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Dominion Dental Journal

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No. 12

Original Communications

PRESIDENT'S ADDRESS.*

BY J. NOLIN, L.D.S., D.D.S., SOREL, QUE.

I shall resume, in as few words as possible, some of the remarks I have just made in French, for the benefit of those who do not understand that language.

When the outgoing Board of Examiners was elected, twelve months ago, it was given two duties to perform, two missions to accomplish. I wish to take no credit for myself from the way in which your orders have been carried out by the Board (I am the humblest member thereof and my work counts for very little), but I must insist on the way all the other members have worked in the interest of the profession, and the very thorough manner in which all has been accomplished.

The first duty imposed on the Board last year, was the final revision, and getting through the legislature our new Dental Act. The latter is now before you, and you may judge for yourselves that it has come back from Parliament without a single change of any consequence. Exception was taken last year, to the alleged cupidity of politicians, and to the consequent cost entailed in getting an Act through the legislature.

The duty of lobbying our Act through the Chambers having devolved upon me in conjunction with our Secretary, I deem it a

* Read at meeting of Dental Association of the Province of Quebec.

duty to declare that we found no such state of things in existence. We were received with the greatest courtesy, and universally congratulated on the efforts made by the dentists of the province, as a body, to elevate the moral and social standing of their profession. We received the cordial help and advice of some of the most eminent men on both sides of the House, and I have come to the conclusion, that after all, any attempt to use other than moral influence is, as has been proven by past failures, the surest way to unsuccess.

The second mission given last year to the now outgoing Board, was the prosecution of illegal practitioners. The printed report will show you the result of our efforts in that direction, and you will find the cost thereof in the treasurer's report. It is for this meeting to decide if the results obtained are proportionate to the cost entailed, and whether it is advisable to continue on the same line of work.

Before concluding, gentlemen, allow me to repeat the remarks I made in French concerning the aims and ambitions of the outgoing Board.

In my own name, and, I am sure, in the name of all the members of this Board, I may assure the members of the profession present at this meeting, that the aim of all our actions, the *animus* of all our efforts, was to foster the welfare and elevate the standard of the profession without any view whatever to our retaining office. I am, as a question of principle, opposed to the canvassing for votes, to the craving for office and honor, which has in the past done so much harm. If some other gentlemen are in your opinion better qualified than some, or all, of us to take hold of the Board work at this difficult and critical period of our history as a profession, well and good. They shall receive our most hearty support, and you will have done us a favor in removing from our shoulders a burden of responsibility, for which the consequent and problematic honor and profit that may be reaped thereof are but very insufficient compensation.

Proceedings of Dental Societies

DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

In accordance with the amended Act of Incorporation the meeting for the election of a new Board of Examiners was held in Montreal on the first Wednesday of September. The meeting was much smaller than usual, but, happily, it was a decided improvement upon "the Dreyfus affair" of last year. Dr. Nolin, President of the Board, was nominated as Chairman, and Dr. Dubeau as Secretary. The meeting was called to order; the minutes of last meeting read and confirmed, and the President delivered a brief address in French and English (see page 405). The report of the Secretary had been printed and supplied to the members several weeks previously, and without further delay it was adopted. Dr. Stevenson submitted the treasurer's report, which was adopted. The income of the year was \$2,940.16, the expenditure \$2,802.28, leaving a balance on hand of \$147.88.

During the year, the following were arrested, and condemned for illegal practice: F. H. Page, Sutton; J. R. Prince, Inverness; T. J. Hogle, St. Joseph de Beauce; A. L'Archevêque, Montreal; J. Dupuis, St. Angèle; A. Rioux, Rimouski. \$272.31 was expended for detectives; law costs, \$482.25; expenses at Quebec *re* Bill, \$206.

"Several Dentists" had issued an unsigned circular attack on the existing Board, but, whoever were the authors, they either displayed Dutch courage, by shooting from behind a rock or were ashamed of their action, and it fell flat. There was a disposition to give the existing Board a fair chance to complete the policy of the repression of illegal practice, several of the members personally assuming some financial responsibility in the matter. The fact is that the legacy of litigation was not one to be coveted, and it was felt that the present Board should have the loyal support of the profession at large.

Several notices of motion to economize expenditure, and to increase the fees for entrance and license were presented. A motion to interpret the words "per sitting" as one calendar day, thereby returning to the old fee for examiners of \$5 a day, instead of \$10 or \$15, according to the number of "sittings," met with some opposition, on the very reasonable ground that it might not be consistent with the Act. It was, therefore, decided to get an official Parliamentary opinion, and to let the suggestion stand as a notice of motion, to be acted on next year. It was pointed out that the

examiners of the Province of Ontario were by law restricted to \$5 per day and travelling expenses; that this sum was not exceeded in any other province of the Dominion, or in any part of the United States; that it had been the sum fixed upon when the Quebec Act first became law, and remained such for over twenty years, and that no reasonable cause could be shown why it should be doubled or trebled in the Province of Quebec, especially with the condition of the finances.

Several notices of motion were given to be discussed next year with a view to the reduction of expenses. With all respect to the personal ability of the Secretary, it was considered that \$200 was altogether too high an *honorarium* for the position. For many years the Secretary was not paid when the work of organization was immensely greater than at any time since, and no reason had been shown why the amount should have been doubled during the present term. The duties of the Secretary were fully appreciated, but financial coats must be cut according to financial cloth, and there were very special reasons why there should be now the most scrupulous economy in all directions. The question was not one of criticism of work; it was simply the practical one of necessity. The fact that after an existence of nearly thirty years, the funds of the Board show the small balance of \$147.88, and no other assets, speaks plainer than words.

The report of the College was submitted.

Translations

Edited by Carl E. Klotz, L.D.S., St. Catharines, Ont.

FROM GERMAN DENTAL JOURNALS.

DESTRUCTION OF TEETH IN CHEMICAL ESTABLISHMENTS.

Of the different factories, in which the teeth of the employees are more or less affected, we find the following about those engaged in the manufacture of sulphuric acid. From the report of a commission of investigation which recently met in England we take the following: In the manufacture of sulphuric acid, pyrite is the principal raw material. The powdered pyrite is roasted in specially constructed ovens, and the sulphurous acid which is formed is conducted into the so-called Glover tower. In the refilling of the ovens and the consequent opening of its doors, the sulphurous acid escapes and fills the rooms of the factory, and from these fumes the employees suffer greatly. Sulphurous acid has a depressing effect on the muscles of the heart, while on the respiratory organs it is

sometimes excitable, and again depressing; stronger inhalations produce a feeling of suffocation. The workmen guard against this by means of a muzzle made of moistened flannel folded several times, which they hold between their teeth. They prefer this to respirators. The sulphurous acid that condenses on the muzzle held between the teeth will in time attack and impair them. The majority lose their teeth in a very short time. One workman who was employed for three years in St. Helens, and, previously, four years in Widness, has lost all his teeth; he was then only 22½ years of age, having entered the factory when 15½ years old. Also in the manufacture of sodii sulphas (Glauber's salt), which is made by the action of sulphuric acid on heated salt, the workmen principally suffer from the fumes of hydrochloric acid, and they also guard themselves by holding muzzles of moistened flannel between their teeth. In these the gaseous hydrochloric acid condenses and attacks the teeth. The commission reported on this as follows: The inhaled hydrochloric acid fumes have a suffocating and irritating effect on the respiratory organs, cause coughing, followed by a kind of bronchitis; especially does it affect the teeth, giving them a dull feeling, and finally destroys them. Many of these workmen, too, have lost all their teeth from this cause.—*Journal für Zahnheilkunde.*

AN INTERESTING COMMUNICATION FROM DR. HAFNER.

In November, 1898, I was consulted by a young engineer, who in the course of conversation related the following: While engaged as engineer in the construction of the Jungfrau (mountain in the Swiss Alps) Railway, and after having been at work at an altitude of 2,600 meters above sea level for about ten days, he suffered pain in three or four contiguous teeth. The pain was of a beating, pulsating nature and pretty severe so that headache followed. Edematous swelling in cheek and jaws. During the second and third days the pain increased and extended over the whole side of the jaw. Mastication was impossible on the affected side of the mouth, and the teeth appeared to have elongated. The malady lasted about five days and then disappeared completely. During a stay of six weeks there was no recurrence of the trouble. In external symptoms the affection appeared similar to periostitis; but a peculiarity is, that the teeth to this day are quite healthy, without any fillings, and no dead pulp, nor is anything pathological (scar, etc.) to be noticed in the surrounding soft tissues. The communication is noteworthy, as not only one person was affected, but every one employed, the engineer as well as the Italian laborers. The appearance of the malady was not of an epidemic nature, but every new hand received this "mountain baptism" (as the people called it) after having been in the locality eight or ten days.

The location of the trouble was variable, with some it was on the right side, with others on the left, sometimes in the upper teeth and sometimes in the lower, but several contiguous teeth were always affected, as well as the whole nervous system. The pain generally ceased of its own accord on the fifth day, and a recurrence was never experienced, not even after working in the locality for several months. The Italians appear to be acquainted with it, as they brought the roots of a certain plant with them, which they chewed and placed on the affected part. It is called by some "mountain toothache." The provisions of the men consisted of conserved meats, in which probably saltpetre was used, thought it did not taste salty, with macaroni, bread, condensed milk and canned vegetables. The water was clear and fresh, and there was plenty of it. The temperature of the region was 12-16 C. There was no physician at the station. Whether the cause of the malady can be attributed to the climate, the low atmospheric pressure, the water, the sameness of provisions, or infection, cannot be determined from the communication. That scurvy should be the cause, is out of the question, as the trouble disappeared without a change of diet or habits of life.—*Zahnärztliches Wochenblatt.*

Correspondence

OVER THE BORDER.

To the Editor of DOMINION DENTAL JOURNAL:

It is well known to members of the dental profession, especially those interested in dental education, that in April, 1899, the Wisconsin State Board of Dental Examiners refused to register diplomas from the Chicago dental colleges and other schools, as the law provides. The provision of the law is that the Board shall at all times issue a license to any regular graduate of any reputable, legally incorporated dental college, without examination, upon the payment of the registration fee. After making inquiry of the Secretary of the Board as to the reason why the diploma of his client was not registered, Attorney Quarles, who had been retained in the case, received the following reply:

"MILWAUKEE, April 16th, 1899.

"Hon. J. V. Quarles, Milwaukee, Wis.:

"DEAR SIR,—I am authorized to say from instructions received from a member of the Committee on Colleges of the National

Association of Dental Examiners that if the college you represent accepts all the rules as laid down by the National Association of Dental Examiners, in regular form through that body, that this Board will, upon the receipt of such knowledge, issue licenses to regular graduates of said college.

"(Signed) W. H. CARSON, *Secretary.*"

After receiving the above letter, Dr. P. T. Diamond, a graduate of the Chicago College of Dental Surgery brought *mandamus* proceedings to compel the Board to accept his diploma. The Board moved to quash the proceedings, which motion was denied by the Court in a vigorous decision handed down by Judge Sutherland, of the Superior Court of Milwaukee County, Wisconsin. Summing up the case, in regard to the standing of the college, the Judge makes use of the following language:

"The relation in this case shows that among intelligent men, whether members of the dental profession or not, the Chicago College of Dental Surgery must be regarded as a reputable institution. . . . Therefore, without difficulty, the Court reaches the conclusion that the motion to quash the *mandamus* proceedings must be denied."

The action of the Board was based on the ground that these schools refused to subscribe to a rule passed by the National Association of Dental Examiners, regarding the preliminary educational qualification of students, the colleges giving as a reason, their unwillingness to accept the interference of the boards in a matter which was outside of their proper function.

The National Association of Dental Examiners, of which the Wisconsin Board was a member, at their meeting at Niagara Falls in August, 1899, rescinded the rule which was the cause of the controversy, and passed a resolution adopting, in substance, the rule governing preliminary educational qualifications of students which was adopted in 1898 by the National Association of Dental Faculties, and it was hoped that henceforth the two national bodies would work in concert and harmony. In adopting this resolution, the National Association of Dental Examiners recommended to the various State Boards that all the schools belonging to the National Association of Dental Faculties be placed on the recognized list, and that the graduates of those schools be licensed, and that all litigation cease. In all States where difficulties had arisen regarding the registration of diplomas of graduates of schools belonging to the National Association of Dental Faculties, the trouble was at once terminated and licenses issued, except in the State of Wisconsin.

The representative from the Wisconsin Board pledged himself at Niagara Falls to return home and do all in his power to termin-

ate the litigation. The week following the National Association meeting, the Wisconsin Board, with their attorney, met by appointment the representatives of the Chicago College of Dental Surgery and the plaintiff in the case against the Board with his attorney, and, after a conference, the representatives of the Board informed the representatives of the college that the members of the Board had voted unanimously to continue the litigation.

On August 13th, 1899, the following letter was written by Senator J. V. Quarles, attorney for the complainant, to Dr. T. W. Brophy, Dean of the Chicago College of Dental Surgery:

"QUARLES, SPENCE & QUARLES,

Attorneys and Counsellors,

THE SENTINEL BUILDING.

"MILWAUKEE, WIS., August 13th, 1899.

"Dr. T. W. Brophy, 126 State Street, Chicago, Ill.,

"DEAR DOCTOR,—As you are aware, a meeting of the State Board of Dental Examiners took place yesterday in this city for the ostensible purpose of carrying out the recommendation of the National Board so explicitly made at its meeting at Niagara Falls. Nothing could be more plain and explicit than the recommendations of such National Association, which ought to be looked upon as a command by members thereof.

"I have to report, however, that our State Board has assumed to be wiser than the national organization and has positively declined to follow or respect the mandate of the central body. The State Board refuses to recognize the diplomas of your college and all others similarly situated, and leaves no course open but to continue the litigation. We shall, therefore, unless ordered to the contrary, embrace the first opportunity to crowd the case to a final hearing and allow the National Board to deal with its recalcitrant members.

"Very respectfully yours,

"(Signed) QUARLES, SPENCE & QUARLES."

Preparations were then made for a vigorous prosecution of the case. The Law Committee of the National Association of Dental Faculties, which was created at the Niagara Falls meeting, in August, 1899, for the purpose of taking charge of this litigation, as well as any other litigation involving the Association or any college holding membership therein, held a meeting in Chicago, October 14th, 1899, and after Drs. Barrett and Morgan of the committee held a conference with the members of the Wisconsin State Board, the latter agreed to license graduates of the Chicago colleges and

all schools belonging to the National Association of Dental Faculties. November 6th the agreement was consummated. November 7th the following letter was received by the Dean of the Chicago College of Dental Surgery :

"QUARLES, SPENCE & QUARLES,
Attorneys and Counsellors,

THE SENTINEL BUILDING,

"MILWAUKEE, WIS., November 7th, 1899.

"*Dr. T. W. Brophy, Chicago, Ill.*

"DEAR DOCTOR,—After great tribulation, regarding matters of detail, I am glad to report to you that the Board has finally decided to conform with the provisions of the Dental Law of Wisconsin, abide by the ruling of the National Association of Dental Examiners and license Chicago graduates and all other graduates from schools holding membership in the National Association of Dental Faculties; thus admitting that, in their action in refusing to license these graduates from April 11th to November 6th, 1899, they were in the wrong. Everything, consequently, in the Diamond *mandamus* case has been brought to a satisfactory conclusion.

"The injustice the Wisconsin State Board of Dental Examiners has done your graduates, yourself and the many schools involved, cannot be easily forgotten, but our success in securing all we contended for is an assurance of the justice of our cause.

"Dr. Diamond's license has been issued on our assurance that he would discontinue the case. The stipulation to withdraw the suit has been signed by both parties, the whole matter is now closed up and the litigation is a thing of the past.

"Yours truly,

"(Signed) QUARLES, SPENCE & QUARLES."

A. O. HUNT,

W. C. BARRETT,

HENRY W. MORGAN,

Law Committee of the National Association of Dental Faculties.

To the Editor of DOMINION DENTAL JOURNAL :

DEAR SIR—During the time I have been a reader of the DOMINION DENTAL JOURNAL, I have been greatly interested in what you have written regarding the welfare of dentistry, and in sympathy with your efforts to lessen the evils of quackery.

Many things which I have observed during the five years I have been practising dentistry, have led me to question the right of dentistry to be classed with other professions.

In the first place, our field is so limited and the work we do is so readily comprehended by the laity, that they are inclined to look upon the work as being a mechanical operation only, and do not consider a dentist other than a skilled mechanic. If this be true (and we cannot deny the mechanical side of dentistry) it will be a long time before people generally will concede dentistry to be a profession in the truest sense, no matter how loud we may talk at conventions or how long we may write in journals about the greatness of dentistry.

This view held by the people has been intensified by the great lack of professional spirit manifested by some dentists. But few men can resist the temptation to severely criticise the work of another dentist, and to cast serious reflection upon another's best efforts. When a person has listened to this two or three times by as many different men, his or her faith in dentistry as a profession, and dentists as a class of broad-minded men, is apt to be shaken and its dignity lowered.

Only when people realize that work done upon the teeth is dental surgery, and that he who performs the operation is a dental surgeon, will dentistry be accorded the place we wish it to take. Until a greater need is felt for dentistry, coupled with a more becoming professional dignity in the dentist, we need not hope to see dentistry universally acknowledged to be a great profession.

If dentistry contains the elements of greatness that we say it does, it is strange, that any young man can attend a reputable college, and not imbibe sufficient of those principles to restrain him from acting in an unbecoming manner after graduating. On the contrary, we find that some of the worst offenders have been graduates of recent years.

I do not believe the average of dishonesty in men who advertise is any greater than in men who do not, but that they look on the mechanical side of dentistry almost exclusively, and consider advertising a legitimate means of securing work. In addition, then, to continual hammering at them, we should bring forth every evidence to show them, that dentistry has another side upon which it relies for its right to be named a profession.

There is another question that confronts us, and that is the "overcrowded" question.

My office was the fourth in a town of 7,000, surrounded by a good farming country. Since my advent two more offices have been opened, and now, with more dentists than are needed, our fees are being reduced. People have found out that by doing a little "shopping" they can find some one who is not very busy, and is willing to work for a trifle less than if fully occupied. This is done without advertising, and each dentist is ready to deny that he is lowering the fees, but the facts remain.

As dentists become more numerous the amount of work to be done will also increase, but not in the same proportion, so that the struggle for practice will become keener, and this may lead to more advertising and lower fees.

Thus starting, either with the apparent weak places in dentistry or the large number who are in it, we find a tendency toward the practices of commercial life, and that, we know, means death to professionalism. Our brightest hope lies in a high standard for matriculation, and a thorough college training. As editor, you are, no doubt, in constant receipt of letters such as I have written, and are well versed on every side of the question, but I cannot remember having ever seen any mention of what I have considered and pointed out as the weak spot in dentistry as a profession.

Allow me to say again that I greatly appreciate your work from month to month.

Yours very truly,

E. A. TOTTEN.

LINDSAY, Ont., Nov. 10th, '99.

[The above is an interesting specimen of scores of letters we receive, not intended for publication. We should be glad to insert many, of a very convincing character, so far as the "overcrowded" question is concerned, if the authors would allow their names to be published. At our solicitation, Dr. Totten allows us to publish his name. The letter was a personal one to the Editor.—ED. D. D. J.]

"OH! HE'S ALL RIGHT."

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—I was talking to one of the few men in our ranks who say that they do not think our ranks are overcrowded, and I discovered that he not only had a regular set of friends who "tooted" for business for him in church, in clubs, in societies, to whom he paid a commission, having in one case made a plate for one party for nothing, but he has an associate whom he sends out into the country to pull teeth, and pick up odd jobs of artificial work, and interferes with us country practitioners. Of course, he does not think the profession is overcrowded, but, if he got back the sort of mean interference he hires men to do for him, he might change his song. It is a mean sort of practice which a man cannot confine to his own city, without the excuse of hiring another mean fellow to come where he is not wanted to cut into the country dentist. I send you private particulars, names, etc.

Yours,

AN ONTARIO COUNTRY LICENTIATE.

Selections

FACIAL DEFORMITIES.

BY W. E. DAVIS, D.D.S., CAL.

The title of my paper "Facial Deformities" is, strictly speaking, too comprehensive, and was only adopted owing to the difficulty of obtaining a more sufficiently explicit one. Had it been my intention to thoroughly treat the subject of facial deformities in all various and multiform presentments, I would have attempted an Herculean task, which I am sadly afraid would have necessitated your spending many hours with me, in the end possibly feeling wiser, but undoubtedly sadder men. I therefore will, as far as practicable, speak of those deformities which attract us as dental specialists, leaving those forms that require no dental aid (or rather no aid from the dentist) to their own care. My endeavor will be this evening not much to give you an exhaustive treatise of facial deformities, but to try and impress on you the importance of the work we can accomplish with the plastic surgeon in face operations; and that with our specific help the surgeon can obtain results he is far from gaining now, although I must recognize the fact that, in some cases—but only to a slight extent—our help has been found of advantage by such men, who cannot fail to see the assistance we can give them. What we, as dentists, want to see is that our aid is procured much more generally than is now done, and not in isolated cases, as is at present the condition. At all such times it should be in the power of the dentist to suggest and carry out such treatment so as to leave very little doubt as to prognosis, and only a complete study of facial peculiarities can give us that knowledge which is necessary to the perfect performance of a difficult task, and one calling forth all the mechanical and inventive ability of the operator.

Facial deformities can, for the sake of facility, be classed under the headings of "Congenital" and "Acquired." The deformities coming under the head of the former are those of a hereditary nature, which, by the way, are most resistant to treatment. Further, we have cases where the action of the imagination of the mother upon the unborn child reacts upon it to such an extent that its whole natural contour may be sadly altered; and, again, there is the traumatic deformity, where the child, from the result of a blow, or the application of undue pressure before birth, may bring about a hideous deformity. With these two latter classifica-

tions we have little to deal, because the facial contour has been so altered by restricted growth or enlargement of osseous tissue that the most skilful surgeon would be unable to improve on nature's perversion. Those coming under the head of "Acquired" may be subdivided into—

(a) Those deformities resulting from a mechanical action, such as a blow, or

(b) May be the result of disease.

The great question which now arises from our study of the subject is: Are facial deformities on the increase amongst civilized nations? And I unhesitatingly answer: Yes! (with a large note of exclamation), and there is no doubt in my mind when I give so decided an affirmative to the question. I expect, however, to be assailed for what I consider my emphatic handling. And how do I arrive at the conclusion? I can hear you ask, and what is my chief reason for so doing? It is based on the fact that the original pure type of nations has sadly retrograded, and that national cosmopolitanism is at the root of the evil. Where do we see a nation now-a-days preserving its national type? Nowhere, except a few of our uncivilized peoples. This alteration of specific characteristics is entirely due to the intermarriage of men and women of different nationalities. The mating of the German with the Italian, the Russian with the English, and so on, and nowhere do we see or can we study the peculiar results more so than in America, where emigrants from all nations, representing all types, met together on a common soil and mingled, forming a new nation made up of the multitudinous peculiarities of nearly every people under the sun. And what is the result of this wholesale destruction of the pure type of nations? It is the innocent cause of a large number of facial deformities, much larger than can be easily comprehended in this sunny land of Australia, but which in the United States has grown into a colossal evil; a class of deformity that can cause the possessor of it to fail to see the delights of society, and when in its most vindictive form, almost ostracises him from the congenial companionship of his fellows. These are the protrusion or retrusion of either jaw, so altering the human face divine that a baboon is a Venus to it. While on this phase of our subject, I cannot help referring to the able article of Dr. Calvin S. Case, in the *American Text-Book of Operative Dentistry*, edited by Dr. E. C. Kirk. It is entitled "The Development of Æsthetic Contours," and, in his opening words, says: "In the developmental processes of animal life the teeth have probably been more influential than any of the other organs in shaping the bones of the head, especially in determining the physical characteristics of the physiognomy. The physical shape and structure of the jaws conclusively show the influence that the teeth have exerted in

different species in response to nature's laws to propagate that which would best subserve them in the performance of their function. Often the position of the anterior teeth and alveolar process is such as to impress upon the contiguous features, even in repose, certain conditions which vary from a slight imperfection in æsthetic contour to a most distressing deformity." This condition of protrusion is generally caused by persons developing the large teeth of one parent and the small jaw of the other, and the logical result is an overcrowding and extended enlargement of the arch, so that, if unattended, it is often most embarrassing. It is not my intention to go into detail regarding the causes of facial deformities from orthodontic complications, for their name is legion and would be a little beside the mark. My principal reason for speaking about these special kinds of deformities is that they may sometimes be lost sight of, and so increase the difficulties the dentist has already to overcome.

I want particularly to impress the fact that now that dental surgery is being recognized as a science, and we as scientific men, it should be our earnest desire, individually and collectively, to propagate the fact that, in a large number of plastic operations, our assistance as the exponents of—in this case—a mechanical art, can give material help to the surgeon, and that in restoring the face to its normal contour our knowledge of the mouth and its contiguous features would to an enormous extent improve that special class of operations at present so much in vogue.

It has been my experience, and I feel certain the experience of all my listeners, that sometime or other a surgeon has thanked me for valuable assistance in helping him to obtain a result not possible to him without my aid. This is an old story oft told, but my excuse for dwelling upon it is, that it is of vital importance, it should be ever in our mind, so that an opportunity for promulgating its advantages to the surgeon, and in no small degree to the patient, should never be forgotten. A case in point will help to illustrate my meaning clearer. A young epileptic male, about twenty-five years of age, was brought into the Melbourne Hospital about twelve months ago. He had fallen some distance on to one side of his face. Some few days after his admission I was sent for, and found that he had fractured the left superior maxilla, deep down in its extent from about the muscular attachment of the depressor ala nasi anteriorly across the canine fossa horizontally to about the region of the maxillary tuberosity posteriorly, and almost along its palatal articulation with its fellow of the opposite side. The whole fractured portion was hanging almost loosely in the centre of the mouth. The decision of the surgeon attending was to remove the fractured portion of tissue, and so cause a hideous deformity. There was a great amount of swelling and

discoloration, especially around the eye, which was quite closed from view, and I believe the principal reason for removing the fractured bone was from the fact that the patient suffered greatly from epilepsy, and the injury seemed to increase the trouble, so much so that no bandages would remain *in situ* long. I advised trying to restore the fracture and save the removal of any of it, and the case was left in my hands. The patient was chloroformed, and I got the fractured maxilla as much in position as was possible (the principal guide, *i.e.*, the five anterior teeth, were missing), and on taking an impression made an interdental splint, which was attached whilst the patient was again under chloroform. The great difficulty was to keep it in place, for it did not matter how tightly a head bandage was adjusted, during his attacks the splint worked loose and came away. I overcame the difficulty by ligating the splint to the teeth and allowing it to be free from the lower jaw. This plan was entirely successful, and in about two months I removed the splint and found that union had occurred and the parts were quite restored. Externally the contour of the face was perfectly normal.

I could cite many more cases, but I think that "a word to the wise," etc., obtains in this instance. All these things go to show how important our profession can become to the layman's eyes, and I think that if we steer on these lines, we will have a greater chance of compelling the public to recognize us as scientists, and specialists of a distinct branch of surgery, and of opening a greater vista for our own improvement and research.

Therefore, I say, let every dentist take unto himself the right to instruct his medical friends on this subject, and let those in power see that the rising generation of dentists receive special instruction in this important branch of our profession.

In conclusion, I will read a couple of extreme cases of facial deformities, taken from "Anomalies and Curiosities of Medicine," by Drs. Gould and Pyle," pages 585 and 586.

Injuries destroying great portions of the face and jaw, but not causing death, are seldom seen except on the battlefield, and it is to the military surgery that we must look for the most striking instances of this kind. Ribes mentions a man of thirty-three, who, in the Spanish campaign of 1811, received an injury which carried away the entire body of the lower jaw, half of each ramus, and also mangled in a great degree the neighboring soft parts. He was transported from the field of battle, and despite enormous hemorrhage and suppuration, in two months recovered. At the time of the report the wounded man presented no trace of the inferior maxillary bone, but by carrying the finger along the side of the pharynx in the direction of the superior dental arch, the coronoid apophyses could be recognized and about six lines nearer

the temporal extremity the ramus could be discovered. The tongue was missing for about a third of its length, was thicker than natural, and retracted on the hyoid bone. The sub-lingual glands were adherent to under parts of the tongue, and were red and over-developed. The inferior parts of the cheek were cicatrized with the lateral and superior regions of the neck, with the base of the tongue and the hyoid bone. The tongue was free under and in front of the larynx. The patient used a gilded silver plate to fix the tongue so that deglutition could be carried on. He was not able to articulate sounds, but made himself understood through the intervention of this plate, which was fixed to a silver chin, and the chin he used to maintain the tongue plate, to diminish the deformity and to retain the saliva, which was constantly dribbling on the neck.

The same author quotes the case of a man of fifty who, during the siege of Alexandria of 1801 was struck in the middle of the face obliquely by a cannon ball, from below upwards and from right to left. A part of the right malar bone, the two superior maxillary bones, the nasal bones, the cartilage, the vomer, the middle lamina of the ethmoid, the left maxillary bone, a portion of the left zygomatic arch, and a great part of inferior maxilla were carried away or comminuted, and all the soft parts correspondingly lacerated. Several hours afterwards this soldier was counted among the dead, but Larrey, the surgeon-in-chief of the army with his typical vigilance and humanity, remarked that the patient gave signs of life, and that, despite the magnitude of his wound, he did not despair of his recovery. Those portions in which attrition was very great were removed, and the splinters of bone taken out showing an enormous wound. Three months were necessary for cicatrization, but it was not till the capitulation of Marabou, at which place he was wounded, that the patient was returned to France. At this time he presented a hideous aspect. There were no signs of nose, nor cartilage separating the entrance of the nostrils, and the vault of the nasal fossa could be easily seen. There was a part of the posterior region of the right superior maxilla—the left was entirely gone—in fact, the man presented an enormous triangular opening in the centre of the face. The tongue and larynx were severely involved and the sight in the left eye was lost. This patient continually wore a gilded silver mask, which covered his deformity and rendered articulation a little less difficult. The saliva continually dribbled from the mouth and from the inferior internal portion of his mask, compelling him to carry some substance to receive the dribblings.

Whymper mentions an analogous instance of a gunner who had his whole lower jaw torn away by a shell, but who recovered and used an ingenious contrivance in the shape of a silver mask for

remedying the loss of the parts. Steiner mentions a wound from a cannon ball, which carried away the left half of the inferior maxilla, stripping the soft parts as high as the malar, and on the left side of the neck to within one and a-half inches of the clavicle, laying bare the transverse processes of the second and third vertebra, and exposing the external carotid and most of its branches.

A peculiar case of facial deformity, which I think will be found interesting appeared in this same work, page 697.

A French invalid artillery soldier, from his injuries and a peculiar mask he used to hide them, was known as *L'homme à la tête de cire.*" The *Lancet* gives his history briefly as follows:—

During the Franco-Prussian war he was horribly wounded by the bursting of a Prussian shell. His whole face, including his two eyes, were literally blown away. Some scanty remnants of the osseous and muscular systems and the skull covered with hair were left. His wounds healed, giving him such a hideous and ghastly appearance that he was virtually ostracised from the sight of his fellows. For his relief a dentist by the name of Delalain constructed a mask, which included a false palate and a set of false teeth.

This apparatus was so perfect that the functions of respiration and mastication were almost completely restored to their former condition, and the man was able to speak distinctly and even play the flute. His sense of smell also returned. He wore two false eyes, simply to fill up the cavities of the orbits, for the parts representing the eyes were closed. The mask was so well adapted to what remained of the real face that it was considered by all one of the finest specimens of the prosthetic art that could be devised. This soldier, whose name was Marcu, was living and in perfect health at the time of the report, his bizarre face, without expression, and his sobriquet, as mentioned, making him an object of great curiosity. He wore the cross of honor, and nothing delighted him more than to talk about the war. To augment his meagre pension he sold a pamphlet containing in detail an account of his injuries and a description of the skilfully devised apparatus, by which his declining life was made endurable.—*Australian Journal of Dentistry.*

ONE OF THE BUSY MEN.

The following letter came to the Editor some time since. We are certain it is from a member of the Blank Dental Society, because we have heard just such things in its meetings. As a rule we pay no attention to anonymous communications, but the writer of this seemed to be so thoroughly imbued with up-to-date ideas, that we cannot refrain from making his letter public :

Editor *Indiana Medical Journal*:—I see in the October number of your excellent and popular Journal the complaint of its editor about being overworked, and of the strain upon the tendons of his brain. Hah!! What can people like you know of work? I suppose you go down to your office about nine or ten o'clock in the morning, and growl at the office girl, and kick the office cat, and when some one does happen to come in you sit down and talk business, but you don't do any real work. After an hour or two of this, you inform the office girl that you are clean exhausted, and must go to lunch. Then while the delicacies of which you have partaken are digesting, it is an absolute necessity that you play a few games of billiards, and that takes until somewhere about three o'clock, when you return and settle down to hard work again, which means two solid hours of alternate tinkering and story-telling with any old crony who happens in to relieve the tedium of business. That is about the way in which I suspect that you exhaust yourself. Now just listen to the plain, unvarnished tale of a real workingman, with a real first-class practice. I have been averaging three sets of teeth a day for the past four months, and have worked at the chair never less than nine hours a day, doing all the work myself personally, because my patients will not hear of having anyone else even look in their mouths. They have no confidence in anyone else. I eat all my meals standing at my chair, and have a tube running down into the cellar through which I hoist an occasional drink. Patients stand seven deep waiting their turn, and if things continue as they are now going on I must have detailed a constable to preserve the peace, because of the continual hair-pulling contests for precedence among the ladies who occasionally get a little *impatient*. I cannot conceive of any possible relief, because people simply will not have anyone else. Two dentists hung themselves in Kansas City, near here, last week, on learning the condition in my office, and seven got drunk, including the immaculate and immensely dignified dean of one of the colleges there. The rest are patiently starving by slow degrees.

I need a business manager very much, for the last one I had is now in the State hospital for the insane, suffering from paresis and

slow melancholy. I can't stop to make change for the people, and so when my cashier gave out I had a ten-gallon keg set upon end with the head knocked out, into which grateful patients dropped their fees for extraction alone. People are free to look at me without charge, but those to whom I speak are expected to contribute a half-dollar to the keg. But it would not work. The keg was soon full and run over, and then people tracked dirty money all over the clean carpet, and soiled it so that it is not fit to be seen. My wife is worked out lugging the stuff down to the bank, and vows that I must have a porter for the task. All the neighbors come in and help themselves whenever they wish, but they don't seem to make much impression on the stuff. Twice within a fortnight I have drained our bank of all its surplus gold, which I worked into solder for my crown and bridge-work. If I could only get time to finish my grand invention of the patent double-action-tooth-stuffer, on which I have been working for some time without making much more progress than to get it patented, I might catch up with my arrears of work. It will be a great invention when it is fully invented. It is driven by steam, and a four-dollar-a-week nigger holds the nozzle in one hand and the reversing lever in the other. The pressure of his foot on a pedal-lever starts and stops it. The patient opens his mouth and the nozzle is directed toward his insides, and the pedal pressed down. A stream of fine silicated sand, at an immense velocity, is directed into where the cavity exists, or ought to exist, and it is reamed out as clean as Bethel's chin or Morgan's scalp, precisely on the principle of the etching of glass by the same kind of sand blast. The reversing lever is then pulled and the cavity is instantly stuffed full of either gold or amalgam—preferably the latter—at an average rate of one cavity every second and-a-half. If I could only find time to finish it up I might catch up with my appointments; but really I have no leisure for scientific study. By the way, when the thing is finished, I propose to give the Detergent Dental College, a machine free of royalty, because I got my first idea of steam dentistry in its prosthetic laboratory, where a steam engine is employed to turn the lathes and do the grinding of teeth. That is such an entirely original idea, and it is so useful in training students in delicacy of touch and preciseness of manipulation, and it instills in their minds such elevated ideas in ethical practice, that it should be encouraged. But my invention, when it is made, is to distance everything of that nature, and do away with the necessity for any kind of professional hard work. All the dentist, who is really ethical, need do will be to send his card down to the office every morning, and have it stuck up over the chair. The nigger will do the rest and a cash register will collect the bills. I have another great invention, which I am sorry to say is no further advanced than my patent tooth-stuffer. That is, I

have sworn out a patent, or caveat rather, and will develop the thing when I get time. A tenoning machine cuts slots in the grinding surfaces of the molar teeth, and in these are inserted a series of cog-wheels, which work automatically whenever the mouth waters at the sight of appetizing food. The toughest beef-steak is triturated into pulp at the rate of a pound-and-a-half every forty-five seconds, and is shot down the gullet into the stomach without the movement of a muscle on the part of the patient. The amount of force to be applied is regulated by one of Black's patented Gnathodynamometers, a truly scientific invention, which shows how much more of gnathodynamic force is exerted in the mastication of a pumpkin pie than in crushing or inducing the "flow" in an amalgam filling. My invention is a wonderful time-saver, or it will be when it is made, for the individual is able to take his after-dinner smoke simultaneously with taking the dinner, or, in case of emergency, in advance of it. But all this does not help me out for the present. Patients so rush upon me that—there goes a window in the reception room; actually crushed out by the crowd of patients. I must devise some means of relief. I have not slept in—Hah! What is that? As I live, it is some one who cannot get in at the door, and who has climbed to the ridge-pole and is endeavoring to hew his way through the roof. God help me. This is fearful. Such a practice is awful, and makes a martyr of a man, who is sacrificed alive for the public good. I am going for that patient with forceps in each hand.

Yours in tribulation,

PH. CORFUFFLE, P. G. K., Sci. Doc.

Empire City Four Corners, Kansas.

November 1, 1899.

P. S.—Have you tried my patent extracting fluid? You ought to do so. All that is necessary is to paint the gum about the tooth with the fluid and just leave the rest to nature. The tooth soon loosens and drops out without pain or trouble. It is absolutely infallible. Every bottle is made by myself with incredible painstaking labor. Only fifty cents a bottle. Seven bottles for one dollar, C. O. D. P. C., P. G. K., Sci. D.

P. P. S.—Have you noticed my new title? Just got it out. If our modern dental science don't need a doctor I don't know of any sick thing that does. P. C., Sc. D.—*Indiana Dental Journal*.

WHY THE BETTER ELEMENT OF THE DENTAL PROFESSION DOES NOT APPROVE OF ADVERTISING.

BY E. BALLARD LODGE, D.D.S.

It is a misfortune that in dentistry, as in other professions, there are two classes of practitioners, viz. : the non-advertising or professional, and the advertising or unprofessional.

These may be classed as the true and false elements of the profession. Just as in medicine we have the quack and in law the shyster, so in dentistry we are menaced by the advertiser. Now it is a fact that the popular mind does not understand why it is not ethical and right that a dentist should advertise in the public prints. In the commercial world printers' ink and aggressiveness are right and proper ; but, in the profession of dentistry, to be over zealous in proclaiming one's self is not only immodest, egotistic and undignified, but is synonymous with charlatanism. You agree, perhaps, that a young man just starting in his professional career would starve to death if he did not resort to advertising as a means of putting himself before the public. Fortunately, such is not the case. There are other and better methods of winning public favor than by the methods employed by a class of practitioners herein dealt with.

A man is permitted by the ethics of dentistry to insert in the newspaper his business card, provided he confines himself to his name, his business and his address, but just as soon as he goes farther than this he is in danger of compromising himself, if not of committing professional suicide. It may be that considerable patience may have to be exercised on the part of the young dental practitioner, as in all professions it is exceptional for one to escape the so-called starvation period. But when the facts are made clear I am sure you will agree with me that a dentist cannot afford to do an advertising business ; surely he cannot if he loves the profession. The truth is a man cannot advertise so that it will result in financial gain unless he resorts to exaggeration of his capabilities, or makes it appear that he can do for his patient what his brother practitioner cannot do.

This is taking undue advantage, and the man who thus plants himself before the public, the man who would be this extraordinary phenomenon, degrades himself and his calling and is an outcast so long as he persists in those methods. It is absurd to imagine that a man who thus poses before the public, will render a service to his patient superior to that of the more modest, more conscientious

practitioner, who is wise and honest enough to acknowledge his own limitations. If, for example, it is possible for a pretender to extract a tooth without pain and with anesthesia, local or general, is done many times, is it not quite as reasonable to expect a reputable dentist to do so, and would you not expect such an one to be just as thorough in his operation, and to take just as strict measures to prevent infecting his patient with an unclean instrument or an unsterilized solution? I mention this latter because two cases of necrosis of the jaw have been brought to my attention, the unfortunates having been infected at institutions of quackery. There seems to be a popular impression that the non-advertising dentist is not "on to the trick" of doing certain operations which are done successfully (?) by advertisers; but permit me to assure you that the most progressive dentists, and those with whom it is most safe to entrust your welfare, are the men who love their calling too much to jeopardize their patients' health for the sake of the dollar. And it is most absurd to think that just because a man does not inflate himself like a toad in a marsh, and make a loud noise he cannot be capable of good work. It is much to be deplored that so many intelligent persons will allow themselves to be duped by such advertisements, as are seen in the daily papers and on billboards, telephone poles and fences. I believe it was Barnum who said "the American people like to be humbugged," and it seems as if this were pretty true when we see how many persons go to the advertising "parlors" for their dentistry. It is true, however, that they do not as a rule continue to patronize the same institution. Advertisers are dependent largely upon a transient class of practice. Oftentimes these institutions of quackery are conducted by men who have had no professional training whatever, but who thoroughly understand the principles of business. Such a man will employ dentists on a salary and the prime idea of this employe is to turn out work, and with less regard to the quality than the quantity of operations performed. I am personally acquainted with a dentist in this city who left a place of the above description—a place well known for its advertising propensity, who told me that while receiving a fair salary he could not be dishonest enough with his patient to please his employer. This young man is now conducting an honorable private practice.

To conclude—respected reader—remember that the so-called cheap is very apt to be expensive in the end, and that when dental operations are in question the best service is always cheapest. Therefore, if you are wise, entrust yourself to a man who is willing to win and maintain his reputation by the character of his work, and one who does not feel the need of obscuring his identity by the name "dental parlors."—*Information.*

A REMARKABLE REFLEX.

I was called at 1 a.m. to see a young man twenty-four years old, who, the message said, was dying. When I reached the house, he was trying to lie on a couch, had a flushed face and congested eyes, perspiring profusely, unable to remain in any position for more than a minute at a time, short spasmodic attempts to breathe, and complaining solely of constricted pain over the heart, over which he kept his hand constantly. Could obtain no history of the case from him, but from family learned that he had been taken very suddenly, in the manner above described, about two hours before. Had had toothache in lower left molar for about a week and had used camphor freely to put on gum, and more freely than usual just before attack came on.

Gave him aconite 3x every fifteen minutes, and within one hour he was resting quietly. Saw him the following two days, feeling quite well with exception of some toothache, but with no more chest pain. Was called again the second night and found him worse than the first time. I again gave him aconite 3x, which seemed to give a slight relief, but finally was compelled to give him an opiate, as it took two men to restrain him in bed.

I now knew that the trouble must come from his tooth, for when his tooth ached, he had no other pains, and when he had chest pain his tooth felt easy. The next day I took a dentist with me, who pulled the tooth, which was an unusual one, having exostosed roots, that had extended quite deeply into the bone. His recovery was rapid after the extraction.

I give this as an unusual case of reflex pain and with the hope that it may show that reflex pains are more frequent than we imagine.—*Charles B. Kern, M.D. (Lafayette, Ind.), in "Medical Visitor."*

AMALGAM FILLINGS IN TEETH.

Mrs. W—, aged about thirty, tall, slender, dark hair and eyes, sallow complexion, generally unhealthy appearance; enlarged indurated submaxillary glands. Some years ago had had an enlarged tumor of some kind taken from right side of neck, back and below the ear; also suffering from indigestion, headache, neuralgia of face and jaws. All symptoms indicated mercury. She had many large amalgam fillings in the teeth and a red rubber plate.

I assured her they were the cause of her trouble. After some months' treatment without decisive benefit, she consented to have them removed, and gold fillings and a black rubber plate replaced the former fillings. Then merc-viv., cm., one dose, and S. L. was given. Within three weeks the enlarged glands were visibly diminished, health and complexion much improved. Six weeks later enlargement of glands diminished by half; complexion and health good; the lady well pleased and glands still diminishing at last interview. Within three months' more treatment the enlargement of the glands will be entirely gone.—*William L. Morgan, M.D., Baltimore, Md., in Medical Visitor.*

We give the two above choice samples of medical ignorance of dental subjects. The "Remarkable Reflex" was a simple case which the average dental student would have diagnosed, and treated directly, without any of the preliminary humbug which the wiseacre had to use before he made the "remarkable" discovery, that it was a toothache. The article on amalgam reads like a resurrected contribution of sixty years ago. "The enlarged tumor of some kind taken from the right side of the neck," etc., was evidently an equally fine exhibition of a surgical mistake. The doctor "assured her" that the cause of the trouble, the enlargement of the submaxillary glands, etc., were due to "large amalgam fillings and a red rubber plate." The innocent practitioner jumped to a silly conclusion, when he attributed the improvement to the removal of the amalgam, and the use of the black rubber. These conditions can be produced to order by the use of gold in certain diseased conditions of the teeth, as any student knows. We can easily imagine the "pathy" of that school which teaches such nonsense.—*ED. D. D. J.*

DENTAL REQUIREMENTS FOR THE ARMY AND NAVY.

(Published by the School Dentists Society for the use of Members.)

Requirements of Her Majesty's Naval Service as regards the Teeth of Candidates. Issued by the Medical Department of the Admiralty, April, 1899.

(a) Seven teeth defective or deficient in persons under seventeen years of age on the day of entry, ten defective or deficient teeth in persons above the age of seventeen, will disqualify.

(b) Both classes of persons must, however, possess at least four perfectly sound opposing molars, viz., two in each jaw, and the same number of incisors similarly placed.

(c) A tooth is to be considered defective when it cannot be made permanently serviceable by dental repair.

(d) In all cases due regard is to be paid to the condition of the remaining teeth, and their being likely to last for at least twelve years. Credit is to be given for teeth which have not erupted, unerupted wisdom teeth excepted ; (c) artificial teeth not recognized.

Requirements of Her Majesty's Military Service as Regards the Teeth of Candidates for Commissions. Issued by the Medical Department of the War Office, April, 1899.

The candidates' teeth to be in good order, loss or decay of 10 teeth will be considered a disqualification.

Decayed teeth, if well filled, will be considered as sound.

Artificial teeth not recognised.

Requirements of Her Majesty's Military Service as Regards the Teeth of Recruits. April, 1899.

That he possesses a sufficient number of sound teeth for efficient mastication.

The acceptance or rejection of a recruit on account of loss or decay of several teeth will depend upon the consideration of the relative position of those which are no longer effective ; thus the loss of several teeth contiguous to each other in the one jaw, leaving none to oppose those in the other jaw, would be a cause for rejection, but not the loss of a similar number distributed between the two jaws and in different positions. Again the loss of many teeth in a man of an indifferent constitution would point to rejection, while a thoroughly robust recruit who has lost an equal number might be accepted.—*Australian Journal of Dentistry.*

WHEN in June last we published an excerpt from the *British Medical Journal* on the "Teeth of Recruits," we little thought such a thrill would be felt from one end of the Empire to the other, which we have recently experienced, when brought face to face with the grim realities and horrors of war, which the callousness, foolishness, and wrong-headedness of the enemy has forced upon the Imperial Government. But, in common with all true Britishers, we rejoice in the spontaneous outbursts of loyalty which events have brought forth. It is truly "Hands all round." One lesson we can learn from the above-mentioned military medical require-

ments, is that the same care should be taken by the ordinary citizen, with regard to his teeth, as is done for the prospective soldier. And no one will feel inclined to dispute the fact that the first and always paramount object of the practice of dentistry is the saving of the natural teeth, and the saving of them with the least possible mechanical interference. The public wants more education up to this standard. Let each and all who really care for the well-being of their profession strenuously set themselves against the indiscriminate and wasteful extraction of these natural organs—a practice which we feel sure is still rife in this community.—*Australian Journal of Dentistry*.

[We do not know if our Canadian Contingent went through the examination concerning the condition of their teeth of the above requirements, which we copy from our Australian contemporary. However, they are now in Africa, and we echo the sentiments of the *Australian Journal of Dentistry*. It was their duty to go, and our duty loyally to uphold them and the Imperial sentiment they represent. God bless them.—ED. D.D.J.] ;

HOW GIRLS MAY SEE PARIS ALONE.—A bright American girl is going to tell, in *The Ladies' Home Journal*, how she and a girl friend went to Paris together, saw its sights, visited all places of interest, lived there and had "the time of our lives," as she explains the experience. In three gossipy articles all the points of interest in and about the French capital will be treated and briefly described, and how to live well at small cost—in fact, just how girls going alone to Paris can best and cheapest enjoy the trip, will be explained. Of course, these experiences are intended to serve as a guide for girls going to the Paris Exposition in 1900.

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THE PAUPERIZATION OF PATIENTS.

There is a coincident recoil all over the world of medical practice with reference to the abuse of hospitals. Hospital doors have become wider than church doors, and gross injustice is done the younger generations of medical men by the latitude extended to the increasing middle class of patients who have no claim in reason to sponge upon these institutions. The philanthropy of subscribers and medical attendants is so shamelessly imposed upon, that it has become absolutely necessary to return to the original design of providing such charities exclusively for the deserving poor. Of course we all understand that this may very justly embrace patients whom poverty has shadowed for the time being, and that even outdoor claims in these exceptional cases may demand the fullest assistance. That is not in question. It is notorious that there are well-to-do people mean enough to pass the door of the family physician, whom they are well able to pay, and while insulted with a suggestion of accepting the charity of a house of refuge, are not the least ashamed to enter the charity portals of an hospital. The result has been that an already over-crowded profession finds practice unjustly cut. The saying that the curate of the church was frequently the best educated pauper in the parish, is more likely to be applied to the struggling physician, whose education and equipment cost ten-fold that of the parson, and who has no exaggerated faith in the compensations of the next world, with which wealthy bishops may console the impecunious curate. In a recent editorial, the *Dominion Medical Monthly* handles this abuse in Canada without gloves, and echoes the complaint of most of its contemporaries not only in Canada, but in Great Britain and the United States. We imagine there are comfortably provided

physicians who ignore these grievances; others who aggressively repudiate them. All professions have to deal with the man in their ranks who cannot or will not see further than his own nose, and who complacently pooh-pooh's the injustice his own pocket does not feel. No one ever yet discovered the faintest suspicion of his unselfishness, unless it was traced to feebleness of mind. The question has been asked, as to what extent the medical attendants of hospitals encourage these abuses. It does not seem charitable to argue that, directly or indirectly, they make, collaterally, a good thing out of it, and that their advantages in this direction are increased by securing for the institution a middle class, rather than the pauper. The fact that they get a large advertisement out of their connection is as patent as any fact can be; but to insinuate that this is the *raison d'être* of their eagerness for the appointments is probably as often untrue as true. At any rate, it is surprising how short-sighted these officials may become, and it is quite as surprising how the competitive fever has become contagious in hospitals. They must have patients; students must have hospital experience, but there may be too many hospitals just as there are too many physicians, and there is certainly too many of the class of patients who are well able to pay the minimum fees of the average physician, but who have got into the habit of humiliation by using the hospitals with the same freedom as the recognized poor. The habit has been permitted this class, and medical men themselves are to blame for it. Like lodge practice, physicians are alone to blame, and alone can find the remedy.

Apart from the open imposture upon regular practice and the generosity of subscribers, there is another phase of the subject, in which the general public share. "The open door" in the hospital service is a premium upon the pauperization of the undeserving class, i.e., the middle class, the servant-girl class, the better class of mechanics, and laboring men and women—and self-respect and independence are forever lost. The dead-beats of the hospital form a class of their own; people who would be ashamed to ask charity from the grocer or butcher, coolly *demand* it from the hospital, and no one knows where it will end unless it pauperizes the profession too. The maternity hospital was supposed to be designed to supply its service exclusively in-doors, but to-day it will send to the patient's own house, a doctor and a nurse, at a merely nominal cost, in cases of confinement, and it is well-known that women able to pay will avail themselves of hints they get from former patients, to secure this latest addition to the imposition upon the sphere of the regular practitioner.

In all this, dentistry has an object lesson. Infirmity dental practice in Canada has been placed under wise restrictions, but it is not complete. There are none of the direct and collateral

advantages for the dentist in hospital service. In Canadian hospitals he is only a tooth-puller. He cannot afford to devote time from ordinary practice to any further service. Yet it is not improbable that some mistaken philanthropist, or some emotional female, may originate a fad to follow the lead in full of the medical profession. If our practitioners think the public is entitled to free services—and we heartily believe the deserving poor are so entitled—they may find in the mistakes made by the medical profession a few hints on the duty they owe to themselves as well. Wise men and women are beginning to discover that there are limitations to the instinct of charity of all sorts. There are lots of people who need, and who deserve help, and frequently they are not among the pauper class. But there are lots of people who think that heaven should always help them, and that heaven has no right to expect them to help themselves.

"DENTISTRY" VS. "MECHANICAL DENTISTRY."

Whether it is done intentionally or not, there are licentiates who seem determined to drag down prosthetic dentistry to the level of a trade. Trade methods, and the catch-penny advertisements of the traders, are introduced into the press, and by vulgar showcases, just as we are accustomed to seeing with the display of boots and shoes, the trade ideas are emphasized. The veterinary surgeon needs the environment of the stable. Some of them go so far as to advertise themselves as blacksmiths in addition. These are legitimate and honorable; but veterinary surgery, *per se*, is a scientific profession, which any educated gentleman might be ambitious to practise. It may come to pass that mechanical dentistry will be assigned the same relationship that the forge occupies to some of the Vets. There will always be those, however, who will then have only a collateral interest in prosthetic dentistry proper, and as the optician sends his "prescriptions" to the oculist, and the surgeon his legless and armless patients to the manufacturer of artificial limbs, so the distinctively "surgeon" dentist may yet relegate his prosthetic cases to the exclusive mechanic. Long ago we foreshadowed this, and it looks now as if it were one of the changes sure to come in the course of time.

END OF VOLUME XI.

This number of the DOMINION DENTAL JOURNAL completes the eleventh year of its existence. We have always urged our readers to widen their scope of reading as much as possible. For over twenty-eight years we have read every English, French and German dental journal which has come to us in exchange, and we

are not sorry for it. Of course, it is neither possible nor necessary to read every article in every journal. Every journal now and then has chaff as well as wheat. There are critics who think there is never anything in any of them but chaff, and yet they are the ones who never try to make them better, by contributing the distilled quintessence of their own professional superiority.

EDITORIAL NOTES.

VARIOUS suggestions have been made from time to time to counteract to some extent, the "education" which the public receive from sensational advertising. The following are two specimens of "Tracts for the Times," which have been circulated impersonally, and which are plain appeals to plain people. It would pay to circulate these papers extensively.

No. 1.

HINTS ON THE TEETH.

1. When you get one of the CHEAP "TOMSTONE SETS" OF TEETH you pay twice as much for it as it is worth, even if you get it for \$2.50.
2. You cannot buy good beef, vegetables or fruit, for the price of refuse or rubbish. Every sensible man and woman knows that "Cheap" is often truly the meaning of "Cheap."
3. A thief steals your money behind your back. A dental quack swindles you before your face, and you do not discover it until too late. You can punish the former if you catch him. But the latter has a license to laugh at your folly.
4. Always suspect dentists who use sensational advertisements. You would not trust your physician if he did the same.
5. "Cheap Dentistry" is Dirty and Dangerous Dentistry! Any first-class Dentist can better afford to make a cheap set of Teeth, and make it more honestly than self-styled cheap Dentists, who never perform half they promise. Do not wear Teeth that make people laugh at you, and prevent you laughing at them.

REMEMBER

That experienced and respectable Dentists have no object in swindling patients; and that the circumstances of the poor, and of those who cannot pay high fees will always be considered.

☞ No one can tell when their own teeth begin to decay. Children's Teeth should be examined twice a year.

No. 2.

HINTS ON THE TEETH!

1. Many persons tolerate more filth and disease in their mouths than they would on their feet! The mouth is the portal of life and health!
2. Many affections of the eye, the ear, the stomach, etc., are due to diseased conditions of the mouth.
3. No thoroughly educated and honest dentist will try to make you believe that he can give you ten dollars worth for five. Is there anything in your own line you could honestly give in the same way?
4. Beware of Infection from the dirty instruments and habits of the Quack Dentist!
5. Real diamonds cost more than paste diamonds. You must pay more for silk than for cotton. The Jeweller who says he gives you real diamonds at the cost of paste, the Dry Goods Merchant who says he gives you silk at the price of cotton, are just like the Dentist who says he will give you the best sets of teeth at the price of the poorest.
6. It costs a lot of money to lie in the advertising columns of the press. When you go for "bargain" sets of Teeth, remember the Quack Dentist is no fool. He depends for his existence upon his belief that you are a fool, or you would not go to him!
7. Lying is the chief stock-in-trade of the sensational dentist advertiser. The Quack Dentist is more of a Rascal than a Philanthropist.
8. The Quack Dentist may not know his business, but he knows human nature. He is more of a knave than a fool. He is more certain to rob his patients than himself!

A YOUNG licentiate of Quebec had practised for one year in a small village of considerable wealth, yet of rather narrow intelligence regarding the value of conservative dentistry. Fully three-fourths of his patients believe that the fakir who perambulated the country, crying up his cheap artificial sets of teeth, and crying

down all efforts to save the natural teeth, was a missionary of mighty peace and enduring comfort. Not a day passed that the conservative practitioner did not meet this class, and business left him because he would not extract teeth wholesale. At the end of the year he decided to leave the unsavory pastures and find a better field. One of the resident clergymen came to see him. "I'm told, doctor, that you are going to leave us? May I ask the reason?" "Yes," replied the dentist. "For the first six months I told the truth, the whole truth, and nothing but the truth, to my patients, and I nearly starved. For the last six months I have told them anything but the truth. I've trebled my income, but I'm nearly choked. The dentist who can make lying a profession is the sort of a man to succeed here." And he left.

REFERRING to the anonymous circular signed "Several Dentists," sent last September to the licentiates of Quebec, a friend informs us, that a report was circulated that the editor of this Journal was one of its authors. It is sufficient for the purpose to say, that we have not the remotest idea of its origin, directly or indirectly, or of the identity of any one of the "several" dentists. We have felt obliged upon several occasions to expose quackery, but we never hit even a quack under the belt; and we assure our foes, as well as our friends, that if we ever think it necessary to express our opinion about the conduct of any one, we will neither stab them in the back, or travel, abroad to make our local grievances before strangers.

THE testimonial presented to Dr. J. B. Willmott, Dean of the Royal College of Dental Surgeons, by the class of the "Practitioners' Course," was in every sense well deserved. In spite of many difficulties, Dr. Willmott has enjoyed the confidence of the better thinking men of the profession of Ontario, who, fortunately, comprise by far the largest number, and he and his "olive leaf" Walter, are entitled to much gratitude. It is pleasant to witness such fraternity.

REFERRING to the competition of the cheaper dental colleges in the United States, Dr. J. L. Williams, editor of *The Dentist*, says, "The best thing that could happen in the interests of dentistry in the United States, would be the destruction of two-thirds of the dental colleges, and the reduction of the number of graduates turned out in about the same proportion, and there are a few wise men over there who see this clearly enough."

THERE is a good deal of unnecessary sentimentalism about enforcing the Act. Why one part of it should be enforced and not another, has been excused upon the plea that some parts are too

harsh. We do not think so. The rascal who uses his license to lie and rob professionally is confided by law to the jurisdiction of the Boards. The latter simply do their duty in the suppression of professional lying and robbing.

THE Hon. Richard Hartcourt, Minister of Education, Ontario, recently said, "As far as salaries go, young men and women rush into the profession and seem willing to take a small wage. Supply and demand act in the school system as in other professions." Overcrowding shows its first result in cheapening. Some people do not see why a dentist should live as well as a mechanic.

A RATHER curious error exists in Quebec Province about the relationship of the Royal College of Dental Surgeons of Ontario to the Provincial Government. It was stated that the corporate body, or at least the Infirmary, got a money endowment from the Government. Dr. Willmott takes the statement as a joke. He says the idea never occurred to them.

THE perambulating prescription pedlar is again abroad, offering to sell "office rights," etc. We have seen copies of these prescriptions. The only thing original about them is that they contain dangerous proportions of a dangerous drug. It is a small sort of business for even mean men to engage in, or for even mean men to buy.

Post Card Dots.

PLEASE give me the addresses of the Dean of the Dental College of the Province of Quebec, and the President, Secretary, and Treasurer of the Board.

1. Dean, Dr. W. J. Kerr, 60 Beaver Hall Hill, Montreal.
2. President, Dr. Nolin, Sorel.
3. Secretary, Dr. E. Dubeau, 391 St. Denis Street, Montreal.
4. Treasurer, Dr. F. A. Stevenson, 186 Peel Street, Montreal.

CORRESPONDENTS who have written to us, complaining of a breach of the Act (Quebec) by a licentiate, can have their letters inserted if they let us publish their names. Otherwise we refer them to the President or Secretary of the Board.