circulation of this journal among Canadian dentists, and solely for selfish reasons. The profession at large can have no interest in sustaining the selfish promotion of anyone. Men who cannot work with the one aim of serving the profession, should, at least, not expect the profession to give them their confidence. We intend this year to pay more attention to the politics of dentistry in the provinces, and we ask the Secretaries of the Associations, and members generally, to assist us by their advice and active interest.

A Dental Diploma.

Some young men have imbibed the idea, that graduation in a dental college glides them into a pasture of absolute perfection, and that the possession of a parchment is proof of superexcellence. We admire youthful "gall." The world could not get on without it. A young colt thinks his grandfather as slow as a snail, but the grandfather knows the colt is silly; which is another way of saying, that "young men think old men fools; old men know, young men are." The hope of dentistry, as well as everything else in

Canada, is in the young; and young dental graduates are just what we all were when we were their age. So let the old boys give the young boys a charitable cheer. But let those who have received the *toga virilis* remember, that one may attain threescore, not to speak of onescore, and yet fail to reach the age of discretion.

We ought to love and even wonder at the babe who is fresh into the world; but in the flower of age, we should respect those in the meridian of life, and, more so, those who are soon to leave it. If the patriarchs of dentistry had the *vim* of the bantlings, what treasures our journals would enjoy! In quiet conversation, one discovers rich fields of experience, among dentists who began too early to get a college education. The possession of a diploma is far from satisfactory proof that a man is qualified. Before the stringent rules of the past few years, thousands received dental degrees after attendance upon one short session of a few months. No wonder that there were men then who registered, paid their fees, attended a few weeks, and left in utter disgust at the imposition practised upon the public as well as the profession.

An Apology to Prof. Flagg.

One of the good-natured friends of this journal has unwittingly got us into a scrape with one of the giants of the profession. A selection, entitled "A new Era in Dental Practice," in the December number was credited to Prof. J. Foster Flagg, of Philadelphia. We inserted it just as we received it, and the least we can do is to print the following letter from Prof. Flagg, and to apologize most sincerely. We shall also invite "the good-natured friend" to step up and have his head punched. Will our subscribers please erase the name of Prof. Flagg from the article.

"SWARTHMORE, PA., *January 12th*, 1895.

"W. GEORGE BEERS, L.D.S.: My friend—for such I think our relations warrant me in calling you—I am simply 'dumbfounded' at finding in your December issue over twelve pages published as coming from me when I never saw a word of any of it before. It is full of such assertions as I never could have made, and of deductions which, with my experience, I could never have drawn. In short, it is a gross misrepresentation of me and my views, which I must ask that you will fully apologize for and correct in an early issue. I see you credit the article to the *International*, and would like to know what issue of that journal it is from that I may 'see about that.'

"With kindest regards, I am, as of old, sincerely your friend,

"J. FOSTER FLAGG."

Promiscuous Extraction of Teeth.

At the last meeting of the Alabama State Dental Society the subject of the promiscuous extraction of teeth by irresponsible individuals was brought before the Society in the President's Address. The subject elicited a lively discussion from several able talkers, and the result was that a committee was appointed to have the law so amended as to prohibit the extraction of teeth "for fee or reward," except by those who have obtained license from the Board of Examiners. There is not the shadow of a doubt that thousands of good, useful teeth are sacrificed every year by these travelling fakirs and painless extractors. We know it is an outrageous and inhuman practice, which should not be tolerated; but how are we to reach them? The amendment that Alabama asked for will not reach them. The words for "fee or reward" is the loophole through which they slip. Not one of these patent medicine fakirs ever *charge* for extraction. They extract the teeth without pain and without charge as an advertisement for their secret nostrums, which they sell. It is almost impossible to legislate against it. No Legislature will pass a law prohibiting the extraction of teeth in cases of emergency "without fee or reward," and we do not believe it would be a humane act to do so. Many people in thinly-settled places are inaccessible to a licensed dentist, and many cases of emergency arise in such districts that are quickly relieved by some neighbor who possesses a pair of forceps. It would not be right to pass a law fixing a penalty for extracting teeth in these emergency cases, and yet if we except these cases it leaves a loophole for the fakir to get in his dirty work.

Pay Your Dues!

We are requested to call the attention of licentiates to the importance of paying annual assessments overdue to the Treasurers of the Boards of Examiners. It must not be forgotten that the government of the profession entails heavy outlay, and that it is entirely in the interests of practising dentists, even if they never attend the meetings, that their fees should be promptly paid. It ought not to be necessary to hint that the boards have legal power to collect these dues. Members who fail to pay them also lose the right to vote.

Post-Card Dots.

1. How many of the seven provinces of Canada have Dental Acts of Incorporation?—R. B.

Every one of them; and when good old Newfoundland falls into line, and makes the eighth, she will have one ready-made.

2. Who was the first dentist in Canada?—P.

The great-grandfather of Dr. S. Globensky, President of the Quebec Board, was a surgeon in the French army during the French occupation of Canada, and after the British occupation he remained in Quebec city to practise. In an almanac of that date he is classified as a specialist, under the title of "Blood Letter and Tooth Drawer," as well as a general surgeon. At that time there were few, if any, practitioners who pretended to save carious teeth.

3. Why do you not pay for contributions?—R. L.

Why have you not paid your subscription for the last three years?

4. Do you think it the right thing to recommend your subscribers to give their business exclusively to the depots who advertise in the DOMINION DENTAL JOURNAL?

Don't you think we would be very silly to advise them to give it elsewhere?

5. When was the *Canada Journal of Dental Science* first established?

Vol. I., No. 1 appeared June 1st, 1868, as a monthly of thirty-two pages.

6. Who was the first President of the Ontario, Quebec, Nova Scotia and Manitoba Dental Societies?—J. T.

Dr. B. W. Day, Kingston; Dr. A. Bernard, Montreal; Dr. A. C. Cogswell, Halifax; Dr. J. L. Benson, Winnipeg.

7. When was the first Dental Act in Canada presented?—J. B. M.

The Ontario Act, first reading, January 30th, 1868. First meeting to organize was held in Toronto, called by Dr. B. W. Day, January, 1867. First session of the Association held at Cobourg, July, 1867. First Board: B. W. Day, C. S. Chittenden, H. T. Wood, J. O'Donnell, J. S. Scott, F. G. Callender, G. V. N. Relyea, A. D. Lalonde, C. Kahn, J. B. Meacham, G. L. Elliott, J. Leggo. J. S. Scott was the first Secretary. First examination of candidates for license held at Queen's Hotel, Toronto, July 21st, 1868.

8. Who cut the first set of teeth? Adam.

Annotations.

We again repeat our desire for personal items regarding our confreres.

We enjoyed a visit from our old friend and colleague, Dr. W. R. Patton, of Cologne, Germany, formerly of Quebec City. We shall have more to say about him by and by

OUR ADVERTISERS.—It is a good plan, when binding your monthly numbers for the year, to keep together and bind the advertisements in a separate volume for reference. It costs but a small sum to bind the JOURNAL. We again ask our readers, when doing business, to assist in the maintenance of a Canadian journal by patronizing the dealers and manufacturers who advertise in it. One good turn deserves another.

BOOKS.—We have been indebted during the past year to the following publishers of books for review: Lea Bros., Philadelphia; P. Blakiston, Son & Co., Philadelphia; Rand, McNally & Co., Chicago; Dr. S. R. Catching, Atlanta, Ga.; S. S. White Dental Mfg. Co., Philadelphia; Longman, Green & Co., London, Eng.; Mrs. W. M. Herriott, Indianapolis, Ind.; E. M. Renouf, Montreal; H. D. Justi, Chicago; Wilmington Dental Mfg. Co.

HOW TO REST.—To understand the way to rest is of more importance than to know how to work. The latter can be learned easily; the former it takes years to learn, and some people never learn the art of resting. It is simply a change of scenes and activities. Loafing may not be resting; sleeping is not always resting; sitting down for days with nothing to do is not restful. A change is needed, to bring into play a different set of faculties, and to turn the life into a new channel. The man who works hard finds his best rest in playing hard. The man who is burdened with care finds relief in something that is active, yet free from responsibility. Above all, keep good-natured, and don't abuse your best friend, the stomach.—*Ohio Dental Journal*.

Dr. C. R. Tayloy says that in cases where a pulp cannot be taken out with a barbed brooch, it may often be withdrawn by winding a few fibres of cotton on a smooth brooch and rotating a few times in the canal. Carbolic acid on the cotton fibres will facilitate this. The practice of depending on medication to the neglect of proper instrumentation cannot be too strongly condemned, as there is no antiseptic remedy which will do what we should do with instruments. In cases where canals at first treatment appear hermetically sealed, the application of sulphuric acid 10 per cent. for a day or two will permit of their opening. The

further use of this solution will aid in enlarging canals where necessary. After removal of all pulp tissue from canal, they should be made thoroughly dry and moistened with eucalyptus oil. Clora percha sufficient to soften the necessary gutta percha points should then be applied.—*Dental Review*.

While walking down Fleet street, in London, one day, I chanced to spy the following sign in front of a dentist's office: "Come, try our guinea sets of teeth." I was quite amused with it, and a few days after, while travelling through the English villages, I chanced to pick up a newspaper with the enclosed doggerel verses in rhyme on it. I have taken the liberty to send it, as I thought it would be worth putting in the JOURNAL. It is a good rub on the cheap advertising quacks, besides being amusing.

D. V. BEACOCK.

"COME, TRY OUR GUINEA SETS OF TEETH."

I'm a harmless British householder, I pays my rates and taxes,
And when the school-board precept comes, I questions never axes;
But I says, 'tis scandalous that our elastic law
Should let a fellow advertise: "Come, try our guinea jaw."

Look here, I had the meekest wife, a sort of shemale Moses,
Quite different from that long-tongued wench who Brown with logic poses;
When dash it, if she didn't spy, upon some dentist's door,
An invitation to come in and "try our guinea jaw."

I've never knowed a hour's peace, since she began her jawring,
Except when she's asleep, and then she takes it out in snoring;
And as for grub; 'tis quite impossible to satisfy her maw,
Since she has learned the science of "that awful guinea jaw."

Well, sir, I hopes our Parliament won't spy that chap's placard,
Or else with legislation, it will go uncommon hard;
As 'tis, they're like a flock of rooks, with lots too much of caw,
But what they'd come to, you'll believe, "with that there guinea jaw."

I calls it wicked, that I does, to set a noxious trap,
Against a woman's quiet tongue, and make it snarl and snap;
Them dentists is a nuisance, so suppose we pass a law,
To keep for their own wives and brats "their precious guinea jaw."

"Stamps for Reply."

It is surprising how few correspondents, asking information of personal importance, send stamps for a return answer. No doubt it is pure thoughtlessness. In the aggregate this amounts to a large sum in a year, and is unfair to the editor. Some correspondents insure return replies by also sending stamped envelopes with their full address. Secretaries of Boards would also thank correspondents not to overlook this "trifling" matter.

Personal.

Messrs. W. L. Aitkin, of Melbourne, Australia, and A. G. Maitland, of Invercargill, Otago, New Zealand, spent a few days in Montreal, where they were the guests of Mr. Fred. Wells, of Acton, Que.—all three gentlemen being students of the Dental Department of the University of Pennsylvania. The two former had never seen snow of any other kind than that described by Charles Dickens, "Two inches of mud, one inch of snow, and one of water." When they witnessed the plain and fancy skating in the Victoria Rink, and had an outing with the Montreal Snow-shoe Club, receiving the distinguished honor of the snow-shoer's bounce to the ceiling, and revelling in the clear, dry and intoxicating snow-storm, they felt like Uncle Tom, who, though he was fond of Kentucky, believed that "heaven is better than old Kentuck,"—that the winter in Canada is a heaven on snow. The hearts of the Canadian boys at once warmed to them as brethren from "the Britain of the South."

Obituary.

DIED.—At his residence, Young Street, Hamilton, of periostitis, Hamilton Steen McLaughlin, L.D.S., D.D.S., aged twenty-seven years.

Dr. McLaughlin was born in Halton County, Ont., and received his early education in the public schools of that county and at Brampton High School. Before beginning the study of dentistry he spent three years as a public school teacher. In 1888 he began the study of his chosen profession with Dr. J. G. Roberts, Brampton, and was a member of the graduating class of '91. He was devoted to his profession, and his work was ever characterized by a uniformly high standard of excellence. After a year's practice in Palmerston, Dr. McLaughlin located on King Street, Hamilton, where in two and a half years he succeeded in building up a choice and lucrative practice. He was united in marriage in December, 1893—only ten months before his death—to Miss Hoffman, of Ashgrove, Ont. By those whose privilege it was to know him intimately, and in particular by the class of '91, his memory will ever remain a fragrant one. "Mac" was one of Nature's gentlemen, his sunny temperament and generous heart endearing him to all. A thorough Christian, his influence was ever for the right. The writer, having been privileged to associate with him as college chum and room-mate, begs to offer this loving tribute to his memory.

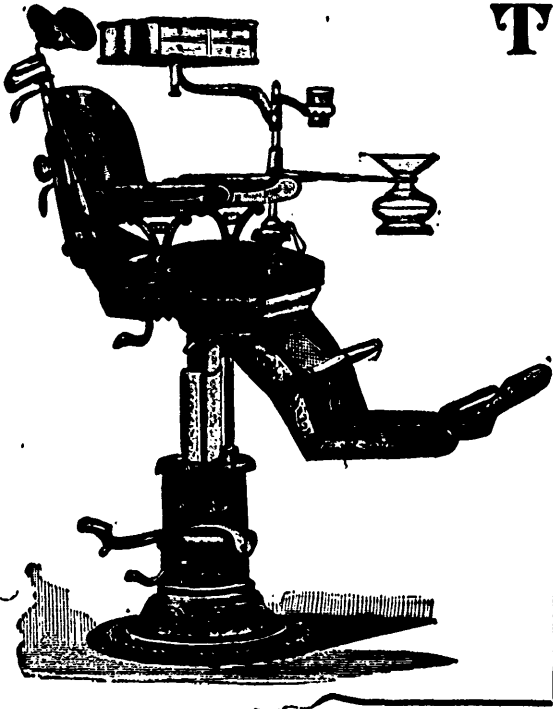
GEORGE S. MARTIN.

Toronto Junction, Dec. 5, 1894.

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