

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- Coloured covers/  
Couverture de couleur
- Covers damaged/  
Couverture endommagée
- Covers restored and/or laminated/  
Couverture restaurée et/ou pelliculée
- Cover title missing/  
Le titre de couverture manque
- Coloured maps/  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black)/  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations/  
Planches et/ou illustrations en couleur
- Bound with other material/  
Relié avec d'autres documents
- Tight binding may cause shadows or distortion along interior margin/  
La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure
- Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/  
Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
- Additional comments:/  
Commentaires supplémentaires:

- Coloured pages/  
Pages de couleur
- Pages damaged/  
Pages endommagées
- Pages restored and/or laminated/  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached/  
Pages détachées
- Showthrough/  
Transparence
- Quality of print varies/  
Qualité inégale de l'impression
- Continuous pagination/  
Pagination continue
- Includes index(es)/  
Comprend un (des) index
- Title on header taken from: /  
Le titre de l'en-tête provient:
- Title page of issue/  
Page de titre de la livraison
- Caption of issue/  
Titre de départ de la livraison
- Masthead/  
Générique (périodiques) de la livraison

This item is filmed at the reduction ratio checked below/  
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						/					

# DOMINION DENTAL JOURNAL.

---

---

VOL. VI.

TORONTO, APRIL, 1894.

No. 4.

---

---

## Translations.

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

By CARL E. KLOTZ, St. Catharines.

THE USE OF STERESOL IN LOCAL ANÆSTHETICS.—M. Creigner, of Paris, says, "Local anæsthetics of different kinds are used for the painless extraction of teeth. The method of applying them often produces as much pain as the extraction itself. To overcome this difficulty different remedies have been applied, but with little success. Steresol has so far given the best satisfaction; when painted on to the gums it forms a skin or coating, benumbing and protecting them from the cold produced by a spray, or from the insertion of the hypodermic point. I have used it for some time, and have found that I can use Coryl (which is a favorite local anæsthetic in Paris—C. E. K.), without the slightest pain or disagreeable effect to the patient, and have been able to extract teeth, and some very difficult to extract, without the patient showing the slightest indication of pain. Steresol is a new preparation, and permits, under favorable circumstances, to apply antiseptic dressing, which otherwise could not be done. Its use in dentistry is varied, and it can be applied to ulcers or abscesses, wounding of the tongue, lips, and gums, etc. In consequence of its continued antiseptic properties it will destroy all microbes with which it comes in contact. It will also obtund sensitive dentine, applied on a pellet of cotton to the cavity."—*Zahntechnische Reform.*

PULP CAPPING.—It is preferable, before capping with phosphate of zinc, to cover the floor and walls of the cavities. Teeth with soft dentine, with a mixture of oil of cloves and tannic acid. After the phosphate capping is hard, fill cavity with metallic filling.—*Zahntechnische Reform.*

TO PREVENT NAUSEA IN TAKING IMPRESSIONS.—Allow the patient to inhale, before and during taking the impression, spirit of camphor.—*Zahntechnische Reform.*

---

ENAMEL FOR DENTURES.—M. Bouls, of Paris, covers vulcanite and metallic plates with a flesh-colored enamel of a peculiar kind, and claims that it will wear well for a number of years, and can be easily renewed. The plates are varnished with three different enamels, and dried in a warm-air chamber made for the purpose, which keeps up a steady temperature at a certain degree. The first coating is the foundation, the second gives it the flesh color, and the third imparts the gloss. The plate, vulcanite or metal, to be enamelled, is trimmed but not polished, is slightly warmed and varnished or coated with preparation No. 1, and placed into the warm-air chamber for five minutes at a temperature of from 110° to 115° C. When taken out, varnish again, but put coating on a little thicker, and leave ten to fifteen minutes in warm-air chamber. After cool the surface is made uneven with a chaser or engraver, so as to produce the light and dark shades in the flesh-colored enamel. It is now painted with preparation No. 2, which is the flesh-colored enamel. If the natural gums are of a light color, one coating will be sufficient, but if dark, it will require two or three coatings. This is placed into the warm-air chamber for fifteen minutes. After cool it is ready for a coating of preparation No. 3, which gives it the gloss, and placed in the warm-air chamber for five minutes. The time occupied for enamelling is from one to one and a half hours. Preparation to be had from the firm of Messrs. Nicoud & Cie., Paris.—*Zahntechnische Reform.*

---

NITRATE OF SILVER.—A very convenient way of keeping nitrate of silver ready for use is to soak asbestos fibres in a saturated solution, and allow to dry.—*Zahntechnische Reform.*

---

TINCT. CAPSICI. is very good to use in the first stages of Periodontitis, or where it is advisable to hasten suppuration. Paint the gums with it. It is also used in connection with Zingiber Pads placed on the gums.—*Zahntechnische Reform.*

---

WHAT NEXT? DOG DENTIST WANTED.—The following announcement appeared in the *Müncher Neusten Nachrichten*, January 22nd, 1894: "What dentist is prepared, with a guarantee of success, to undertake the thorough scaling and cleansing of a set of teeth of a small pet dog. Address, L. 12,081, c/o. *Müncher Neusten Nachrichten.*" Must it be a full-fledged dentist? Certainly; as many a dog-fancier would think nothing of paying a good round sum to have the teeth of his pet dog taken care of, and that only by the most skilful, provided it is done with the

utmost care, and without the slightest pain to the dear little creature; at the same time he would think twice before he expended the same amount on his own grinders. What a new field for our young dentists! Come on, ye heroes of notoriety and renown. Quite new. Dental Polyclinic for dogs of every breed. Kindest treatment assured.—*Zahntechnische Reform.*

TO CLEAN STEEL INSTRUMENTS TO MAKE THEM APPEAR AS NEW.—Wash well with wood ashes and water to remove all grease, place them for a few seconds in a weak solution of hydrochloric acid (10 to 15 drops to 30 gm. of water). Wash again in clear water; place them in a solution of chloride of zinc for from 10 to 24 hours, wash again in clear water and dry carefully. They will then have the appearance of being nickel plated.—*Zahntechnische Reform.*

TO STRENGTHEN A PARTIAL GOLD PLATE.—Dr. Read fits a piece of half-round wire to the model about from bicuspid to bicuspid, and fastens it to its place with wax. This is reproduced on the zinc die and also on the plate after being swedged, greatly strengthening it.—*Zahntechnische Reform.*

THE IMAGE OF HIS PA.—The nurse shows the new-born to the proud father.—“Just like his papa, Herr Baron.” “Really?” “No hair, no teeth; just your *very* image.”—*Zahntechnische Reform.*

ALUMINIUM CROWNS.—Dr. Heinman swedges crowns of aluminium and fills cusps with amalgam.—*Zahntechnische Reform.*  
(Aluminium being a soft metal, time can only tell how it will withstand the force of mastication.—C. E. K.)

TO RESET A DENTURE.—Dr. Dick's method.—He pours plaster of Paris into the plate for an impression; after plaster of Paris is hard, imbed the teeth about half-way in impression compound, place in articulator and remove plate from impression, take teeth off plate and put in their place in compound. Make a base plate of tea-lead on model, close articulator; now attach teeth to base plate with sticky wax and hot spatula. Open the articulator and fill up with wax on base to thickness of desired plate; trim and vulcanize same as usual. This is done when you have a good articulation of the teeth in the mouth and do not wish to alter or change it.—*Zahntechnische Reform.*

PULP CAPPING.—Dr. Anthony uses chlora percha. To a 15 gm. solution he adds  $1\frac{1}{4}$  gm. oil of cloves,  $\frac{6}{10}$  gm. tannic acid, and  $1\frac{1}{4}$  gm. carbolic acid. Make to the consistency of thick cream. A little dropped into the cavity and the chloroform allowed to evaporate. Fill on top of this.—*Zahntechnische Reform.*

IN PERIODONTITIS—Instead of painting the gums with a solution of aconite and iodine, Dr. Jones injects it under the gums close to the alveolar margin. The effect, he claims, is instantaneous.—*Zahntechnische Reform.*

ALUMINIUM SOLDER.—The *Scientific American* gives the following formula: 45 parts of tin and 11 parts of aluminium are melted separately and poured together in the molten state and poured into ingots. No flux required.—*Zahntechnische Reform.*

MATRIX FOR AMALGAM FILLINGS.—Dr. Mathews uses short pieces of very thin rubber tubing, which he slips over the tooth and allows it to remain about three hours after the tooth is filled. *Zahntechnische Reform.*

TO CLEANSE HYPODERMIC SYRINGE POINTS.—If you cannot pass a fine wire through, heat the points; this will burn out all foreign substances. Should a wire be rusted in, then dip the point into oil and heat—this will enable you to pull out the wire; force oil into the point and heat again, and you can remove all traces of rust. Wash with alcohol.—*Zahntechnische Reform.*

HEMOSTATIC.—Professor Cheever considers sulphate of iron and ammonium as the best hemostatic. It causes the blood to coagulate very rapidly, and forms a hard clot which does not irritate the soft tissues. He prefers it to perchloride of iron or to persulphate of iron.—*Zahntechnische Reform.*

## Proceedings of Dental Societies.

### Vermont State Dental Society.

There are historical and geographical, not to mention the personal, reasons why Canadian dentists should take a special interest in the conventions in the border States. In the Province of Ontario the profession has been under great obligations to friends like Dr. W. C. Barratt, of Buffalo, and others, and to the State societies of New York especially, members of whom have not only visited and contributed to the meetings of the Ontario Association, but who have hospitably received Canadian visitors to the meetings in their State. Vermont, in many ways, seems like a part of the Province of Quebec, and the eighteenth annual meeting of the State society would have been more largely attended by Canadians had it not been for several circumstances which may not likely occur again. It was one of the most pleasant and profitable ever held. Dr. G. W. Hoffman, of White River Junction, had invited the members

to hold the meeting there, and the St. George's Hotel was found to be a delightful and cosy centre. The meeting opened on Wednesday, the 21st of March, at 7.30 p.m., with prayer by the Rev. Dr. Snow. The President, Dr. A. J. Parker, of Bellow's Falls, occupied the chair. Dr. Wright offered a resolution of sympathy with Dr. S. J. Andres, of Quebec city, an honorary member of the Society, which was unanimously carried, and the Society requested to convey the same to the doctor. Dr. Andres has been unwell for some time, and was unable to be among the many friends in Vermont who were always glad to see him.

Dr. Hoffman then read a charming address of welcome, which had the unique feature of having been written by his wife. The papers are to be published in our contemporary, the *Ohio Dental Journal*, and we trust Mrs. Hoffman's tribute to the profession of her husband will appear in full.

Dr. J. N. Collins, of Granville, N.Y., read a paper entitled "Filling Root-Canals with Beeswax," in which he described the careful procedure of thoroughly drying the canals, and then introducing the wax and melting it around the mouths of the tubuli with a hot wire. It is not only cleanly and persistently hermetical in adaptation to the surrounding walls, but it is easily removed in the event of subsequent trouble. Dr. Collins stated that Dr. S. B. Palmer, of Syracuse, approved of it, and had publicly stated his belief that it was the best root-canal filling.

Dr. G. A. Young, of Concord, N.H., believed, after long experience, that it did not much matter what the roots are filled with providing gutta-percha and chloroform is not used. He has never seen a case in which the gutta-percha had not absorbed the fluids, and in fact, if removed, a strong odor was present from the pulp cavity. He approved of wax, if he approved of anything. He removed one gutta-percha filling put in by Dr. W. S. Curtis, of West Randolph. It was sweet and clean, because it was crude gutta-percha. Beeswax withstands acids. Only wish we could satisfactorily fill the crown as well as the canals with beeswax. It would make dental practice fun. However, he declared that he did not believe in putting anything into the canals; has got over all medicating of canals; believes that the open canals are safer than if filled. If he feels like it, he puts gold into the roots as far as convenient, but is not bound down to any cast-iron rule.

Dr. G. Lennox Curtis, New York, asked Dr. Young if he ever had alveolar abscess following his treatment of "no treatment." Dr. Young replied that he had not any more, and he did not think he had so much as formerly.

Dr. Curtis said it was new to him, and that he would like it scientifically and statistically investigated. Instinctively, he approved of wax; it left no odor. Best results he has seen were when chloro-percha used, after thorough cleansing to the apex, steriliza-

tion, perfect drying by hot air, paper points, etc. Does not look reasonable to omit filling root-canals, leaving air for decomposition, and if heated, drawing back the fluid elements, which must create inflammation and abscess.

Dr. Hoffman, White River Junction, described cases where canals were left empty and found no odor. Never believed in the air theory before. Since then never filled root canals. Sterilized with hot air; inserted filling, and did not make any special effort to get it up the canals. The results of this practice have been satisfactory.

Dr. Bowers, of Mashua, N.H., tried the air theory for three years; does not always adhere to it; doubts if the apex of roots can always be reached. The only dentists who accomplish miracles like that are recent graduates—they never err or have failures.

Dr. C. K. Gerrish, Ester, N.H., then made some very interesting remarks on "The Unknown Dentistry of the Future." He claimed to be a bit of an old-fashioned dentist, not apt to be carried away by every new fad. Had used one gold foil—Abbey's—for thirty years. Never filled a tooth exclusively with adhesive foil. He showed the wonderful knowledge possessed by the Egyptians in the arts and sciences, and what they knew about dental practice. He read a very quaint advertisement of Josiah F. Flagg, in the early part of the century. With respect to the present rage for hypnotism, fifty years ago it was called mesmeric power. The speaker was associated in early life with Dr. W. L. Johnson, of Newburyport, Mass., and he saw thousands of teeth extracted by Dr. Johnson, after he had "mesmerized" the patients, and in no single instance with bad effects. Bleeding, too, was controlled by hypnotism. Dr. Gerrish covered a great deal of ground in referring to the past, and the prospects of the future dental practice. He saw inlays thirty-two years ago retained by gold foil. All honor to the men of fifty years ago, who showed they were artists, and whose success in the face of great difficulties ought to humiliate those of us who think we "know it all." The doctor concluded by drawing an imaginative and humorous picture of the future dentistry—providing future generations have any teeth.

Dr. G. A. Young was to have read a paper, but in his usual bland way he hypnotized the audience to forgive him, as he had brought several good "trotters" from New Hampshire, including the President, Dr. Bowers, and other officials of the State society. Dr. Young is an institution which the Vermont Society begin to feel they cannot do without. As the founder and head centre of the "Trotters' Club," he is not only possessed of great mines of practical knowledge and skill, but a deep vein of humor which runs like a golden thread through his most serious remarks.

On Thursday morning the members re-assembled. Dr. R. M. Chase, of Bethel, opened a discussion on the subject, "Should

Dentists Administer Secret Drugs and Nostrums?" He contended that it is as unethical as it is unscientific to administer drugs the composition of which we do not know. No local anæsthetic should be used, the formula of which was not published on the label. It had been shown by Dr. Kirke that most, if not all, of these preparations contained cocaine, and it is, moreover, a notorious fact that some dentists are publicly lying in their disgraceful advertisements, and pretending to have the monopoly of the use of some such preparation, ignorant whether or not it contains constituents dangerous to health and even to life. There is a class of men who neither respect themselves nor care for the public, more than as patients, whom they can deceive. It may be, too, that many very honorable men use these nostrums, believing that they are harmless. But how can they believe anything about their effects if they are kept in the dark as to their formula?

Dr. Hoffman said that if any men in any dental society will stultify themselves by subscribing to a code of ethics, and then pretend before the public that they have the monopoly of a nostrum of the kind, they lie, and should be expelled. A *dentist* who does it is a sneak of the first water, and should be treated like any other sneak.

Dr. James Lewis, of Burlington, the oldest practitioner in the State, and one of the honorable and respected "fathers" of dentistry, remarked that we claim to be a branch of medicine, but unless we enforce our ethics we do not merit the claim. When advertisers declare they have something new, when they know no more than their patients what the nostrum contains, and do not know the physiological or toxic effects, they injure the profession and they rob their patients. Their claims are mere ghost stories. In Nashville Medical College, the Faculty erased from the graduates' register the names of those who were using such deceptive advertisements. Dental societies should do as much. Hundreds of good teeth are extracted by these advertisers. He believed, from his experience of active practice of over half a century, that there were fewer teeth saved by filling than thirty years ago.

Dr. George O. Webster believed it was necessary for the honor of the Society and for the protection of the public that some action should be taken. He did not believe in any dictatorial despotism which would force men, by law, to avoid these nostrums; but he believed in cleansing the skirts of State societies even of any silent recognition. The Society should not be used as a cloak to enable anyone to advertise these nostrums. He would prefer to see men repenting and becoming ethical, rather than subjecting themselves, by such conduct, to the reproach of their brethren and possible actions for damages some day from their patients.

Dr. G. L. Curtis said, the worst feature was the deceptive advertising. If men felt they must do it, they should resign their con-



nection with the Society, because their influence was a direct injury and insult to members who believed in being ethical.

Dr. James Lewis recalled the use of arsenic by Spooner, and his contemporaries, for reducing sensitiveness of dentine, and the serious results which frequently followed. Some of these local anæsthetic nostrums contained liquid arsenic.

Dr. George F. Cheney, St. Johnsbury, asked, How shall we educate the public? In the analysis of a medicine recently put upon the market, it was discovered that there was enough arsenic in a few drops to kill! Dr. Kirke in his article in the *Cosmos* had shown that of ten local anæsthetic nostrums, only one was free of cocaine (Barr's). He thought that the public press should publish such facts.

Dr. W. Geo. Beers believed that if the public knew the fact that dentists who used these nostrums were ignorant of their composition, they would be loath to have them injected into their blood. Dr. Kirke deserved the thanks of the profession for exposing the duplicity, not only of the men who manufactured these nostrums, but of the men who ignorantly used them. It was a fact, nevertheless, that the public tolerate, if they do not positively enjoy, being deceived. He suggested that the American Dental Association consider this question and pronounce authoritatively, not only on the ethical question, but as to what preparations can be safely used. It would be well to suggest a reliable preparation, and publish the formula under the official approval of the national representative associations (American Dental and the Southern Dental).

Dr. J. L. Perkins, St. Johnsbury, suggested that attention be drawn to the fact, that the gum tissue has frequently sloughed as the result of the hypodermic use of some of these nostrums.

Dr. W. S. Curtis, West Randolph, agreed with the object proposed, but reminded the members that it did not apply, so far as censure in use was concerned, to preparations the formula of which was known and intelligently approved of by the operator.

On motion of Dr. Chase the following resolution, embodying one passed by the Connecticut Valley Dental Society, was unanimously passed:

"Whereas, Several compounds and nostrums, more or less familiar to the dental profession, have been and are being promiscuously advertised as secrets, and those which have been proved either useless or injurious, advertised as wonderful, and

"Whereas, Such false and vicious advertising is a detriment to our patients and ourselves, and

"Whereas, All known local applications, powerful enough to completely destroy the sensibility, are capable of doing serious injury to tooth and structure, and severely to health, therefore

"Resolved, That we hereby condemn the practice of the use of such nostrums by the profession, and recommend that any and all

legitimate means be used by the members of our societies to educate the public and guard them against the possible harm which may result from the use of these nostrums."

It was decided that secret compounds and nostrums include all compounds put upon the market without a printed formula furnished to the profession at large.

A paper and a talk on "Alvcolar Hæmorrhage," by W. George Beers, followed. The writer explained the physiology of coagulation, the causes of imperfect coagulation, the varieties of hæmorrhage—capillary, venous, and arterial—constitutional and local conditions which predisposed to hæmorrhage. He showed that precaution was necessary in dental practice not to venture upon surgical operations, involving the loss of blood, in marked cases of anæmia, when the fibrin is in a state of inefficient solution, the blood of feeble coagulating power, and the vascular trunk of feeble contractile power. The danger of lancing children's gums in certain constitutional conditions was shown. Also the fact that, where leeches are used, the blood coming from the body as soon as the leech is removed will never coagulate; and that, even in ten minutes after the leech is withdrawn, it will take one hour for the blood to coagulate. It is said that this is due to a secretion in the leech with which it impregnates the wound. Attention was drawn to vicarious bleeding during the menstrual period, and the risk of operating at that time. The writer believed that some such physiological localized concentration, followed by vaso-motor disturbance, especially in neurotic girls, as explained by the so-called miracle of the "Stigmata," was apt to occur when teeth were extracted during the catamenia. The decrease of hæmorrhage was thought to be due to the better blood as the result of better food, abundance and cheapness of fruits; better instruments, the abandonment of the old key of Garengot, etc. Sir Benjamin Ward Richardson, in a paper read before the Odontological Society of Great Britain recently, attributed the decrease in hæmorrhage in his experience to these facts. It was shown that there need be no anxiety if syncope occurred. It relieved the arterial tension. Stimulants should never be used. They increased it. The various orthodox methods of arresting hæmorrhage were mentioned, and attention drawn to the great value of *Lycoperdon giganteum*, or common puff-ball, which Sir Benj. Ward Richardson introduced nearly forty years ago, before the then existing College of Dentists of England. It had been used for centuries to stupify bees before robbing the hives. Dr. Richardson saw this done, and was led to try it as a narcotic. The writer had it analyzed some years ago, and it was discovered that its styptic property was due to phosphate of soda. It acted chemically and mechanically. When he was a student, Dr. Charles Brewster, of Montreal, was using it in his dental practice, and in 1871, after using it for thirteen years, he brought it before the pro-

fession in the *Canada Journal of Dental Science*. Dr. Brewster had, for years, been experimenting with it, and having medicated it, and added greatly to its natural advantages, he was induced to place it in the market for our use. It was unexcelled for hæmorrhage, alveolar or otherwise, and Dr. Beers suggested that the dried and medicated *lycoperdon* be tried in the hæmoptysis, where the divided artery is in the lung and the mineral acids are used.

The paper was discussed by Drs. G. L. Curtis, Lewis, and others.

Dr. Thos. Fillebrown, of Boston, who has distinguished himself for his concentration of interest in suggestive therapeutics and operations applied to dental practice, gave a most fascinating lecture on "The Power of Suggestion." Your reporter is forced to make the confession, which he considers at the same time a compliment to Dr. Fillebrown, that his attention was so concentrated that he forgot he had a note-book in his hand; and he proposes trusting to his memory to prepare a special report, and submit it to Dr. Fillebrown for revision, and then publish it in the DOMINION DENTAL JOURNAL. Dr. Fillebrown demonstrated the power he described, in the mouths of several patients.

Dr. C. H. Wells, Huntingdon, Que., read a paper illustrative of his mechanical treatment of a number of fractures, which had been caused by the celebrated kicking horses of the Province of Quebec. The paper was well discussed by Dr. G. L. Curtis, who paid the essayist many compliments. It pleased him specially to remark the conservative treatment. General surgeons would not have saved the teeth in the cases mentioned.

In the afternoon Dr. Gustave P. Wicksell, Boston, gave clinics "Richmond, Buckern, Wicksell Crowns." Dr. F. R. Jewett, of Woodstock, on "Crown Work." But the *crème de la crème* was the series of surgical clinics by Dr. G. Lennox Curtis, of 124 West 34th St., New York. We will not say that Dr. Curtis is a rising oral surgeon. He has risen, and shines in full effulgence as a cool, wonderfully rapid, and skilful master of oral surgical science. The doctor exhibited one osteo-sarcoma from the antrum as large as a hen's egg. The case was due to a blow on the malar bone. A portion of the jaw and teeth opened into the antrum; the growth formed in the antrum, and destroyed portions of the malar and superior maxillary bones, and the hard palate. Dr. Curtis removed the teeth with the slightest ridge of alveolus, with very little effort, and the whole tumor was caught with the forceps and withdrawn from the antrum. The periosteum alone remained over the malar and palatal bones. Hæmorrhage was checked by very hot water; wound firmly packed, and antiseptic precautions used. No secondary hæmorrhage. Case was dismissed in two weeks. In six weeks the boy, who was sixteen years old, returned to duty entirely cured. An artificial jaw of vulcanite was afterwards fitted. The

operation occupied twenty-five minutes. Dr. Curtis exhibited photographs of the case, before and after the operation. No deformity, as there was no incision on the face; Dr. Curtis using various appliances, most of them of his own invention, on the dental engine. He alluded to an artificial portion of jaw, for a similar case, made by Dr. W. G. Beers, which was fitted to a patient. It included an entire upper set of teeth, and an obturator to close an accidental cleft, and was retained *in situ* by a gold spring attached to an apparatus of gold in the lower maxillary. After wearing for three months, the folds of the cheek accommodated themselves so nicely to the plate that the lower apparatus was discarded.

An interesting osteoma was exhibited, which originated under the first inferior molar, left side. A filling had been inserted over a devitalized pulp, which abscessed the next day; the face was much swollen for two weeks. Gradually subsiding, and leaving a hardened lump in the region of the root, which increased in size for two years, when it had enlarged to the size of a nutmeg. Dentists and surgeons advised no interference; said it would "absorb." Dentist finally extracted the tooth; found no sign of abscess; pulp of tooth was atrophied. The tumor continued to enlarge for two years more, until it became the size and shape of a large walnut; face disfigured, and mal-occlusion of the teeth. All the bone was destroyed within three-eighths of an inch of lower ridge. The inferior dental vessels and nerves were atrophied from pressure. The operation consisted of laying open the gum tissue, by incision from the dens-sapientiaë to the cuspid—*never touching the face*. Torsion and hot water were used instead of ligaturing. Then denuding the gum, the tumor was well exposed, and with an elevator it was lifted from its place as a cobble-stone might be lifted from the bed of a stream. The sac in which it was lying was dissected away; packed with antiseptic gauze, and allowed to fill in by granulation. The operation occupied eight minutes. No deformity, and perfect cure.

Dr. Curtis operated before the members on a case evidently an osteoma, which had caused mal-occlusion of the teeth on one side, owing to the lengthening of the two last molars. After extracting the two teeth, he cut into the cancellous structure with a large burr on the dental engine, and removed the growth. It was his opinion that it might recur.

#### THE BANQUET.

The host of St. George's Hotel got up a very delightful and appetizing banquet. The menu card was very neat. A number of ladies were present. Dr. A. J. Parker presided with dignity and tact. There was more than enough to eat. As the State is Prohibition there was nothing stronger than coffee to drink.

There were lots of good speeches, and "The Trotters" had lots of fun among themselves.

#### "THE TROTTERS."

After the banquet, this ancient and mysterious organization, born in the State, met in Room 26, to drink the usual two hundred and forty toasts in their own Club concoction, the formula of which, with all respect to the Code of Ethics, cannot be printed on the label. Candidates, upon initiation, are obliged to swallow the mystic cup "Orangesoapcork." One candidate was initiated fifteen times. It is a specific for constipation. An international contest occurred between the champion trotters of the United States and Canada. The American brought down the house, and the Canuck brought down the bed. Two hundred and forty-two fish stories were told. Dr. Young, of Concord, told two hundred and forty-one. The remaining members told the other one. The meeting then adjourned to breakfast.

#### THE FINISH.

After the ever-vigilant treasurer, Dr. W. H. Munsell, had brought delinquents to time with their subscriptions, Dr. Parker announced that the election of officers would follow. The result was as follows: President, Dr. W. H. Wright, Brandon; 1st Vice-President, Dr. E. O. Blanchard, West Randolph; 2nd Vice-President, Dr. F. P. Mathers, Chester; Secretary, Dr. Thos. Mound, Rutland; Treasurer, Dr. W. H. Munsell, Wells River; Executive Committee, Drs. C. W. Staples, Lyndonville; J. A. Robinson, Morrisville; G. A. Wheeler, West Randolph; State Prosecutor, Dr. G. W. Hoffman, White River Junction.

There were two causes for regret; one was that all the members did not wait until the last event of the last day, the other was that we had to part.

Brandon was fixed upon as the next place of meeting.

Many personal matters crowd upon us, which we regret we have not time to enumerate. It was delightful to meet with Dr. James Lewis, and Dr. J. L. Perkins, who bear well the brunt of life and duty, sturdy as their own green mountains. Dr. Lewis is a young-old man, whose professional reminiscences we would like to see in book form. Dr. Perkins is neither young nor old, but he has the spirit of the one, and the matured sense of the other. But they are all "jolly good fellows,"—"which nobody can deny."

#### THE EXAMINING BOARD.

The following officers of the Board were present:—

Dr. J. L. Perkins, President, St. Johnsbury; Dr. R. M. Chase, Bethel; Dr. Jas. Lewis, Burlington; Dr. Geo. O. Webster, St. Alban's; Dr. A. J. Parker, Bellow's Falls. The meeting began at 2 p.m. on the 21st March. There were seven applicants for license.

An important feature was the practical examination. Each candidate was obliged to perform various operations in the mouth in presence of the Board, and the offices of Drs. Hoffman and Wheeler were used for the purpose, as well as the chairs in the Dental Exhibit. The advantage of this in economizing time was shown in the case of one candidate who quickly demonstrated his inability to prepare a simple cavity, and who withdrew from the ordeal. The following gentlemen were granted licences to practice: D. J. Harrigan, Bellow's Falls; N. P. Bugbee, North Comfret; H. Burbridge, Windsor; Chas. Sutton, Norton Mills. Four candidates were rejected.

We take special pleasure in congratulating the members of the Society on the *personnel* of the Board. It would be difficult to find five men more faithful and able; and it must be remembered that their personal work and worry, purely in the best interests of the profession and the public, is not confined to the few days of the annual meeting, but extends throughout the year; as any member of the Board may, in the interim of the session, examine a candidate and grant a temporary licence to practise until the next meeting. One of the results is that every member is exposed to this inconvenience at any time in his own office; and, as has repeatedly occurred, when the examiner finds that he cannot conscientiously pass a candidate, he is certain to be assailed, personally and professionally, by the particular friends of the candidate. It is easy to imagine how this may cause direct financial loss to the examiner. The responsibility and annoyance in this respect may be quite serious. Moreover, if it should happen that an examiner showed unfair leniency, he does an injustice to the licensed members as well as to the people.

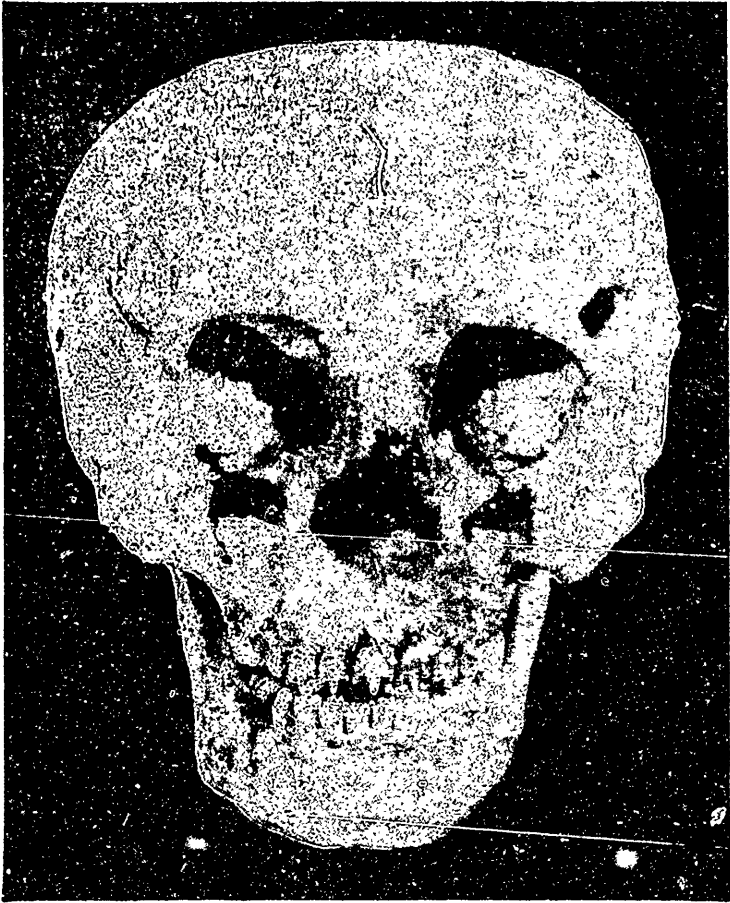
#### EXHIBITORS.

The following had very interesting exhibits of their goods, which were closed during the meetings of the Society: T. Hudson, Troy, N.Y.; Wood & Reynolds, Boston; Boston Dental Manufacturing Co.; S. S. White Dental Manufacturing Co., Boston; A. J. Smith, Providence, R.I.; Gideon Sibley, Philadelphia, Pa.; Wilmington Dental Manufacturing Co.; B. L. Knapp & Co., Boston.

Whatever may now and then be said as to the distracting attraction of the exhibits, they are an educational boon to the profession, especially to those who practise where there are no depots in their locality.

---

*The Dental and Surgical Microcosm* has suspended publication until October next, owing to the long and severe illness in the family of the editor and subsequent death of his wife and only son. We extend our sympathy to our bereaved contemporary.



Filed teeth of skull over one thousand years old. Photographed by R. R. Andrews from Central American Exhibit, Peabody Museum, Cambridge. (Skull, grave 14, Labna, Yucatan. Found by M. H. Saville.)

## Prehistoric Crania From Central America.\*

By R. R. ANDREWS, A.M., D.D.S., Cambridge, Mass.

At the Peabody Museum, at Cambridge, there is a collection of archæological treasures, recently found in Central America, that have especial interest to the dental profession. These, consisting of crania, parts of the skeleton, a collection of teeth curiously filed and inlaid, with a fine collection of pottery and instruments which were made from bone, stone, and from a volcanic glass (obsidian), together with carvings and statues, are soon to be on public exhibition. They are being arranged in cases and around the room, while large numbers of photographs, showing the site of the excavations, are arranged within the cabinets upon the walls.

In 1890 the expedition that obtained them was sent to Central America by Harvard University under the charge of Mr. John G. Owens, a young archæologist of great promise, who died at his post of duty after the explorations were about complete. The expense of this expedition was defrayed by certain wealthy Bostonians. Most of these archæological treasures were brought from Copan, Honduras, and certain other ruins found in Yucatan. Mr. C. P. Bowditch, of Boston, who has been very much interested in the expedition, has now the charge of the collection. Mr. M. H. Saville, to whom I am much indebted, and who was with the expedition, states that the site where these things were found was covered by a growth of old trees, and it was necessary for the natives to cut these away before the excavations commenced. An ancient temple of some kind was long supposed to have existed here, from the fact that carved blocks of stone had been from time to time dug up in the locality, and the excavations proved this



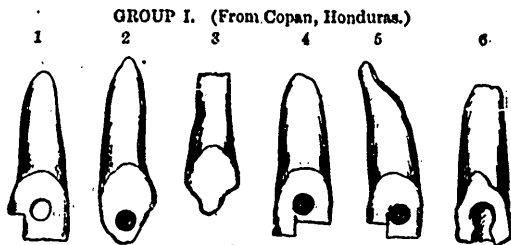
Skeleton 7, Mound 36.  
Filed without inlay.

supposition to be a fact. A large temple was unearthed, together with a number of the homes of the former inhabitants, and graves were found under the floors of the rooms of the houses. These graves were either stoned in or cemented, after the bodies had been partly covered with loose earth. Other graves were found in deep cemented chambers under the level of the ground, these chambers having the triangular arch commonly found in the buildings of this prehistoric people. The teeth on exhibition were obtained at Copan, Honduras. The skull, which is here shown, was taken from a grave at Labna, Yucatan, and is probably of a later date than the skeletons found at Copan, although it is undoubtedly pre-

\* A Paper read before the American Academy of Dental Science, Boston.



historic. It was found by Mr. M. H. Saville, in grave No. 14, and in it may be seen how curiously were filed the six anterior upper and lower teeth. It is undoubtedly a Maya skull, of a person—probably a female—about twenty years of age, judging from the erupting wisdom-teeth. As no metal of any kind was found in any of the excavations, the teeth were probably ground down with coarse stone instruments. There is no decay in any of the teeth, all being sound; but the left superior cuspid is just

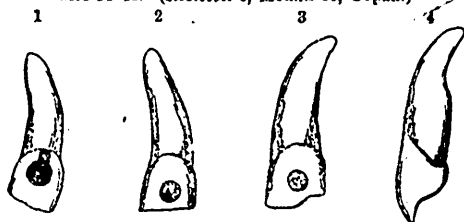


1. Central incisor, inlay lost, filed; 2. Cuspid, beautiful green jade inlay near cutting-edge; 3. Bicuspid, root absorbed, probably by abscess; 4. Central incisor, green jade inlay and filed; 5. Central incisor, green jade inlay and filed; 6. Cuspid, inlay lost, broken through to cutting-edge.

erupting about a quarter of an inch inside the arch. It would seem as though these early people were flesh-eaters, and perhaps cannibals, and that the teeth may have been filed in this manner for the purpose of better tearing of flesh. The photograph would imply that the skull was of considerable capacity, but it recedes very perceptibly from the orbits upward, so as to appear as though much flattened. The teeth that were found at Copan, near by, are perhaps more interesting than the skulls. Many of these have small circular pieces of green jade inlaid in a cavity that has been drilled by a stone or glass instrument in the face of the incisors and cuspids. These inlays are a little more than an eighth of an inch in diameter; the outer surface is rounded and brightly polished, and as perfectly fitted as it could be by the most skilled operator of to-day, with all the modern instruments at his command. In a few of the teeth the inlays have loosened so that it can be taken out, and there appears to be a white substance, perhaps a cement, between the inlay and the tooth, used to hold the inlay in place. It would seem that this inlay might be some mark of distinction, perhaps used in the mouth of a chief or head man of the people. Some of these teeth are filed and have no inlay. Some are inlaid and not filed. And some are both filed and inlaid. Quite a number of the teeth are badly decayed. Much of this decay appears to be at the cervical border, and in no case does there appear to be any filling of any kind used to stop decay. None of them were filled for prophylactic purposes. In the teeth from skeleton 8, mound 36, found at Copan, two of the

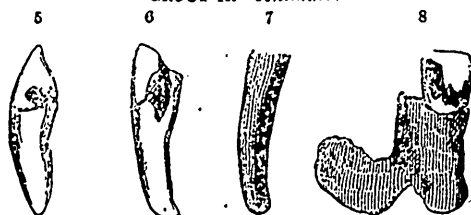
teeth that may have formerly had an inlay were partially filled with something that seemed like a red cement substance. None of these from this skeleton were filed, but in the lower jaw of the skeleton was found the most interesting curiosity in the whole collection to dentists—a lower, left, lateral incisor that has been carved from some dark stone, and which has been implanted to take the place of one that had been lost. The tartar upon it would seem to show that it had been worn for some time during life. This implantation antedates Dr. Younger's experiments by about fifteen hundred years. Many of the teeth were so completely covered with tartar as to form masses nearly double their original size, and in one case an upper molar had the tartar deposited in

## GROUP II. (Skeleton 8, Mound 36, Copan.)



*Superior*—1. Partially filled with a reddish cement (cuspid); 2. Almost wholly filled with a reddish cement (incisor); 3. Green jade inlay, no filing (incisor); 4. Cuspid, same jaw, no filing and no inlay.

## GROUP II.—Continued.



*Inferior*—5, 6. Cuspids decayed, no inlay, no filing; 7. Stone tooth, carved from a dark stone; 8. Decayed bicuspid and piece of socket.

such a way, and to such a degree, that it formed a shape that articulated on the gum of the lower jaw where the teeth had previously been lost. In one case, at least, the drilling of the tooth to produce a cavity in which to fit the inlay, had encroached upon the pulp, and there is distinct evidence of recalcification of pulp tissue at this point.

The whole collection is one of much interest, perhaps the most interesting evidence of prehistoric dental work that is to be found in any museum, and it is well worth a visit to Cambridge to see.—*International Dental Journal*.

[We are under obligation to the publishers of the *International Dental Journal* for the plates used in Dr. Andrew's paper on "Prehistoric Crania from Central America."—ED. D.D.J.]

## Correspondence.

### The Title of Doctor.

*To the Editor of the DOMINION DENTAL JOURNAL :*

DEAR SIR,—During the past few months there has been considerable discussion regarding the title of "doctor," as applied to dentists. The British Medical Defence Union has taken exception to the title as so used, while your editorial, and a communication from one of your correspondents are evidently also opposed to its use among dentists.

If, as I understand it, the title "doctor" was originally applied to a teacher, and later to one who had acquired a certain amount of knowledge in any particular direction, the title is not misapplied in the case under discussion. The title was originally applied to those persons making the laws and religion of their country a particular study. In earlier times there were doctors of law and religion combined, for law and religion were then supposed to be inseparably related. Later on, when there came a distinction between civil law and ecclesiastical law, there became Doctors of Law and Doctors of Divinity. When the medical profession emerged from the chaos of witchcraft and sorcery and its concomitant ignorance, its members took to themselves the title of Doctor of Medicine, as designating a certain knowledge of the principles of that science. There are now Doctors of Law, of Divinity, of Philosophy, of Medicine, of Music and of Dentistry. One profession has as much right to the title as has another. The real cause of complaint has arisen from the fact that the common people with their usual ignorance have continually called physicians doctors, until even the physicians themselves have been led to believe that the title is distinctively their own.

Dentistry is a profession, as noble, as difficult, as useful and as aspiring as any other. Its members have, or should have, as good a general education, and as minute a special education as those of any other profession.

Each profession has its share of "black sheep," its retarding and retrogressive elements; but dentistry has pre-eminently its share of careful students and conscientious investigators. The profession of divinity has been in existence for thousands of years, yet its old speculations are speculations still. It has not advanced one jot on the line of scientific demonstration.

The profession of law is still struggling with the principle of justice, and has never advanced beyond a sort of classified expediency. Medicine has made great advances during the past century. It no longer casts out devils, nor charms away disease,

it grapples with, relieves and cures many of the most stubborn and fatal conditions. Medicine has taken several hundred years to advance from the barber's pole to its present exalted position. But what shall we say of dentistry?

Its cradle was the blacksmith's shop, and the village cobbler's bench. In less than a century it has grown until it embraces within its domain a chemistry, a materia medica, a metallurgy, a pathology, a bacteriology, an anatomy—a combination of the physician, metallurgist and mechanic. It requires the training of the judgment, the memory, the eye and the hand. It is the connecting link between the philosopher and artisan.

Dentistry requires a greater versatility than does any other profession. No one man ever becomes equally expert in all of its branches, and in like manner few men fail in each and every one of its branches. This last consideration has led some people to suppose that dentistry is an easy profession to practise. Nothing could be more removed from the truth.

The dentist who can, in succession, treat an abscess, extract under chloroform, put in a gold filling, make a gold crown or a plate, and set up a regulating appliance, has been in turn a physician, surgeon, mechanic, moulder, metallurgist, chemist, and engineer.

Is he not entitled to a recognition of his proficiency?

The title "doctor" signifies the attainment of a certain knowledge in some direction. Surely the dentist is as fully entitled to it as are the theologian, the philosopher, the physician, and the musician.

Yours very truly,

MARK G. McILHINNEY, D.D.S.

Ottawa, March 20th, 1894.

---

### Unlicensed Practitioners.

---

*To the Editor of the DOMINION DENTAL JOURNAL:*

DEAR SIR,—A short time ago I received from our friend and professional brother, Dr. Hanna, of Kemptville, Ont., a circular asking for opinions as to how to enforce the law with reference to unlicensed practitioners.

Let me offer my suggestions through your columns, and they will reach Dr. Hanna as well as others.

The difficulty of securing evidence to convict, as well as a magistrate to try any case, is incident to the attempted enforcement of any unpopular law.

The Act in question is supposed to exist for the protection of the public, while it really protects the unlicensed practitioner more than it does any one else.

The aversion to act shown by the necessary witnesses and the indispensable magistrate as representatives of the public, proves that *in their estimation* the Act is not for their benefit, or at least not necessary for their protection, but on the contrary, for the benefit of the dentists.

It is human nature to exercise one's own choice in selecting a tooth-tinker, as in choosing anything else, and it is just as truly human nature to try every imaginable quack remedy first, and the best skill last.

If the object is to protect the public, it seems to me that the most sensible course would be to give warning by public notice that the offending persons are not legally qualified to practise dentistry, then, if the public choose to employ their services, I don't see how you can prevent it. It involves the fundamental fact of ethical impossibility to legislate men into correct living.

It seems impracticable to enforce the Act by conviction and fine, and no one, either in the profession or out of it, cares to be a party to it.

It seems to me that legal notice issued by the proper authority and "posted in conspicuous places" would be an effective weapon, if, indeed, the law has a right to exist at all, which is questionable in my mind, as I do not believe in the theory of protection, and I think it ought to be plain to the most short-sighted that in practice it is a failure.

A. STACKHOUSE.

KINGSTON, ONT., *March 19th, 1894.*

---

## Reviews.

---

*Minor Surgery and Bandaging.* By HENRY R. WHARTON, M.D., Demonstrator of Surgery in the University of Pennsylvania. In one 12mo. volume of 529 pages, with 416 engravings, many being photographic. Cloth, \$3.00. Philadelphia: Lea Brothers & Co. 1893.

In response to the demand for a second edition, the author has revised his work to make it represent in every way the advances of the two years which have elapsed since its first appearance. The exceptionally rich and beautiful series of illustrations, in connection with a singularly clear text, afford the student and practitioner all needed instruction in the many procedures grouped under the title. The pictures of bandaging are photographically reproduced from actual life. The author has construed his title very generously, and has placed within the covers far more information than is usually accredited to *Minor Surgery*, but readers will scarcely object to such liberality. Antiseptic Surgery is dealt with in accordance with the latest and most approved practice.

*Catching's Compendium of Practical Dentistry.* Volume IV. B. H. CATCHING, Editor and Publisher, Atlanta, Ga., U.S. Price, \$2.50.

Every dentist who wants to keep posted in the practical progress of the profession, must do one of two things—subscribe to all the journals in English, German, French, Italian, Spanish, and Portuguese, at a cost of about \$100, or get this compendium of Dr. Catching's, at a cost of \$2.50. The editor had the happy thought to secure the co-operation of the following eminent confreres: Dr. A. C. Hugenschmidt, of Paris, as editor and translator of the French journals; Dr. W. D. Miller, of Berlin, as editor and translator of the German; Dr. W. Dunn, of Florence, as editor and translator of the Italian; and Dr. J. R. De Silva, as editor and translator of the Spanish and Portuguese. This gives it a cosmopolitan character: embracing "the condensed practical results of the dental journals of six different nations." By sending a postal order direct to the editor, the book will be forwarded by mail. It is as full of digestible dental ideas as a Canadian egg is full of meat.

---

*A Dictionary of Medical Science.* Containing a full explanation of the various subjects and terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Surgery, Bacteriology, Ophthalmology, Otology, Laryngology, Dermatology, Gynecology, Obstetrics, Pediatrics, Medical Jurisprudence and Dentistry, etc., etc. By ROBLEY DUNGLISON, M.D., LL.D., late Professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia. Edited by RICHARD J. DUNGLISON, A.M., M.D. New (21st) edition, thoroughly revised, greatly enlarged and improved, with the Pronunciation, Accentuation and derivation of the Terms. In one magnificent imperial octavo volume of 1181 pages. Cloth, \$7.00; leather, \$8.00. Philadelphia: Lea Bros. & Co. 1893.

For sixty years *Dunghison's Medical Dictionary* has been the standard authority in medical terminology, and twenty-one editions have been required to meet the ever-increasing demand. In no previous issue have the changes and additions been so great. *Forty-four thousand* new words and phrases have been added to place the work in conformity with the most advanced terminology of the time. Everything obsolete has been excised, yet the work contains about one hundred pages more matter than its predecessor. The page has been enlarged, so that this great work is still comprised in one convenient volume. For the first time, pronunciation has been introduced, being indicated by a simple and clear pho-

netic spelling. Derivation, an unexcelled aid to remembrance of meanings, is also thoroughly given. The full and explanatory definitions for which "Dunghlison" has always been noted, have been expanded to include much valuable and practical information not always easily found elsewhere. Thus, under Diseases are given their symptoms and treatment; under Drugs, their properties and doses; under Poisoning, the symptoms, antidotes and treatment. Numerous tables enrich the alphabet and place an immense amount of information clearly and conveniently at hand. Examples may be found in the tables of *Doses* and *Bacteria*. It is safe to call *Dunghlison's Medical Dictionary* an indispensable book for students, practitioners, pharmacists, dentists and all concerned with any of the medical sciences.

---

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. PICKERING PICK, F.R.C.S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1100 pages, with 635 large engravings. Price with illustrations in colors: Cloth, \$7.00; leather, \$8.00. Price with illustrations in black: Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

Since 1857, *Gray's Anatomy* has unquestionably been the standard text-book on its subject among all English-speaking peoples. The demand for thirteen editions has been utilized by subjecting the work to the searching revision of the foremost anatomists of a generation. In no other way is accuracy and completeness to be attained in treating of so complex and detailed a science. The series of illustrations is quite as famous as the text. Their large size not only enables the various parts to be brought into view, but also allows their names to be engraved directly upon them. Thus not only the name, but the extent of a part is indicated at a glance, a matter of obvious importance and convenience. Many new illustrations appear in this edition, and the whole series has been re-engraved wherever clearness could be promoted. The liberal use of colors lends added prominence to the attachments of muscles, to veins, arteries and nerves. The work is also published with illustrations in black alone.

As heretofore, the revision has been most thoroughly performed, so that the work is kept always abreast with the advances of its science. Especial attention has been paid to the application of anatomy to surgery, and the work is therefore indispensable to all who find in the exigencies of practice the need of recalling the details of the dissecting room.

## Editorial.

---

### German Translations.

---

Dr. Carl Klotz, of St. Catharines, Ont., has placed the profession under obligations, by undertaking to give us, periodically, translations from a German exchange.

---

### Matriculation for Dentistry.

---

When the profession was first organized in the Province of Ontario, and the following year in the Province of Quebec, the political aspect necessarily monopolized attention. Then the proportional educational standard had to be slowly but surely considered; and in course of time the conviction dawned upon us, that the future social and professional status depended very largely upon a standard of matriculation examination for entrance to study. It was comparatively easy in Ontario, where the system of education has perhaps no superior in any country, to make a decided advance; but in Quebec, with its racial and legislative peculiarities, we were repeatedly made the shuttlecock of some crank, who succeeded in obtaining special legislation by intrigue, in spite of the protests of an almost united profession. At one time, the examination was that of the College of Physicians and Surgeons, the very highest standard on this continent; then it was reduced to a mere nothing; and again it was amended so as to lead to the suspicion that the almighty dollar was more influential than a knowledge even of "the three R's." We do not hesitate to say, that we have the most unbounded distrust of the permanency of any legislation, made for us by any government in the Province of Quebec, since the *regime* of Mr. Mercier opened the eyes of certain members of Parliament to the possibilities of boodle. From personal experience, extending over twenty-four years, of efforts to make a certain element recognize the requirements of the profession and the protection of the public, we are free to declare, that there may always be a sufficient number of members open to bribery to defeat a full measure of justice. It is a humiliating confession; but the facts in our possession would be still more humiliating to a community which makes any pretence to honesty in its legislation. We may discuss this special matter more fully at another time. Nevertheless, we have been strangely



successful, for the time being, in obtaining a further amendment respecting the matriculation examination, which removes it entirely from the jurisdiction of the universities, and places it exclusively in the hands of the Board of Examiners. This change not only enables the Board to select the subjects of examination, but the examiners, and two of the leading educationalists of the Province, one English and one French—Dr. Howe and Abbé Verean—have accepted the appointments. The examination will occupy two days. The following is the present programme of subjects, subject each year to alteration :

PRELIMINARY EXAMINATION FOR ADMISSION TO THE STUDY  
OF DENTISTRY.

*Latin*.—Cæsar's Commentaries, Book I., with Virgil's *Æneid*, Book I. ; questions of Grammar and Construction.

*English*.—Writing from dictation, Grammar and Analysis, a critical knowledge of one of Shakespeare's plays.

*French*.—Translation in English of extracts from Fenelon's "Adventures de Telemaque," questions of Grammar.

*Literature*.—Elements of the subject, with the History of English Literature from the reign of Queen Elizabeth to the present time.

*History*.—Of Britain, France and Canada.

*Geography*.—Modern, especially of Britain and France, and of their colonies and possessions.

*Arithmetic*.—To the end of Square Root, and to include a knowledge of the *Metrical System*.

*Algebra*.—To Simultaneous Equations of the first degree inclusive.

*Geometry*.—Euclid, Books I., II., III., and the first twenty Propositions of Book VI. ; also the measurement of the Surfaces and Volumes of the regular geometrical figures.

NOTE.—The above subjects are obligatory. In addition to them, candidates must choose one of the two following :

*Philosophy*.—Logic, and Intellectual and Moral Philosophy.

*Physics*.—Elementary Statics and Dynamics of Solids and Fluids, with the chapter on Heat.

The programme for French-speaking candidates will be the same as the foregoing which is for English-speaking candidates, except that the subjects of *English* and *French* will be, so to speak, *reversed* as follows :

*French*.—Writing from dictation, Grammar and Analysis. A critical knowledge of "Les Fables de La Fontaine."

*English*.—Translation into French of extracts from Washington Irving's "Life of Columbus," with questions of Grammar.

*Literature*.—Elements of the Subject, History of French Literature from the reign of Louis XIV. to the present time.

### Old Journals.

---

Many dentists read their journals, and after awhile throw them away. Almost every practitioner in Canada has an accumulation of sample copies of the various journals published, which they may not value more than waste paper. If they would take the trouble to pack them into parcels and address them to us, we would be very grateful. We can make good use of them.

---

### Annotations.

---

The *Dental Register*, with Dr. J. Taft still at the helm, has, every month for many years, issued a complete directory of dental societies in the United States, by which we learn there are thirty-five State and thirty-six local societies, besides the two more representative bodies, the "American Dental Association" and the "Southern Dental Association."

---

We learn from Dr. P. Dubois, of Paris, France, that the *Revue Internationale* and *D'Odontologie* have been incorporated in one, with Dr. Dubois as editor and administrator. We cordially commend this journal to our confreres in Canada and the United States whose mother-tongue is French. Dr. Dubois is well-known in Europe as one of the most distinguished teachers.

---

Failures in crown work are often due to the mistake commonly made of using too soft gold. Many operators use ready made seamless crowns of twenty-two and twenty-four karat gold. These golds are not alloyed with metals that would tend to stiffen them from the fact that it would increase the difficulty of stamping them up. A stiff gold of a sufficiently high karat to prevent a discoloration in the mouth, though harder to adjust and fit, will always prove more durable and less liable to stretch during the process of fitting and from the force of mastication after it is finished. When these soft crowns are used it is best to stiffen them well by flowing a thin layer of high karat solder over the outer surface before cementing to place. Where the operator possesses the requisite skill it is generally better and safer to make each individual crown to suit the case. The different solderings of the band and top all have the effect of stiffening and hardening the gold so that by the time the crown is complete it is sufficiently rigid to prevent its being stretched from use.

The good old *American Journal of Dental Science*, now in the twenty-seventh year of its present existence, but in the forty-seventh of its entire career, is always welcome. We can never forget that it was the first dental journal in the world. In three years more it will commemorate its fiftieth anniversary, and we would suggest to its publishers—a little ahead of time, perhaps—to issue a special number, with pictures of its founders, etc. We will gladly send our subscription towards the issue of a journalistic monument to the memories of its founders.

---

LABOR.—Life to some is drudgery; to some, pain; to others, pleasure; but to *all*, work. Let none feel a sense of sore disappointment that life to them becomes routine. It is a necessary consequence of our nature that our work and our pleasures should tend to become routine. The same wants, the same demands, and similar duties meet us on the threshold of everyday. We look forward to some great occasion on which to give proof of a heroic spirit, and complain of the petty routine of daily life. It is this succession of little duties, little works apparently of no account, which constitute the grand work of life; and we display true nobility when we cheerfully take these up and go forward, content to "Labor and to wait."—*Editorial in Southern Journal.*

---

## NORTH-WESTERN

# University \* Dental \* School

CHICAGO, ILL., U.S.A.

New School Building. Dearborn and Twenty-Fourth Sts.



New appliances and conveniences for teaching. The Session of 1894-95 begins Tuesday, September 25th, and continues for seven months. For catalogues and other information, address

EDGAR D. SWAIN, D.D.S.,  
Dean

EDMUND NOYES, D.D.S.,

Sec'y

No. 65 RANDOLPH STREET