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Dominion Dental Journal

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Original Communications

PRESIDENT'S ADDRESS.*

BY W. R. GREEN, D.D.S., OTTAWA, ONT.

GENTLEMEN,—We have assembled once more, after a year's labor, for the purpose of mutual exchange of thought and experience, and for social intercourse. Let us individually see to it that this session is marked by that spirit of good-fellowship and good sense which has characterized the meetings of this association in the past.

Dentistry has become one of the learned professions, and is today recognized as such by the intelligent. It therefore becomes those who are members of an honorable profession, such as ours, to equip and conduct themselves so as to do credit to it.

We must progress in order to hold our standing in a progressive calling, otherwise we will ere long be relegated as "out of date."

Progress is always the reward of effort, but advancement is never attained without effort. Let us, then, be energetic in personal development, and in using our developed resources in the interests of the profession we have entered.

It is lamentable that so few of our members take advantage of such opportunities as the sessions of this association afford for development and equipment, as well as the stimulating of a spirit of fellowship and interestedness in his fellow dentist. Such meetings as this, too, tend to give those who attend a proper appreciation of their duties as members of a society, the dignity and worth of which is judged largely by the deportment and attainments of its individual members.

It has always been so, and we may expect it to remain so, until humanity has evolved to a higher state than it now occupies—that the few must lead the many, and until that state of perfection is

* Before Eastern Ontario Dental Association Meeting.

reached it will be necessary for those who are loyal, to try and stimulate a spirit of enthusiasm into those whose apathy leaves our number, here present, so small.

I would like to see, as the watchword of the Eastern Ontario Dental Association, improvement of the quality of thought and motive, as well as improvement of ability to render the best service to our patients.

ROOT FILLING.*

BY J. W. HAGEY, D.D.S., KINGSTON, ONT.

In introducing the subject of "root canal filling," I do not intend to spend any time discussing the various methods of cleansing the canal preparatory to the insertion of the filling. All that I desire is to bring before you to-day the various methods adopted by the dental profession, in general, to fill the root canals after they have been properly prepared to receive a filling.

Just here I desire to give expression to my firm conviction that no matter how good a filling material may be employed, a root is not properly filled unless it has been thoroughly cleansed and made antiseptic.

To attempt to discuss all the different materials that have been and are being advocated by different gentlemen of our profession as "the best thing I ever came across" would doubtless be very interesting if one had the time and facilities to collect the different articles on the subject. I intend, however, to discuss only the well-known root filling materials and the manner in which they should be manipulated.

An ideal filling material should possess these very essential qualities. It should be impermeable to water. It should prevent the egress of irritating fluids from the canals into the apical space, and *vice-versa*, it should prevent the transudation of fluids from the apical space into the canal. It should not be affected by its surroundings. It should be unirritating to the soft tissues it may come in contact with. It should be sufficiently plastic to permit of a perfect adaptation to the walls of the root canal. It should possess mild antiseptic qualities—at least it should be perfectly aseptic while it is being inserted.

Raw cotton is advocated as a root canal filling material by a no less distinguished personage than Dr. J. Foster Flagg, of Philadelphia. He claims that when tightly packed into a canal, it is almost if not wholly impermeable to the action of water, and that the natural oil it contains makes it a non-irritating filling material.

*Read at Eastern Ontario Dental Association Meeting.

His method of using it is to place a few shreds lengthwise on the forefinger of the left hand, place a perfectly smooth broach upon them, and then, wrapping the broach into the cotton by means of the thumb and forefinger, you securely matt the cotton around the broach. The cotton can now be carried to the extreme apex of the root canal. The broach is now partially withdrawn and the cotton packed into the canal. This is continued until all the cotton on the broach has been tightly packed into the canal. If the canal is not sufficiently filled the process is repeated until the canal is filled to the proper depth.

Frequently ordinary absorbent cotton is used instead of the raw cotton. It is inserted similarly to the raw cotton only we usually saturate it with some disinfectant fluid, generally one of the essential oils, before packing it into the canal. This is an ideal filling material for temporary work, as it can readily be withdrawn by means of a hook-broach. Still I would not advocate its general use as a permanent filling material, even though I happen to have a tooth in my mouth, the root of which has been filled with cotton and creosote for the last four years, and in all that time it has never given me any trouble, even though all the chances as regards my physical condition have been against the filling.

I now desire to draw your attention for a few minutes to the advantages and disadvantages of gutta-percha as a root canal filling material. In studying this substance as a canal filling we must consider it both in the plastic and fluid state. The fluid is termed chloro-percha, and is obtained by dissolving the ordinary pink gutta-percha in chloroform. If you desire to use gutt -percha in its plastic state you will secure more satisfactory results if you use the gutta-percha cones as supplied by the dealers. In filling a canal with these cones, first lubricate the walls of the canal with oil eucaliptus, then, having gently warmed a cone which approximates the canal as to size and shape, press it firmly into position. This method has one almost irredeemable fault: there is no certainty as to whether you reach the apex of the canal or not. In using chloro-percha, a small amount of the fluid is placed in the cavity and then pumped into the canals with a fine broach. This also is not very satisfactory, as chloro-percha shrinks during the hardening process, and the canals are therefore not perfectly full. This shrinkage, however, can be almost, if not wholly, overcome by packing cotton fibre into the chloro-percha before it has hardened, or a gutta-percha cone may be used instead of the cotton. By the combination of chloro-percha and gutta-percha, or chloro-percha and cotton, you obtain almost an ideal root canal filling.

There is another root canal filling material, which, if it is not superior to the chloro-percha combination, is at least its equal. This material is oxy-chloride of zinc. It has one fault, but this is

not so serious but what it can be overcome by the exercise of a little care. If the apical foramen is large, there is danger of the filling material, while it is still in a plastic condition, setting up, sometimes, a very serious irritation. To avoid this it is always well—especially in large canals—to pack a small pledget of medicated cotton into the apex of the canal. The zinc chloride will thus be unable to reach the soft tissues, and will cause nothing but beneficial effects, for, when it comes in contact with the cotton, it changes the cotton into an amyloid, thus rendering it impervious to the action of fluids and unchangeable. Owing to the fact that cotton is changed into an unchangeable amyloid by the action of oxychloride, it is invariably used as a vehicle to carry the cement into place. In filling a canal with oxy-chloride cement, the cement should be mixed to a creamy consistency. A whisp of cotton should now be matted on to a broach similarly as when filling with cotton. Catch some of the cement on the cotton and carry it to the apex of the canal and pack the cotton and the cement into place. The cement does not harden very rapidly, so there is ample opportunity of filling the canal carefully. If the canal is very fine it is often a good plan to pump some of the fluid into the canal first and then work some of the powder into the fluid. It is a strong antiseptic while it is in a plastic state, but it does not exert any such influence after it has fully set, at least not to any appreciable extent.

Gold, tin and amalgam are sometimes used as root canal fillings, but the extreme difficulty of their proper insertion and the almost impossibility of their removal, if such an emergency should present itself, has almost completely banished them from the list of root filling materials. Gentlemen, I have only very briefly introduced this subject; I hope you will heartily enter into the discussion. It is a subject that will stand any amount of discussion, and yet not be exhausted. Every time I go to fill a canal I say to myself: "Oh, that I knew of a method or a material that would perfectly restore the tooth to the position it had when it contained a healthy pulp." Thanking you, gentlemen, for your patient hearing, I will leave the subject open to discussion.

ALVEOLAR ABSCESS OF FAVORABLE PROGNOSIS.*

BY M. G. McELHINNEY, D.D.S., OTTAWA.

Your forbearance is asked for the handling of a much discussed subject—much discussed because important. The treatment of alveolar abscess is important because it is a great factor in the saving of teeth. It is a common and frequently a stubborn lesion.

*Read at Eastern Ontario Dental Association Meeting.

Studying the findings of others is profitable in many ways, but there is no better road to real knowledge than for each one to make some investigation for himself.

With this object in view I have made a series of records of cases of alveolar abscess, in order to establish for myself at least a generally applicable method of treatment.

A set of fixed rules is impossible because of the infinite variety of conditions, but it may be expedient to possess a method of treatment that will be applicable to a large number of cases.

There is not a jot of originality in the method which I follow, for I have borrowed it here and there as suited my purpose.

My object is not to write a treatise, but to state, as briefly as possible, a simple method of treatment available to the average practitioner, who cannot afford to spend too many valuable hours at one case at the usual scale of fees obtaining for the same.

The mundane consideration of fees comes in here with noticeable force. The ordinary practitioner cannot be a philanthropist. He must do enough work to earn his living, and cannot make a minute study of each and every detail. Especially is this true of abscesses, for the ordinary sufferer wants the tooth out, and cannot rightly appreciate the value of the time and skill necessary to treat it.

Did you ever notice the discrepancy between the medical and the dental fees for practically the same service? For the treatment of an abscess, other than alveolar, a physician would charge anywhere from five to fifty dollars. For the exercise of just as much ability and knowledge the dentist may obtain from one to five dollars, five being a rare and rosy limit only attained by the favored few.

There is a common sense reason for each and every condition of affairs, and I venture to attribute the general avoidance of abscess treatment on the part of the dentist to the above mentioned economic reason, and economic reasons are regarded as the most practical and powerful of our time.

Now, to get at a method that will, in a measure, give good results to both patient and dentist.

Of the two varieties of abscess, acute cases yield more easily to treatment, while chronic cases are a weariness to the flesh.

History usually reveals a neglected tooth or a tooth in which the pulp has died beneath a filling, or where an attempt has been made to destroy the pulp and fill the roots. The result is the same. I propose to deal only with the mature abscess. The first act is to thoroughly open and cleanse the pulp chamber and canals. If this cannot be done, the most economical step is extraction. Remember, I am not addressing this advice to the Dr. Black's and those others whose life work lies in investigation, but to the

ordinary mortals, like myself, whose professional careers are, by force of circumstances, more or less governed by financial considerations. If the canals are well opened, and there is a passage through the apex to the fistulous opening, so that medicine can be forced through, there is every hope of success. Thoroughly cleanse the canals, sac and fistula with peroxide of hydrogen until it comes out clear, then inject a solution of carbolic acid strong enough to cauterize the pyogenic surfaces, which result is indicated by a white margin around the fistulous opening. Then place a dressing of campho-phenique or 1, 2, 5 mixture in the canals, and seal with gutta-percha or cotton dipped in sandarac varnish.

For patients predisposed to inflammation I believe that campho-phenique will be found less irritating than 1, 2, 5 mixture. If the rubber dam can be used during treatment so much the better, but in most cases it is not possible. Leave alone for a week or ten days. If the trouble continues, repeat the treatment and try again, even two or three times, for sometimes everything cannot be reached at the first attempt. If the abscess breaks out a third or fourth time there is either serumal deposit, erosion, or else the tissues have been reduced in vitality beyond repair, which is generally due to constitutional weakness. In this case extract.

If the trouble leaves before the end of second or third treatment, treat sparingly, close up for a few days to make sure, and fill. For the canals use something that can be removed. If the dam be applied and the roots well dried before final antisepting and filling, the chances for success will be greatly increased.

For stubborn cases there is no cut and dried treatment except extraction. One always hopes that the tooth will come around, and yet it baffles every effort again and again.

It may be of greater benefit to the patient to be quickly rid of it than to spend weeks and dollars in a quest that may prove futile.

The following is the ordinary treatment for abscesses having a favorable prognosis: (1) Open pulp chamber and canals; (2) Secure passage through apex to fistulous opening; (3) Syringe thoroughly with H_2O_2 ; (4) Cauterize with carbolic acid solution; (5) Treat canals with suitable antiseptic; (6) Seal cavity; (7) Leave for one week (or 10 days if patient be not robust); (8) If favorable, fill; (9) If unfavorable, repeat treatment; (10) If again unfavorable, extract.

Choice of antiseptic agents and persistency of treatment after first failure would depend upon the individual opinion of the practitioner.

At some future time I hope to take up the question of abscesses presenting less favorable aspects, as, for instance, where the circuit from cavity to fistulous opening is obstructed.

ECONOMICS IN RELATION TO DENTISTRY.*

BY S. A. AYKROYD, D.D.S., KINGSTON, ONT.

Human society is analogous to the physical structure of man. It is a very complex organism, and its anatomy and physiology are difficult to understand. The individual members of society are the cells of the social structure (and pretty big "cells" some of them are). Like the human organism, society is an evolved product. As time proceeds differentiation takes place, the cells are grouped, forming various organs having special functions, but each dependent and inter-dependent upon the other. While this differentiation seems to have reached its limit in the human body, not so in the social structure, which is constantly becoming more and more complex; hence greater and greater the difficulty becomes of seeing and understanding the relation and dependence of the various parts. According to the law of evolution, then, dentists are differentiated members of society for a special work, but very much dependent upon other members of society for their well-being.

It is an old saying, "All roads lead to Rome," and it is equally true that all questions lead to economics, for on economics all industries and professions are based. By economics I mean the science of man's temporal well-being in the widest sense, but in this address I shall lay special emphasis upon that part of the science which relates to the *production* and *distribution* of wealth in relation to the dentist.

As in the human organism so in the social structure, if anything is wrong anywhere, it is felt by all the members. When "hard times" come those who supply the luxuries of life feel the pressure most. Artificial teeth may not be classed as luxuries, but they are things that can be dispensed with, for, when poor people have no teeth to chew their crust of bread, they can soak it and "gum it." The great law of supply and demand touches us as well as all other producers. We hear a great deal about "over-production." It is not a question of over-production that we have to deal with, but rather a question of under-consumption. The professions are overcrowded, we hear—too many dentists, too much of everything that is good, and still the people are in want. It is evident there is *something* wanting. Society is economically sick, and the demand of the age is not for more D.D.S.'s nor M.D.'s, but for more social physicians.

We have reached a period in our politico-economic history when, if we are to make further progress, or have symmetrical

*Read at Eastern Ontario Dental Association Meeting.

development, some radical changes will have to be made. We, as a dental society, may not be able to do much to improve conditions, but it is our duty as citizens to know what is wrong and what should be done to make improvements. Therefore, we must not only know the anatomy and physiology of society, but the pathology and therapeutics as well. All of which I fear too many know too little about.

The cells have been too busy looking after their individual interests to enquire about that of their neighbors; the groups too industrious in making laws to protect themselves from outside cells, or groups of cells, to consider the whole structure; but the time is coming, it is now here, when we will be obliged to consider the welfare of our neighbor as well as our own, or we shall perish together. "Educate or we perish," is an old aphorism with a new meaning when we look at it through the light of economic spectacles.

I think it will be pretty generally conceded that the majority of us are not in dentistry for dentistry's sake alone. If we are honest with ourselves we will say our primary object is to make a living and enjoy some of the comforts and luxuries of life; and to do this we must see that others, upon whom we depend, must be able to do so too.

Man of necessity is bound to be more than individualistic. He must be socialistic as well, hence the great importance of my subject. I have chosen it because I believe in its importance, and because it is neglected by every convention of every kind, religious, professional or political. Dentists are specialists and should stick to their subject, some will say; but, I fear, we in this age are running into specialties too fast for the foundation upon which we stand.

If our economic foundation was broad, solid, sound, and sure, then we could build all the fine structures we chose, and they would be supported and stand. But our foundation is insecure, it is rotten. It is my opinion we should construct a new foundation, or very much broaden the one we have, before going further into specialties, for what is the use of producing more than we can consume? Let us increase the consuming power of the people, then we can increase those who supply them with the comforts and luxuries of life.

There are thousands of people in every community who need the gateway to the alimentary canal put in order. If you visit the Kingston market on a Saturday and look into the faces of its attendants, you will say, "What a field is this for the dentist! What are you fellows in Kingston doing to allow such a state of affairs as this?" Well, some of us are doing much, and all of us could do more, I think, if we had the chance. There are thousands more

in every large city who don't go to market because they have nothing wherewith to buy: then what use have they for teeth, or how many dentists can they support? Some will say, if you educate the people to attend to their teeth, dentists would get more to do. But education, under present systems, only increases the misery of the poor because they learn what might be done, and have not the means to do it.

Every intelligent student of human affairs knows that the conditions of mankind are steadily growing worse, and with an increase of wealth we have an increase of want. This is the great modern paradox. The ingenious sophistries of some modern political economists make it difficult for the people to understand this. In fact, they flatly deny that it is true.

We owe it to an American writer to have cleared up this difficulty more completely and more intelligently than has been done before, and I would recommend those who wish to understand how it is that our present economic system necessarily produces and perpetuates poverty to read Edward Bellamy's new book, "Equality."

The limited time at my disposal prevents me going into this subject very extensively. In the production of wealth there are three great factors, Land, Labor, and Capital, and under the present system each claims remuneration, but only labor should be rewarded. The trouble arises not so much from the production of wealth, although the system is very poor, not well organized, and subject to an immense amount of waste of effort and time. But of the system of the distribution of wealth every intelligent and honest man in the world ought to be heartily ashamed. There are four great factors in the distribution of wealth which I will briefly note just for the purpose of drawing your attention to the subject: namely, Rent, Interest, Profit, and Wages, which need to be carefully studied in all their relations to society before any adequate idea of the reasons for the widespread discontent, poverty and misery of men, women and children in Christian countries can be had. The three first factors, rent, interest, and profit, under our individualistic economic system, are monopolized by the comparatively few, and as they absorb the bulk of all surplus wealth produced, the mass of mankind must of necessity be left poor.

The fourth factor, wages, distributes a portion of the wealth produced among a very much larger number of persons, and is the only saving or redeeming factor in our miserable, unscientific and unjust grab game. But the wage earners, with those dependent upon them, constitute about nine-tenths of all the consumers of wealth, and so they are paid only about one-fourth to one-fifth in wages of what they produce. Consequently they can buy back only a small part of the wealth produced. Hence the modern paradox of

poverty in the midst of plenty, or at least one great cause of it is made manifest. The factor, interest, is a second cause. Money is non-productive, money produces no wealth, yet the holders of it absorb millions of the hard-earned dollars of the producing classes, leaving them without the means to buy the luxuries or even necessities of life. Money is merely a medium of exchange, and should not bear interest—"a breed of barren metal." As to rent, economic rent, or ground rent, the landlord, as such, is a non-producer, and constitutes only a small proportion of the consuming population, but he takes a vast amount of the wealth produced. Now, I have only merely indicated some of the disturbing factors in the economic world to-day, but they will have to be adjusted before we can have permanent improvement in the condition of the masses of the people, or before all can afford to have their dental organs kept in repair. He who does not know that the great economic problem to be solved is the more equable distribution of wealth, has not an education fit to be a citizen; and he who does know so, but puts forth no effort to solve it, is not fit for any profession, much less to be a dentist. It is of paramount importance to the dentist to have wealth more equally distributed among a wider number of people, for the reason that he is dependent upon the many for his patronage; the amount of work he can do for any one patient being quite limited. At the present time wealth in Canada is not so much concentrated as in the United States, or in older countries like England, but the same economic laws here will in time produce the same results, and the few will own most of the wealth. In the United States, according to Statistician Geo. K. Holmes, in 1891 9 per cent. of the population owned 71 per cent. of the wealth of the nation, while 91 per cent. owned only 29 per cent. of the wealth, and this state of affairs is steadily growing worse.

In 1860 the producers owned $43\frac{3}{4}$ per cent., and the non-producers $56\frac{1}{4}$ per cent.

1870	.....	$32\frac{2}{3}$ per cent.	.....	$67\frac{1}{3}$ per cent.
1880	.....	24	.....	76
1890	.....	17	.....	83
1900	.....	10	.....	90

This is according to the United States census, and shows the alarming rapidity with which wealth is being concentrated, and proves beyond question that "the rich are becoming richer and the poor poorer." What is the remedy for this state of things? The economic reconstruction of society, which can only come about by the education of the people, who, at present, almost unanimously support the very institutions which are the means of their subjection. It cannot be done suddenly or by a single enactment, not even the

single tax ; but nothing short of radical remedies will do. The disease is too deep rooted and of too long standing to be cured by petty palliatives, plasters or salves, charity organizations or poor relief committees.

The people must learn to distrust profoundly their interested teachers, and to cease hiring politicians, parsons and professors to think for them. They must discard inherited ideas, traditions and idols, including all the old institutions which have been held up for our veneration, but have become by perversion mere instrumentalities for keeping us in subjection.

Politicians keep the people amused and excited by pretending to oppose each other, and making believe to quarrel over a lot of insignificant things which do not touch the real question of the social condition of the people. The ignorant and simple minded fancy them deadly enemies when really they are on the best of terms, and ready at any time to make common cause in defence of capitalism, or the present system. The pulpit preaches eloquently about the sins of the heathen, but, with a few honorable exceptions, says nothing at all about the iniquities of the methods of the economic world. Our colleges teach an iniquitous and demoralizing system of political economy, and warn the students to accept nothing unless it has come through the university and has the college label. The "educated" classes, who live by professionalism or patronage of some sort, for the most part keep silent because they receive indirectly a share of the plunder. The common people must be taught to think for themselves, and to learn that

"New occasions teach new duties. Time makes ancient good uncouth.

They must upward still and onward, who would keep abreast of truth.

Lo! before us gleam her camp fires ; we ourselves must pilgrims be ;

Launch our Mayflower and steer boldly through the desperate winter sea ;

Nor attempt the future's portal with the past's blood-rusted key."

Let me give you a modern parable, and I will then conclude by reading "The Man with the Hoe," by Edwin Markham, and which is intended to show the kind of man our civilization is producing.

PARABLE.

"Hello, Mr. Farmer, what are you doing?"

"Digging potatoes."

"Have you any to sell?"

"No."

"What are you doing with them?"

"I sort them in four piles."

"What do you do with them?"

"The big pile of fine potatoes you see over there I give to the landlord as land rent for the privilege of living on the earth; next to the biggest pile I give to the money-lord as interest for the privilege of using the tools that some other workman made; the third pile I give to the politicians as tax, and the little ones I give to the hogs, and what the hogs don't eat I eat myself. So you see, between the landlord, the money lord, and the politicians and the hogs I get my living."

"But what do you do with the hogs?"

"I give them to the railroad company for hauling the big potatoes to the land and money-lords."

Correspondence

FROM DR. W. C. BARRETT.

To the Editor of DOMINION DENIAL JOURNAL:

MY DEAR DOCTOR,—Your postal is at hand. The Foreign Relations Committee, which has had in hand the prosecution of the fraudulent colleges, has made excellent progress. It took up a suit of the State Board of Health in Illinois, against about the worst of the diploma mills, but which had made no great progress. It employed legal help and pushed matters to a brisk termination, obtaining a decree against the "Independent Medical College of Chicago," but of course, as was to be expected, that concern appealed the case. It was said to be possessed of eight different charters, obtained under cover of a law of the state passed for other purposes, but under which it was possible to charter an institution that could grant diplomas. All the infamous work has been done by irresponsible men who had become possessed of charters granted under this law, and they could get the certificate of the Secretary of State that they were legally incorporated. Under these circumstances it was easy to see that nothing effective could be done until the obnoxious law was repealed, or made nugatory. So our first efforts were directed toward that. The report of the chairman of the Foreign Relations Committee, made to the National Association of Dental Faculties at Omaha, last summer, had aroused public sentiment in Illinois to a considerable extent. It had been used by an association formed by the universities of the state for the purpose of obtaining a proper educational bill, and it had been widely circulated in whole or in part. It had been used in the daily press, in educational journals, and before the legislature, to create a

healthy sentiment, and to awaken the public mind to the serious condition. A bill that properly controlled educational matters in the state was introduced by a committee from the universities, but it was so sweeping in its effects that of course it received the virulent opposition of the worser class, and it was defeated. We stood ready, and while pushing our suit against the fraud colleges we at the same time introduced a bill that will, we think, put a stop to the issuing of fraudulent degrees, and pushed it through the legislature, got it signed by the governor, and it is now a law of the state. I enclose a copy of it. We believe that under this it will be possible to close up the traffic in fraudulent diplomas, which has disgraced the state, and to redeem the reputations of the Illinois educational institutions, which have been tainted by the existence of these miserable affairs, which it was impossible to catch or punish. For the carrying on of this work the National Association of Dental Faculties gave to the Committee on Foreign Relations full authority to draw upon its treasury, and even pledged itself to levy an assessment upon the colleges which make up its membership if necessary, thus pledging all the strength of the association in support of the committee. This has enabled them to accomplish what would have been impossible had they been hampered by insufficient authority or a lack of funds. At the same time the Foreign Relations Committee has been active in the endeavor to bring about a better understanding between the profession of American and that of different European countries. It has, of course, been necessary to work through American dentists practising abroad, but it is hoped that some mutual understanding concerning a professional and preliminary educational standard may be established. Delegates from Europe will be present at the meeting of the National Association of Dental Faculties at Niagara this summer, and it is hoped that much good will result. I write this at your request, and you are at liberty to make such use of it as will serve the best interests of our profession, which should know no bounds of country or nationality.

Very truly yours,
W. C. BARRETT.

Buffalo, N.Y., April 23rd, 1899.

DEAR DR. TRUMAN,—You are well aware that as the direct result of the agitation in the National Association of Dental Faculties of the existence of fraudulent dental colleges, the sale of dental degrees by them at home and abroad, and the opportunities given for the outrageous traffic through the existence of laws permitting their legal incorporation, especially in the State of Illinois, that an association of the universities and reputable literary and other institutions of learning was formed in the state for the purpose of securing a repeal of the obnoxious legislation. On the part of the

Dental Faculties Association, the matter was placed in the hands of the Foreign Relations Committee, with power to take such action as it deemed best. The report made by that committee at the annual meeting of the association held in Omaha, Neb., in August, 1898, has been extensively quoted, published and circulated in the State of Illinois, and has been instrumental in bringing about an organization of the literary universities and colleges. The Foreign Relations Committee very promptly secured competent legal counsel in the State of Illinois, and began a suit against the worst of the fraudulent dental colleges. In carrying on the suit the committee had the co-operation and assistance of the State Board of Health of Illinois, and the State Dental Examination Board. At the same time, in conjunction with the latter, it had prepared bills repealing the acts under which the fraudulent colleges had been incorporated. The committee appointed by the association of literary colleges had introduced more sweeping bills, and ours was to be used only in case of the failure of the drastic one of the universities. The university bill aroused an opposition which proved fatal to it, wherefore the following was introduced, has been promptly passed, and is now part of the laws of the State of Illinois. Great credit is due the counsel of the Foreign Relations Committee, Mr. Walter Saylor, of Chicago, for his energetic and persistent action. The suit of the committee against "The Independent Medical College," of Chicago, has been decided in our favor, but, as was expected, it has been carried to a higher court. That concern was reported to own no less than eight different charters, and little could be expected until successful legislation had made them null and void. It was deemed best to carry on both attempts simultaneously, that the victory when it came might be the more complete.

W. C. BARRETT,

Buffalo, N.Y., April 17th, 1899.

Chairman Committee.

BILL.

For an Act amending Section 2 of "An Act concerning corporations," approved April 18th, 1872, in force July 1, 1872, as amended by Act approved June 17th, 1893, in force July 1, 1893.

Section 1, Be it enacted by the People of the State of Illinois represented in the General Assembly: That Section 2 of "An Act concerning corporations," approved April 18, 1892, in force July 1, 1892, as amended by act approved June 17, 1893, be and the same is hereby amended so that the same shall read as follows: Whenever any number of persons, not less than three nor more than seven, shall propose to form a corporation under this act, they shall make a statement to that effect, under their hands and duly acknowledged before some officer in the manner provided for the acknowledgments of deeds, setting forth the name of the proposed corporation,

the object for which it is to be formed, its capital stock, the number of shares of which such stock shall consist, the location of its principal office and the duration of the corporation, not exceeding, however, ninety-nine years, which statement shall be filed in the office of the Secretary of State. The Secretary of State shall thereupon issue to such a license as commissioners to open books for subscription to the capital stock of said corporation at such times and places as they may determine; but no license shall be issued to two companies having the same name: Provided, that the Secretary of State is hereby empowered, and it shall be his duty, to revoke charters issued to corporations which authorize such corporations to confer degrees, diplomas or other certificate or certificates of qualification in the science of medicine, pharmacy or dentistry upon the recommendation of the Attorney-General, such recommendation to be accompanied by affidavit that such corporation is conducting a fraudulent business or violating the terms of its charter; or the Attorney-General may in his discretion file a bill in chancery in the name of the People of the State of Illinois, against any corporation conducting such fraudulent business or violating the terms of its charter, in any court having jurisdiction of the corporation and subject matter of such bill, and for an injunction to restrain said corporation from conducting its business fraudulently or violating the terms of its charter, and also for the dissolution of said corporation, and thereupon it shall be the duty of the court in which said bill is filed to hear and determine the same as in other cases in chancery. And provided, further, that this act shall apply to schools, colleges or universities which now or may hereafter be licensed in this state, notwithstanding any provisions that may exist in their charters.

Proceedings of Dental Societies

EASTERN ONTARIO DENTAL ASSOCIATION.

Reported by W. B. CAVANAGH, D.D.S., Cornwall, Ont.

The twentieth annual meeting of the Eastern Ontario Dental Association was held in the Hotel Frontenac, Kingston, on July 27th and 28th. The president, Dr. W. R. Green, occupied the chair. In the absence of the secretary, Dr. Geo. H. Weagant, through illness, Dr. W. B. Cavanagh was elected to the position.

His Worship, Mayor Ryan, delivered the opening address. He said he was exceedingly pleased to welcome the delegates to Kingston. This was a meeting for educational and scientific purposes. There was no city which more generously contributed her

quota to education than Kingston. Whether in the art of war, of medicine, or of theology, Kingston was thriving and prospering every day. There was no body of men he would more gladly welcome than the dentists, who were allied to the profession of medicine. The dentists had progressed in scientific culture recently, and had made even greater progress than the medical profession. Up to a late date the work now engaged in by dentists had been performed by the medical profession. During the last few years there had been a remarkable advancement. The members of the profession sought to protect not to exterminate. He would no more advise the removal of a tooth than he would a limb unless absolutely necessary. He welcomed the delegates most cordially to the city, and hoped their efforts would be beneficial all around. He hoped that the delegates would leave pleased with the city, and carry away the kindly feelings of the people.

The president, Dr. Green, on behalf of the Association, thanked the mayor for the kindly expressions of welcome. It had never been his privilege of attending a dental meeting before in Kingston, but the address of welcome spoke well for those who had done so.

The election of officers resulted as follows: President, Dr. R. E. Sparks, Kingston; Vice-President, Dr. A. H. Maybee, Gananoque; Secretary Treasurer, Dr. G. H. Weagant, Cornwall; Assistant Secretary Treasurer, Dr. W. B. Cavanagh, Cornwall.

A resolution extending the sympathy of the association to Dr. G. H. Weagant, of Cornwall, secretary of the Association, on account of his serious illness, and wishing that ere long he may be fully restored to health and vigor, and thanking him for the very efficient manner in which he has so ably filled the position of secretary-treasurer, was unanimously adopted.

Dr. Clements, of Kingston, read a paper, "Reminiscences of Early Dentistry in Eastern Ontario," which was thoroughly appreciated by the members. He stated that when he began to practise dentistry nearly fifty years ago there were but twelve dentists in Ontario. At that time gold, tin foil and amalgam (coin silver) were about the only filling materials used, and until 1856 metal was the only material used for plates. In that year rubber plates were made in Montreal. He was glad to know that metal was being used again to a larger extent, as it added to the mechanical skill of the dentist. The first vulcanizer used was manufactured by Mr. Franklyn, of New York, was made of cast iron, weighed three hundred pounds, was three feet high, and was put on a stove to heat.

Dr. J. B. Willmott, dean of the Royal College Dental Surgeons, opened the discussion by congratulating Dr. Clements upon his

very able paper, and gave some very interesting information. To Drs. Day and O'Donnell are largely due the credit of dental organizations in Ontario. Dr. Willmott considers that we have the best dental law in the world, and it is the best enforced. The dental law in New York is closely assimilated to that of Ontario. Ontario is the only place where the dentists have full control. Canada and New York have the only laws that take cognizance of students. The discussion was continued by R. J. Sparks and G. E. Hanna.

The next paper was "Economics in Relation to Dentistry," by Dr. S. A. Aykroyd, Kingston.

In discussing the paper Dr. Hagey thought a good way to improve the condition of the people was for the government to loan them sums of money at a very low rate of interest so that they could buy homes for themselves. In this way the large amount paid by the wage earners for rent would be saved. Drs. W. R. Green and W. B. Cavanagh continued the discussion.

Dr. Hagey, Kingston, read an interesting paper on "Root Canal Filling," which was listened to with attention.

The discussion was opened by Dr. Maybee and continued by Drs. Hanna, Clements and Willmott, who advocated the combination of chloro-percha and cotton, and oxy-chloride and cotton for root filling.

Dr. M. G. McElhenney, of Ottawa, sent a carefully prepared paper on "Alveolar Abscesses of Favorable Prognosis."

Dr. Hanna opened the discussion. In a great many cases the treatment of abscesses proved very tedious. A great deal depends upon the amount of tissue destroyed and the systemic condition of the patient. Often after treating an abscess for months success may be attained.

Dr. Hagey—An abscess is the destruction of the tissues at the apex of the root, and this cannot be replaced in a short time. It may sometimes take years to cure without eruptions, as we can introduce but a small amount of antiseptics at a time into the tooth. A temporary filling should be placed in the root canal for a year to give the tissues time to heal.

Dr. Bruce—A great deal depends upon the health of the patient.

Dr. Willmott—Should always thoroughly disinfect the root canal and sac, and the milder the disinfectant the better. Should always close the root canal.

On the afternoon of Wednesday, June 28th, the members of the association were entertained by the resident dentists of Kingston to an excursion through that wonderful paradise of nature, the Thousand Islands. Besides the delegates there were a large number of other friends, including many of the fair sex.

The palatial steamer *New York*, which had been chartered for the occasion, steamed out from the historic old lime stone city shortly after 2 p.m., and turned her bow towards the sinuous channels of the most famous archipelago of the new world. The Thousand Islands commence near Kingston where the waters of Lake Ontario issue into the broad St. Lawrence. The captain chose the American channel, and our steamer coursed between Howe and Wolfe Islands and touched for a minute at Clayton, a beautiful summer resort on the American mainland. After leaving Clayton the scenery was magnificent. On every side were islands varying in size, shape and appearance from small lumps of barren rock projecting from the surface of the river to the large fertile area of land crowded with the richest of foliage and lofty trees, and ornamented by richly colored summer residences, or left in their primeval rudeness. The rapidly changing pictures, as we wound in and out among the sylvan gems which deck the crystal stream, were bewildering. On and on the steamer traced its way through labyrinthian channels. Here and there the course seemed to be completely closed, but always on nearer approach the moss grown shores disclosed a hidden outlet and a sudden turn revealed a rock bound strait, or perhaps a beautiful amphitheatre of lake, bounded by myriad isles. The passage through this ever shifting kaleidoscope of dissolving views occupied most of the afternoon, and a more enjoyable trip would be hard to conceive.

Some distance below Alexandria Bay the steamer ran down the widening stream among the outskirting islands, some decked with pine and fir, and some but arid granite rocks, and then we swung around and headed back for Kingston up the beautiful Canadian channel. The scenery is ever changing, and the handiwork of nature is more appreciated than in the American channel.

The fresh, bracing breeze had keenly whetted the appetite of every soul on board, and the announcement that dinner was ready was heartily welcomed. The *menu* was quite in keeping with the hospitality of our hosts and a credit to the *chef* of the *New York*. Ample justice was done to the viands set before us and then came the "feast of reason and the flow of soul."

The president of the Association, Dr. R. E. Sparks, of Kingston, proposed the health of Her Gracious Majesty the Queen, which was duly honored by all joining in the National Anthem.

"Our Country" was the next toast, and was proposed by the vice-president, Dr. A. H. Maybee, Gananoque. Dr. G. E. Hanna, whose name had been coupled with it, responded at length in a very effective and patriotic speech.

Dr. W. B. Cavanagh, assistant secretary-treasurer, proposed the toast of "Our Profession," and the subject was ably handled by Dr. J. B. Willmott, Dean of the Royal College of Dental Surgery, whose name was coupled with it.

"Our Patients" found eloquent champions in the persons of Dr. S. A. Aykroyd, Kingston, and Captain Windeyer, Toronto.

Drs. Clements and Wood, of Kingston, proved beyond all question that the "Medical Profession," with which toast their names had been coupled, had within its ranks eloquent and entertaining orators.

Last but not least came one of the principal toasts of the evening—"The Ladies." Drs. J. Robertson, Davis and Ira Bower stood forth as champions of the gentler sex. By this time the revolving paddle wheels of the *New York* had brought us back to within a short distance of Kingston and all joined heartily in singing "Auld Lang Syne" and "God Save the Queen."

Upon our return to the hotel the thanks of the association were tendered the resident dentists of Kingston for the very admirable manner in which they welcomed and royally entertained the visiting dentists during their stay in Kingston.

W. B. CAVANAGH,
Assistant Secretary.

DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The annual meeting of the Association, as decided at last session of Quebec Legislature, will take place on Wednesday, September 5th, 1899, at 10 a.m., in Laval University, No. 185 St. Denis Street, Montreal. Important questions will be discussed, and your presence is earnestly requested.

ÉUDORE DUBEAU, L.D.S., D.D.S.
Secretary, D. A. P. Q.

Medical Department

Edited by A. H. Beers, M.D., C.M., D.D.S., L.D.S., Montreal, Que.

THE INFLUENCE OF PREGNANCY ON THE TEETH.

Our old text-books of obstetrics generally contained a warning to the effect that, if a pregnant woman submitted to the extraction of a tooth, she ran the risk of abortion as the result; and really, so far as the systematic works show, we have advanced but little beyond this in our knowledge of the influence of pregnancy on the teeth; although it is hardly to be doubted that the dentists could give us a good deal of information on the question. Considering the barrenness of our own literature in the matter, we are glad that it has been made the subject of particular investigation by M. Terrier, in a Paris thesis. M. Terrier's conclusions are thus sum-

marized in the *Presse Médicale* for June 3rd: In a great number of women pregnancy has a very decided influence on dental caries. It is particularly toward the end of the first month that toothache is apt to occur, and in many cases it is repeated toward the close of gestation, in the eighth or ninth month. The progress of caries is more rapid during pregnancy than at other times, the sensitiveness of the teeth is heightened, they are more friable, and their chemical composition undergoes certain modifications. The dental affections that may arise are attributable to two sets of causes, local and general. Among the local causes are gingivitis, a changed composition of the saliva, and acid regurgitations from the stomach. Among the general causes are (1) morbid systemic conditions and disorders of the digestive, the urinary or the biliary apparatus (the last mentioned giving rise to a form of self-intoxication, termed by M. Pinard *hépatotoxémie gravidique*), whence there result nutritive affections of the tissues in general, and of the bones and teeth in particular; (2) a heightened impressibility of the nervous system, giving rise to dental neuralgia and odontalgia, which are further aggravated by the gingivitis with its passive congestion, whereby the pulp is, so to speak, strangulated in its cavity, becoming the chief cause of toothache. The general disorders of the pregnant woman place her at a disadvantage in the struggle of her teeth against the progress of caries; the production of secondary dentin, which normally fills the dental canals and serves the pulp as a barrier against caries, is diminished, and a portion of the necessary calcium salts is diverted to the formation of points of ossification in the fetal skeleton. To a certain extent it is possible to prevent these affections of the teeth, and certainly it is highly desirable to make the attempt. A minute examination of the mouth and teeth at the outset of pregnancy is imperative. Every trace of tartar should be removed; if there is gingivitis it should be treated; caries also should be treated, but care must be taken not to fatigue the patient. It is almost always practicable to fill cavities. The old caution about extraction, dating back to Antoine Petit, in the seventh year of the first French Republic, should be observed, especially in the case of very nervous women. Systematic care of the mouth should be taken during the whole course of pregnancy and lactation.—*Editorial in New York Medical Journal.*

DR. S. O. GOLDAN has been giving an interesting series of articles in the *N. Y. Medical Journal* on "Anesthesia: Nitrous Oxide; Ether; Chloroform." He speaks highly of the advantages of the former, mentioning however, among its disadvantages, the skill required and the fact that it does not relax the muscles as ether and chloroform do. "As a preliminary to ether in general anesthesia it is unexcelled, and unless contra-indicated there is no

better method of inducing narcosis; to replace chloroform for surgical and gynecological diagnostic purposes when ether and chloroform cannot be employed; for removal of sutures; for opening and curetting of abscesses; for excision of ingrowing toenails; for circumcision, internal urethrotomy, and meatotomy; for removal of tonsils and adenoids; for reduction of dislocations and setting fractures; for posterior colpotomy; for uterine curettage, etc. It is contraindicated in the cases of very large and obese patients; in any condition causing stress upon the right heart, in which increase in arterial tension is unsafe; in arteritis, atheroma, aneurysm, alcoholism, and drug habits such as opium, cocaine, etc." The writer strongly advocates the use of nitrous oxide as a preliminary to ether: the advantages gained from the patient's, surgeon's, and anesthetist's standpoints more than compensate for the additional apparatus necessary; the absence of any unpleasant excitement and irritation due to ether—in fact, there are no stages to the anesthetic: the patient simply, quickly and quietly goes to sleep.

CHLOROFORM AS A HEMOSTATIC.

According to the *Journal de Médecine de Paris* for July 2, Dr. Spaak, of Brussels, has obtained excellent results from a mixture of two parts of chloroform with one hundred parts of water. This mixture is said to rapidly arrest hemorrhage after tooth extraction.—*N. Y. Medical Journal*.

Selections

OBSERVATIONS IN THE MOUTH DURING PREGNANCY AND THE CATAMENIA.

BY W. GEO. BEERS.

[We have been asked to republish the following paper, read before the New York Odontological Society, May 19, 1885. It will be observed that time has brought new facts to light, and given us new knowledge which disposes of some old beliefs. We let it stand just as it was written fourteen years ago.—Ed., D.D.J.]

The observation is very familiar that during pregnancy, when the uterus is congested, the arteries distended, and the general condition plethoric, the sympathetic influence of the nervous system upon distant organs like the teeth is very marked. As the uterus enlarges, there is not only abnormal pressure upon the bowels, bladder, kidneys, and ultimately the liver, but the lymphatic vessels become very large and numerous; many changes occur in the se-

cretions of the different glandular organs, while there is the direct abstraction of lime from the teeth and the osseous system to which I alluded in my last paper. It is not surprising that from this centre of life, besieged by an aggressive and growing fetus, conditions of a reflex nervous, as well as of a purely pathological character should be present in the teeth and mouth, and that the normally sensitive, salivary and mucous glands should not only have their functional activity increased, but changed in their chemical character.

It is perhaps unfair to expect general physicians, as a class, to interest themselves enough in the study of the mouth to make their opinions or their researches undeniable. The tongue, as an index of disease as well as of convalescence, is too often the only thing in it most of them care to examine. It is not unreasonable, therefore, to suppose that a profession exclusively devoted to the mouth would be more accurate observers of the state of glands which give them hourly trouble, even when in a normal condition. Indeed, the dentist ought to be a daily detective of ill-doing tonsils, uvula, fauces and pharynx. He may often be the first to discover quinsy, the film of diphtheria, scarlatina, syphilitic ulcers, etc. He may not only see enough in time in ragged teeth to prevent cancer or other malignant diseases, but he may see enough in time to send patients to their physician for medical or surgical treatment outside of his sphere. Always looking into the mouth, he ought to know all its abnormal departures.

I am led to these remarks by the prevalent opinion, among our medical authorities, that abnormal excitement of the salivary glands during pregnancy is only exceptional, and that there is no such thing deserving the name of salivation, unless the discharge is so profuse and debilitating as to be distinct and troublesome. Upon this point, which is dismissed with suggestive indifference, there is general and special agreement. Now, I venture to believe that the opportunities for observation are more favorable for the dentist than physician. As a rule pregnant women do not tell the latter of their gestation until the fifth or sixth month. There are naturally cases which a dentist as such cannot know or investigate; but if he is on the *qui vive*, with the main object in view of saving the woman's teeth, it is not so difficult as may at first be imagined. Every exceptional state of the salivary glands may be observed in the ordinary examination of the mouth; and observed in such a way and at such times as to distinguish the increase of saliva associated with the act of operating from abnormal secretions, with which handling the mouth has nothing to do. The numerous cases of hyper-secretion of saliva ought to be known to every dentist. It may occur during the use of certain drugs. It may even be idiosyncratical with the use of certain foods and fruits. It may

have its cause in the stomach and intestines, and some authorities believe that those two organs, as regards the liver and pancreas, hold the same relation as the mouth and salivary glands. It is often pathological, as a coincidence of acute rheumatism, in which case it is invariably acid; or of facial neuralgia, in which it is invariably alkaline, containing an excess of soda. It is associated with diabetes, small-pox, and with nearly all inflammatory affections. I have frequently observed it to begin with the very first inhalation of ether and chloroform—never under nitrous oxide gas—and remain for several days as an annoying *flux de bouche*, coincident with irritation of the pituitary or Schneiderian membrane. In cases of chronic catarrh or hay fever, ether and chloroform seem invariably to arrest the nasal discharge, and increase that from the salivary glands; and upon recovery from the effect of the anesthetic the mucous membrane of the nares is much less irritable. Hyper-secretion of saliva may be purely the effect of nervous irritation, as when excited by the sight of appetizing food; just as certain emotions will increase the secretion of milk in nursing mothers, or as exhilaration will increase the gastric secretion. Anything which excites the fifth pair of nerves, which controls the nervous system of the salivary glands, will alone excite an increased flow of saliva. But the hyper-secretion associated with pregnancy *per se* is no doubt an unconscious reflex action from the uterine mucous membrane, or decidua, to the salivary and mucous glands, through the medium of sympathetic ganglia and their nerves. Upon the submaxillary gland, which is the principal one excited, the submaxillary sympathetic ganglion is situated, distributing branches to the sides of the tongue and to the submaxillary and sublingual glands. The phenomena of salivation in pregnancy seem to me to be thus explained by the physiological properties of the sympathetic ganglion, and the primary activity present in the uterine mucous membrane. For whenever the decidua is exfoliated, as it is after birth, or in abortion, the hyper-secretion ceases in a few weeks. The point I wish to make in this connection is one contrary to what I venture to call the imperfect observation of purely medical authorities, viz., that there is in every case not diverted by febrile affections a preternatural secretion of saliva, from the early months of pregnancy to the time of lactation; and that in every case there is not only diminished alkalinity in a marked degree, but in the large majority of cases a decided acid reaction. No doubt the increased secretion often may not be sufficient to become troublesome like recognized ptyalism; or it may be so abundant as to demand iodide of potassium or other constitutional treatment; but it is a hyper-secretion nevertheless, and having almost invariably an acid reaction, no doubt explains why, with the coincident loss of lime in the tooth-structure, the teeth of pregnant women decay so rapidly.

Generally this proceeds without any sponginess of the gums, but it is not uncommon to find much periosteal irritation, extending sometimes to live pulps in teeth that are not carious, causing their death; the infiltration of serum to the dentinal tubuli, and not unfrequently periodontitis of the most active character, terminating in alveolar abscess. One very remarkable ending of just such a case occurred in my own family. A pulp died in a sound superior central incisor, and decomposition followed. I am ashamed to say that I neglected the case, and I endeavored by the use of leeches at the eleventh hour to relieve the congested state of the vessels. I know I should have opened to the pulp cavity, but one fine morning nature saved me the trouble, and had her revenge by splitting the tooth, from expansion of gas, from foramen to crown.

Now, the average hyper-secretion of saliva is not at all serious, excepting so far as the acidity is concerned; but the extreme condition is not only disastrous to the teeth, but may induce constitutional debility. I think, too, that the profuse salivation is always coincident with excessive loss of lime in the teeth, and that it not only indicates a demand for astringent or constitutional correctives, but a special alimentation, which I persist in believing to be as important at proper times for the pregnant woman as for the fetus. Idiopathic or spontaneous salivation, as a specific form of inflammation of the parotid glands, or ptyalism, induced by mercury, may be present; but that of pregnancy is easily distinguished from the latter by the absence of the coppery taste in the mouth and the mercurial fetor. In mumps we find the parotid glands enlarged and tense, and the submaxillary specially excited. In fact, any chronic disease of the salivary glands, as well as any simple inflammation, such as occurs in teething, will be associated with increased salivary discharge. The parotid has been shown by Bernard to be under the influence of the trigeminal and facial nerves, and that neuralgias of the fifth pair, and diseases of the teeth, may cause an increased flow of saliva by reflex action. Nothing is clearer to us amid the fog of doubt than that the sympathetic system of nerves controls salivary secretion. Certain nerve-centres are directly concerned in all increased secretion, from whatever cause, pregnancy included. A dentist's finger placed in the mouth stimulates the sensitive nerve-fibers beneath the epithelium of the mucous membrane of the tongue. Our operations do not excite the parotid glands any more than food; but the submaxillary and sublingual demand our watchful attention. Could we as easily and effectively shut off the discharge from these glands as we can compress an artery, the vital force of many an operator, as well as the quality of operations, would be much improved.

Magitot has fully elaborated the etiology of the saliva and its modifications, but neither he nor any other writer I have examined

has recognized hyper-secretion as an invariable sign and coincidence of pregnancy. It might not be correct nomenclature to speak of this as a pathognomonic sign of pregnancy, as pregnancy itself is purely physiological; but it is as inseparable from pregnancy as any pathological indications, such as the rash in scarlatina, the pustules in small-pox, or the characteristic signs of any other disease. Or it might be more properly mentioned as distinctly a sign of pregnancy, as the discharge of non-coagulable blood is of menstruation, though, like it, it may be more or less profuse. We can all recall instances where this condition was mistaken by eager anti-amalgamites for the salivation they fancied was caused by amalgam fillings; when it was diagnosed as such in spite of the absence of any mercurial indications, and even when the accused amalgam, which was found guilty without trial, was discovered by others to be innocent tin.

But what specially concerns us as practical men is the chemical character of this increased flow, and its effect upon the hard tissues of the teeth. I suppose few will deny but that the teeth of women are, as a rule, poorer in structure than those of men; and that at no time of a woman's life are they more predisposed to caries than during pregnancy. It would be an immense boon to humanity if we could discover how to alter those social circumstances of civilization which in our day, and especially on our continent, convert the natural into the pathological; or at least stimulate the functions of the nervous system to an intense hyperesthesia beyond their physiological endurance. I hope we shall have more and more investigation and more light upon this subject, for we sadly need it; and if we as dentists aim to save teeth, we must learn how to grow better ones, as well as to keep fairly good ones without the excavator and the plugger. I am not prepared to say that saliva from the glands during pregnancy is in every case acid; but I have been very faithful and careful in my examinations, extending back to 1868, and my opportunities for observation lead me to believe that it is most generally so. The saliva in health has always an alkaline reaction from the glands, and an acid one from the mucous follicles of the mouth. The buccal saliva furnishes all the acid requisite to produce necessary chemical changes in food for digestion. Now, it is not at all difficult to find out in every case the character of the secretions which flow from the different glands before they become mixed. Bidder and Schmidt have studied them fully in the lower animals. The parotid saliva was obtained pure from a dog by exposing the duct of Steno and introducing into it a fine silver canula, through which it was conducted as easily as the saliva is collected from the mouth by the saliva syphon. To obtain the submaxillary saliva, the canula was inserted into Wharton's duct; while the mucous was obtained pure by ligaturing

the ducts of Steno and Wharton and the sublingual gland, and collecting the secretion that came from the mucous membrane. Dalton obtained the parotid saliva of the human subject by inserting into Steno's duct a silver canula one twenty-fifth to one twentieth of an inch in diameter, and letting the saliva run out of the mouth into a receptacle. The reaction of these four distinct fluids in almost every case of pregnancy I have examined has been of an acid character; making every allowance for causes I have mentioned, as well as for food fermentation.

In the conservative or destructive treatment of the pulp, these conditions of pregnancy are frequently obstructive, especially where nutrition is imperfect. I believe I have seen many proofs of the direct benefit derived in depraved nutrition from the previous and continued use of chemical foods, where for some reason those of nature were not assimilated, because perhaps idiosyncrasies of taste repelled them, or digestion was impaired. The pulp is a resentful monopolist, and allows no intrusion into its cavity with impunity. There are conditions of the blood in pregnancy when the tendency to inflammation is increased when it is exposed; when, also, the possibility of its preservation is diminished.

There is a frequent symptomatic odontalgia in the third or fourth month of pregnancy, owing, I suppose, to the same nervous sympathy between the uterus and the mouth that exists between the uterus and the stomach. I have often read discussions as to the propriety of extracting such teeth at such a time; but it seems to me that this is a round-about way to treat the trouble. Associated with pregnancy we have frequent migraine, facial neuralgia. These reflex actions, like the nausea and vomiting of pregnancy, are owing not to the teeth or the head, but to the uterine mucous membrane; and in extracting one tooth the pain often passes to another, unless there is such local periosteal disease as to warrant no alternative. In the ordinary "toothache of pregnancy," I remember long ago using bi-meconate of morphia, hypodermically injected over the affected tooth. Leeches would be frequently useful.

In one or two words, I may add the observation familiar to us all that during pregnancy the dentine is generally abnormally sensitive, consequent again upon that reflex action which is at the root of the trouble we have in treating these organs at that time. Temporizing with tender touch and soft temporary fillings, carefully avoiding pain or disagreeable impressions, advising special hygienic precautions,—this ought to be all we should do.

Litmus-paper ought to be in the hands of every dentist, and ought to be used in every case at every visit of every patient, and a tabulated record kept of results. True science goes before as well as behind the merely operative. It is not enough for the permanency of our operations to know the predisposing causes of decay. It

must be recognized as an unexceptional duty to know and neutralize the active agencies as well. It is very easy phonetically or otherwise to record opposite each appointment the tests of the saliva; and one important effect will be that you impress upon your patients the ease and importance of detecting these changes for themselves and counteracting their influence. The careful use of litmus-paper, by keeping it clean and dry, not allowing it to touch the lips, the mucous, or the margin of the gums, but dipping it into the mixed saliva as it accumulates, and then letting it dry upon a clean napkin—these little things are important. Tests vary in the same month. Often there may be no marked reaction in the ordinary run of our patients. To be faithful records, they must be made before and after meals,—in fact, at least six times a day. Intelligent patients can be taught to assist us. They ought to be taught that nature intended the saliva to preserve, not to destroy, the tissues it bathes. Instruct them in its normal and abnormal conditions; the acids, such as lactic, acetic, and oxalic, which may be formed in the gland itself or in the mouth by decomposition of food, mucous, etc.; the uric, which is caused by the retention of urine, or by disease of the kidneys, which fail to eliminate it from the blood; the acids which are the result of medicines; the conditions which are the result of disease. Again, an excess of alkali may be present, which, while not acting upon enamel, will act upon exposed dentine, and thus the normal reaction may, by its excess, become *the* exciting cause of decay.

Any special and prolonged irritation of the uterus may induce acidity of the saliva. Any serious depression of the vital powers during pregnancy unbalances the circulation, and centres the nervous force in one organ. Where there is rapid decay at this time, there must not only be a diminution of phosphate of lime, and an increase of the more soluble carbonate, but that inevitable acidity,—to which two circumstances it seems reasonable to attribute the marked softening of the teeth. The pharmacist as well as the hygienist must work here hand in hand.

Just a few words now upon another condition. There are at least twelve times in each year, for about thirty years of a woman's life, when she is abnormally sensitive to pain, and salivary changes often occur which directly affect the teeth. I refer to the menstrual period, especially in dysmenorrhea. During the early and the last months, especially with the first child, because the novelty of the occasion induces more exalted reflex action, patients who at other times bear pain well then flinch from its slightest approach. In hysteria, for instance, a woman may be unable to control herself enough to brush her hair. Each particular hair seems to stand on end, if not "like quills upon the fretful porcupine," as sensitive as if they were pulps of teeth. She may have hysterical neuralgia and

toothache, and she will be sure to have hyper-sensibility of dentine and hyper-secretion of saliva. The teeth, even sound teeth, ache. A condition in the mouth exists which will disappear when the hysteria disappears, and which might be called *odontium hystericus*. It is next to impossible to excavate a cavity, or even to dry one, for such a patient. We may each of us pray that when our patients have this trouble we may be out of town.

But it is not uncommon to meet almost a similar result of menstruation. The catamenia in our modern fashionable society has an especial reflex action upon the nervous system, and associated with the coincident lassitude, pains in the back and loins, has frequently a direct effect upon diseased teeth, as well as upon the sensitiveness of dentine. Everybody knows there are women who can give birth to triplets as easily as if they were rabbits, and who suffer less inconvenience during their menses than they would from epistaxis. But we have to do with the average modern woman in our cities, and so far as opportunity has been afforded me, the observation is very common that hyper-sensitiveness of dentine, increased susceptibility to pain, and hyper-secretion of saliva, which very often has the same acid reaction as in pregnancy, are almost invariably associated with the menstrual period. It is no surprise that even regular catamenia should induce some nervous reflex and sympathetic action along the ganglionic system. We know that a small ulcer on the os uteri will provoke painful micturition, and that in such slight ailments as costiveness of the bowels and foul stomach violent headache may ensue. A good deal of doubt exists among pathologists as to the true functions of the ganglia, and it may be that in menstruation, as in pregnancy, they are the centres of nervous action sympathetically conveyed to the nerves of the teeth, increasing the susceptibility to pain of the pulp and the contents of the tubuli. It may be, too, that the change in the normal character of the saliva has some active influence at this time on exposed dentine. Some day posterity may smile at our ignorance. To-day we go on bravely guessing and groping in the dark for the dawn.

During the catamenia there are many nervous patients who ought not to be operated upon. The effect of even nitrous oxide gas, unless the bladder is previously emptied, is frequently to excite unconscious micturition. It is the custom of many of us to avoid prolonged or painful operations for nervous women at this time. One of the difficulties which meets many a gray-headed dentist is to know if his patients are in the pregnant or the menstrual period. It seems absurd that even an aged dentist, who may be a great-grandfather, has not as much confidence from women in this respect as a medico who may have only passed the years of discretion when he passed his examination. What should a woman do to save her teeth? Added to the constitutional treatment necessary in special

cases, a solution (one to twelve parts of water) of chlorinated soda, kept cool in a dark bottle, is one of the best antiseptics and stimulants known, and may be used as a mouth-wash after each meal, and before retiring to bed. This may be used one day, followed successively by common magnesia, or what is perhaps better, bicarbonate of soda, used in solution the same way. Frequent rubbing of the gums with the finger is alone stimulating. The badger-hair tooth-brush with chalk and soap are better than bristles and coarse powders.

But I must stop before I am told to. Before I began to write this paper I had ideas which have since vanished into thin air, and this seems only the shadow of what I intended it should be. However, the best that the most of men can do in a hurry can seldom be well done; but the best that some of us can do, even with leisure, is not as good as the worst that many here might do, even in their haste.

DENTISTRY IS A SPECIALTY OF MEDICINE.*

To-day in medical practice we approach the condition of the Egyptians, who had, as Herodotus writes, special practitioners of medicine for every part of the body. Medical schools prepare students to begin professional life as general practitioners: the majority of physicians do so begin it, and from the necessities of the case, the country doctor is quite certain to remain in general practice for life. But in great cities the tendency to specialism grows. Probably the best specialist is he who, spending his earlier years in general practice, confines himself later to a particular field into which he is led by circumstances or special interest and aptitudes. But whether one studies primarily to become, or becomes by the drift of circumstances, an otologist, ophthalmologist, orthopedist, gynecologist, laryngologist, odontologist or dentist, dermatologist, or what not, the fact that he devotes himself exclusively to a special region of the human body does not render it unnecessary, but rather the contrary, that he should found his specialization upon a knowledge of general principals; nor because surgeons use knife and saw, and orthopedists construct and devise special appliances, are these specialists to be classed as mechanics or excluded from the class of medical men. Yet plain as this may seem, the proposition has been vigorously disputed, and it has been stoutly maintained that one who cares for the teeth, call him dentist, odontologist, or stomatologist, is not a medical man following a surgical specialty, but is either a craftsman, a trader, or a member of a separate profession. And the reason is not far to

* Extract from "Legal Decisions," by W. A. PURRINGTON, of New York Bar.

seek. Ordinary dental operations require for their successful performance an unusual degree of manual dexterity and mechanical skill, to acquire which a considerable period of training is requisite. In our own century extraction of teeth was commonly performed by blacksmiths and barbers, while jewellers and ivory carvers made the artificial dental appliances. Later, dentists being noted rather for dexterity with tools than for scientific attainment, dentistry was associated chiefly with the mechanical work of extracting and repairing teeth and the manufacture of artificial substitutes for them.

To the ignorant or thoughtless a dentist is no more a surgeon than is a truss-maker; they see only the mechanical process, the art, and fail to note or apprehend that progress in the science of dentistry, within very recent years, has been so great and rapid as fully to entitle to rank among medical specialists its practitioners, who, within the memory of living man, were, as Messrs. Godon and Roger point out, as much the object of depreciation and ridicule as the physician or surgeon of Molière's time. Nor, indeed, do such persons realize how recently it is in England that a surgeon has been regarded, by those willing to entrust their lives to his care, as a person of humble social position.

As the physician has ceased to be called a "leech," and the surgeon a "saw-bones," so has the dentist ceased to be described by cheap wits as a "tooth-carpenter," and if the minds of some persistently associate the dentist of to-day with the old-time peripatetic extractor of teeth and maker of cumbrous appliances, it is largely due to the unprofessional business methods still adopted by certain persons, notably proprietors of so-called "dental parlors," who, like the ancient barber-surgeons of Henry VIII., "minding only their own lucre and nothing the profit or ease of the diseased or patient," make hideous displays to wayfarers, and by advertising cheap work, snare poor patients, whom they commit to the hands of employees, too often ignorant, unskillful and unlicensed.

It is because the due practice of operative dentistry requires professional attainments of a high order; a general knowledge of the human economy, and a very special knowledge of the oral-tract, its customary lesions, diseases, and abnormalities, as well as manual dexterity, that laws prohibiting the ignorant from such practice are distinctly legislation in the interest of the public health. The statute of New York recognizing this expressly exempts from its purview the "mechanical dentist," *i.e.*, the handicraftsman who works in the laboratory upon inert matter. Of this mechanic, the operator, his employer, expects, it is true, excellence in his art, but the law exacts nothing. It is with the operator, whose work is upon the living organism, that the statute

is concerned. As to him the case is very different. No amount of manual skill alone can equip him to work intelligently, or to the best results, without anatomical, pathological, and therapeutical knowledge. To many it seems that the filling of a tooth is a purely mechanical operation, well performed if the cavity is "plugged" firmly and smoothly, and if no immediate pain results; that an extraction is a simple act, scarce worthy to be called an operation; and that the insertion of artificial teeth or dentures is a mere bit of handiwork entirely successful if mechanically accurate. Let a few examples suffice to illustrate how fallacious is this popular idea.

There came to a dentist of New York, who, having been first graduated as a physician, took up dentistry as a specialty, a patient seeking immediate relief from suffering due to the condition of his tongue, which a surgeon had diagnosed as cancerous growth necessitating amputation. The dentist became satisfied that the condition was owing solely to traumatic lesions due to rough edges of the teeth. These latter he filed down, and applied slight local treatment to the inflamed organ. The patient was relieved, and by further treatment complete restoration of normal conditions resulted.

A lady was sent from a Southern state to a leading surgeon of the same city with a request that he would operate to excise cancerous growth upon the tongue. He took the patient to a dentist, had certain teeth removed, and after local treatment sent her home entirely relieved, without the necessity of any operation.

A neurologist sent to a dentist a patient who had for years suffered with acute facial neuralgia, to relieve which anodynes had been freely prescribed. An examination disclosed that the gums had grown over roots of a tooth that had been broken in the past by a clumsy effort at extraction. The local conditions being properly attended to, the pains no longer occurred, but the opium habit contracted under treatment remained.

When the Dental Act of France was debated prior to its passage, the harm done by mere mechanics in fitting artificial plates over diseased surfaces was fully brought out. A distinguished aurist of New York, now deceased, was wont to say that a large part of the diseases of the ear that he was called upon to relieve grew out of unwise dentistry; and Dr. Garretson, who, beginning his medical career as a dentist, ended it as a distinguished oral surgeon, said as long ago as 1860, before the Pennsylvania Association of Dental Surgeons: "When, years back, before this association, I have spoken of anemia, chlorosis, and kindred conditions as the source of dental caries, I have been met with rebuke for travelling outside my profession. Let me now, gentlemen, add my mite to the experience of to night, by affirming that I believe

I have saved more teeth by constitutional treatment than ever I have through manipulation." The same writer, in the preface to his fifth edition of "A System of Oral Surgery," written in 1890, says: "Oral surgery, twenty years back, was without so much as a name. To-day, oral surgery as a specialty in medicine is not surpassed, as to its range and as to requirements looked for on the part of its practitioners, by any department of the healing art. . . . Where medical knowledge is lacking, dentistry is of little use to a community." To go further into this matter here, even if the lay writer were, as he is not, competent to treat the question from the technical standpoint of oral surgery, would transgress the prescribed limits of this discussion. Enough has certainly been said to show that those laymen who see in the dentist only a craftsman, and those dentists who aim to be nothing more than craftsmen, have a very superficial and poor idea of what dentistry is as practised by its leading men, and what it should be if patients are to receive adequate treatment at the hands of dental practitioners.

Reviews

1. *The Diseases of Children's Teeth: Their Prevention and Treatment.* Illustrated.
2. *The Hygiene of the Mouth: A Guide to the Prevention and Control of Dental Diseases.* By R. DENISON, PEDLEY, F.R.C.S., (Edin.), L.D.S., (Eng). Illustrated. London: J. P. Segg & Co., 289 Regent Street W. Philadelphia: S. S. White Manufacturing Co.

In his more extensive volume, published in 1895, Mr. Denison gave us as a profession a valuable work. In the second volume, just issued, he has done the State, as well as the profession, a service. In the first volume he aims to educate medical practitioners in the knowledge of the diseases of the teeth. The later work is one well prepared for the public, if any means could be found to induce the public to study it. It is also designed to emphasize more attention on the part of the practising dentist to the importance of the hygiene of the mouth. The public do not read much about the care and the diseases of the eyes—of which each one has only two—and it is unlikely they will study much about the diseases of the teeth, of which so many of them think so little, that they sacrifice them to all sorts of freaks and fancies, persuaded by the lying advertisers of the profession. We have rascals who boldly advertise that they surpass nature with their cheap artificial abominations. They are

as reliable as the oculist who would pretend that he can restore the functions of the human organs by glass substitutes. We have opticians dabbling in the treatment of eyes, quite as ignorant of their diseases as the quack dentist is of the pathology of the teeth. Mr. Pedley's work should make us better teachers to our patients. It is a valuable text-book for schools. We know none better. The school teacher could easily master the subjects therein, and do good service to his pupils.

Cosmos and Evolution. By W. C. BARRETT, M.D., D.D.S. A lecture delivered before the students of the Chicago College of Dental Surgery, Feb. 20, 1899. Reprinted from *Dental Review*.

Dr. Barrett is a big man mentally, as he is physically. He is a refreshingly clear writer even on obscure subjects. As a new departure in the contributions of the doctor, this brochure should be welcomed, even if some readers disagree with its premises and conclusions.

A Review of Recent Legal Decisions Affecting Physicians, Dentists, Druggists, and the Public Health. Together with a Brief for the prosecution of unlicensed practitioners, etc. By W. A. PURRINGTON, Counsel of the Dental Society of the State of New York and Lecturer on Medical and Dental Jurisprudence in the New York College of Dentistry. New York: E. B. Treat & Co., 241 West 23rd Street. 1899. 105 pages.

This is a work which has been very much needed, and one which will be deeply interesting to practitioners in Canada. In another place in this issue we take the liberty of reproducing a chapter on dentistry as a specialty of medicine. The author emphasizes this as a natural connection, and it must enforce upon the mind of the reader not only the necessity of medical education, but the legal protection to the practitioner and the public which this affiliation affords. It is important that dentists who appear before our legislatures and our courts shall know, not only the provincial laws, but something of legal decisions and precedents which have occurred elsewhere. We have been met by prominent legislators with the sneer that dentistry is only a trade, and that as such we had no claim to the exemptions and privileges bestowed upon a profession. In fact, there have been occasions where the dental practitioner was ranked with the saloon-keeper. The arguments in rebuttal of the statement that dentistry is only a handicraft are forcibly set forth. The "Notes of Legal Decisions" affecting medical practitioners and the public cover those of dentistry, and a great deal of practical material useful to

our own position in Canada has been collected. Dental jurisprudence must necessarily form an important part of the student's education. Mr. Purrington has done a good service, which we trust will be widely encouraged.

Obituary

GEO. H. WEAGANT, L.D.S., CORNWALL, ONT.



Dr. Geo. H. Weagant died at his home, Second street, Cornwall on July 8th, 1899, in the 47th year of his age. He was born in Morrisburg, but for the past twenty-five years practised dentistry in Cornwall. He occupied a very prominent place in the profession, being recognized as one of the most proficient and successful dentists in Canada. For two years he was examiner in physiology in the Royal College of Dental Surgeons. He was a past-president of the Eastern Ontario Dental Association, which he was chiefly instrumental in forming, and held the position of

sec'y.-treasurer for over fifteen years, being re-elected at the convention held in Kingston, June last. He was among the first discoverers of copper amalgam, and was the first to bring it to the degree of perfection in which it is to-day. The funeral took place on Monday, July 10th, being conducted by the Cornwall Lodge of A.F. and A.M. The I.O.F. and A.O.U.W. also attended the funeral. The funeral cortege was the largest seen in Cornwall for some time. The floral offerings were beautiful, and included a beautiful wreath from the Cornwall dentists, a pillow from the Eastern Ontario Dental Association, and an anchor from the Ottawa Dental Association. His widow and six children survive him.

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TREATMENT OF THE DISEASES OF THE MAXILLARY SINUS.

Dr. J. D. Patterson, editor of the *Western Dental Journal*, read an interesting paper before the Kansas State Dental Association on the "Diseases of the Maxillary Sinus." Referring to the treatment of the tumors often found, he emphasized the fact that they cannot be cured by simply opening into the sinus and irrigation; they must be removed. The use of No. 2 or 3 large trephines will cut much quieter than burs; also Nos. 4 and 5 of the instruments used for making the sockets for implanted teeth. We have still in our possession two trephines made to order by the old firm of M. M. Johnston Bros., which we used when we were associated with Dr. Brewster in an unsuccessful attempt to transplant a bicuspid in the partly edentulous jaw of a patient who for thirty years had been a confirmed drunkard. Upon several occasions we have used the smaller of the two trephines precisely as Dr. Patterson suggests. The importance of a large opening into the antrum, so large, as Dr. P. suggests, that you "can get your little finger into it and feel what you are doing" cannot be too strongly enforced. Failure of treatment may be due to the smallness of this opening. The doctor condemns the drainage tube; it is an irritation, and bacteria gather around it. The disadvantage of the single orifice syringe is apparent when the anatomy of the antrum is considered, and the fact that the tumors are not attached to the superior wall, but to the lower wall and the sides. Dr. Patterson's suggestion of a syringe which throws a spray like an umbrella, removes the objection common where the single orifice syringe is used—that of

causing pain in the orbit if the pressure is great. He recommends a little bicarbonate of soda, or chloride of sodium in the solution to relieve pain; recommends Thiersch's solution, and hot water as hot as can be borne.

Concerning the anatomical difficulties on account of the septum which sometimes entirely divides the antrum, the doctor overcomes it, much as Alexander overcame the Gordian knot. He cuts the septum entirely away with a curette. He mentions one point in diagnosis, that of placing the finger upon the palate above the roots of the teeth. Tenderness and inflammation may be noticed there when pressure over the thicker malar bone may not be pronounced.

THE INFLUENCE OF PREGNANCY ON THE TEETH.

Under the head of the "Medical Department" we reprint an editorial on "The Influence of Pregnancy on the Teeth" from the *New York Medical Journal*. The attention which this excellent weekly frequently gives to the relation of the affections of the teeth with general diseases, and *vice versa* is only equalled, so far as our observation goes, by the *British Medical Journal*. The object of our medical department has been to interest medical men specially in those important questions; and it has been gratifying to learn from many sources that it has been much appreciated by individual practitioners.

UNAVOIDABLE DELAYS.

A lot of valuable matter, mailed as usual to the printer, has been lost in the mails. It is surprising that this occurs so seldom; but it is most provoking that it should occur at all. Everybody blames everybody else, and it is really the fault of nobody. For the future we shall register everything we send to the printer. This ought to be as safe as if we carried it personally by a special train to Toronto.

EDITORIAL NOTES.

THE grievances of overcrowding are not by any means confined to dentistry, or to Canada. The complaint is as general at home in England as it is at home in Canada. There is hardly an industrial trade that does not feel the woeful result of overcrowding. They call it over-competition, but it is one and the same thing. Young men in medicine and law, as well as in dentistry, think they are forced to use business methods, which their prede-

cessors did not use. They not only do not want to wait to win their spurs, but they feel so pressed by the procession that they are bound to get on, even if they forfeit their honor and lose the spurs they may have won. Men do not forget their manners, when at a wicket they have to wait for one or two who are before them. But when there is a mob waiting, they must jostle and hustle. And so when our embryonic licentiate gazes upon the crowd of practitioners ahead, and thinks of the coming crowd behind, the evils of overcrowding impel him to serious thought, as to whether he shall advertise sensationally with pictures of grinning ballet girls to catch the public eye, or use only ethical and professional means to make himself known.

THE last few years has been marked in the Province of Quebec by a sad degeneracy in the ethical position of the profession. There have been good reasons for the retirement, in disgust, of men who had experience. These reasons these gentlemen have charitably kept to themselves. There has been, too, a passion on the part of some of the younger generation to wear spurs they did not earn, and to occupy official positions at a very critical time, for which they had neither fitness nor experience, and a glorious muddle has been occasioned which will need tact and sacrifice to remove. It must be apparent to the cool heads in our ranks that matters have gone from bad to worse, and that unless there is a spirit of conciliation, and a resolute determination to put only the best men in office, both on the Board and the College, the near future will continue to be one of rash venture, reckless extravagance, and serious loss. It is impossible, perhaps, to expect any respect for decency and order among a few notorious disturbers of peace and prosperity, but the members generally desire speedy and sure reformation. It is our common interest, as well as that of the public. We trust that every licentiate in Quebec will make it his personal business to be present at the September meeting in Montreal, and that there will be an end to cliquism.

TWENTY years ago, in the *Canada Journal of Dental Science*, we accused some of the dental colleges over the border of fraud in granting diplomas, also of quack methods of attracting patients. A number of leading American dentists are busy repeating the charge to-day. Some of our friends got unnecessarily excited, and accused us of "attacking American institutions because they were American." The puerility of such a charge was apparent. But if there's anything rotten in the State of Illinois, or anywhere else, respecting dental education, any honest-meaning man who puts in his oar ought to get a welcome rather than a rebuff. It would have been better if the Augean stable had been cleansed twenty years ago. However, better now than never.

THE TOOTHACHE OF HUNGER.—The *New York Medical Journal*, quoting a contemporary, says that in some persons hunger will excite markedly disagreeable sensations in the teeth. A case is published of a patient who, while convalescing from typhoid fever, was seriously annoyed by painful sensations in two of his molars whenever he became hungry. The pain was sufficient to rouse him from sleep, and could not be allayed except by the introduction of food into the stomach, when instant relief followed.

IN the August number of the *Cosmos* Dr. C. V. Johnson finished his series of articles, "A few considerations in filling teeth." We are sure that his many friends in Canada, as well as in the United States, will be glad to learn that he has been induced to revise and rearrange the series for book publication.

"THERE is no profession so overrun with quacks as the dental. In these days of rubber and cheap dentistry, the most of the artificial work is left to the student or other employe, so as to enable the dentist to give his undivided attention to the operative department."—*Haskell*.

SOME of our dentists in Montreal are quite proud of the show-box full of extracted teeth which they hang at their doors. A dentist in Atlanta, Ga., strings these in festoons ten feet long around the huge sign over his door.

CORRESPONDENTS would save some trouble if they would place their names, etc., under the title of articles intended for insertion as "Original Communications," not at the bottom.

THERE are some old fashions which never go out of fashion. Honesty and industry are still better than trickery and falsehood.

IN trying to make our dental laws ironclad, we have made some of them of cobwebs.

ONE of the greatest curses to a young or old dentist is debt.

PERSONAL.

Owing to dangerous illness in our family we were obliged to forego the pleasure of meeting many old acquaintances at the convention at Niagara Falls. We enjoyed a number of visits from luckier ones on their return trip. Among them we shared specially in that of our friend Dr. Jenkins, of Dresden, Germany, of whom, and about whose work, we have been laying up a stock of interesting information for our readers.