

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

Coloured pages/
Pages de couleur

Covers damaged/
Couverture endommagée

Pages damaged/
Pages endommagées

Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée

Pages restored and/or laminated/
Pages restaurées et/ou pelliculées

Cover title missing/
Le titre de couverture manque

Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées

Coloured maps/
Cartes géographiques en couleur

Pages detached/
Pages détachées

Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire)

Showthrough/
Transparence

Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur

Quality of print varies/
Qualité inégale de l'impression

Bound with other material/
Relié avec d'autres documents

Continuous pagination/
Pagination continue

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

Includes index(es)/
Comprend un (des) index

Title on header taken from: /
Le titre de l'en-tête provient:

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.

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

Additional comments: /
Commentaires supplémentaires:

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

| | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 10X | 14X | 18X | 22X | 26X | 30X |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12X | 16X | 20X | 24X | 28X | 32X |

DOMINION DENTAL JOURNAL.

VOL. VII.]

TORONTO, JUNE, 1895.

[No. 6.

Original Communications.

Attitude of the Dentist Towards His Patient.*

By R. G. McLAUGHLIN, D.D.S., Toronto.

In this progressive age, when we are making such rapid strides in practical improvements, our professional energies are naturally occupied in keeping pace with the new ideas that are ever being advanced in the practical part of our work. But is it not wise to sometimes call a halt in this race with crowns, bridge-work, abscesses, and the numerous other cases ever before us, and just for a moment take a glance at ourselves personally, and ask how we are carrying ourselves before the world—how our professional standing compares with that of our brethren round about us? What is our general attitude and demeanor before our patients? and last, but not of least importance, with what amount of respect (professionally and otherwise) do our regular patients, month after month, deign to treat us?

These are questions that ever and again come to the thoughtful and ambitious man, whatever his profession may be. But you naturally ask, "What has all this to do with the success or failure of the modern and practical dentist?" I answer at once, a great deal. If there is a calling in life in this age in which good manners, gentlemanly address, quiet dignity and professional self-respect form many of the rungs in the ladder of success, that calling is surely dentistry. Here it is where the true gentleman stands head and shoulders above his confreres; here it is where the really educated man shows to best advantage, and here especially is where

* Read before the Toronto Dental Society.

the man of refined tastes, and whose every word and action is filled with harmony, is sought after by the choicest and best in the land.

But if we are to come from the general to the particular, we must take ourselves to the operating-room, and follow the dentist as he is receiving, day after day, his ever-changing classes of patients, for here, if at any place, the man's true professional spirit is brought to the surface. In his every dealing with his patient the dentist should never for a moment lose sight of his self-respect. There should ever be beneath the surface that quiet dignity of manner and unruffled temper which are ever indicative of the true gentleman. You may be assured your patients will not be slow in appreciating your worth in this particular and deporting themselves towards you accordingly.

Again, closely allied with what I have just said, and of no less importance, is the professional spirit generally displayed by the dentist in the discharge of his daily duties. Right here, I believe, is our great vantage ground in gaining the confidence and professional respect of our patients; and right here is the point where the patient can and must be educated to a proper appreciation of the standing of the dentist among the professional men of the world. To realize how this educating process is being carried forward or retarded by the different members of our profession we have but to look to the general department of the various patients who for the first time come to us for treatment from the different parts of the city or Province. They have come from different offices, from different operators, from men ranging in professionalism from the lowest-bred quack to the ideal professional spirit. And how long does it take the patient to reveal to any of us by her every word and action the professional calibre of her last regular dentist?

You meet now the distrustful patient, who appears to have not the slightest confidence in your advice for the preservation of her teeth, and when told that certain molars and bicuspids need immediate attention, will not be convinced till mirrors are produced and the cavities seen with her own eyes—a sure indication that her last dentist had not succeeded in gaining her confidence. What is the remedy? Here, I think, it is: man before method. Differently constituted patients need different treatment; but, in general, I think it is better to quietly impress on the patient the fact that such is the condition then existing that such and such remedial operations are necessary, but she, as the patient, is at full liberty to decide whether the teeth are to be preserved or not.

Again, we all occasionally meet the *dictating* patient—the one who knows all about it, and who only looks on the dentist as a mere mechanical assistant, whose every operation must be under her direct supervision. How are we to treat such a patient? Cer-

tainly it is sometimes a difficult matter to solve. The indications strongly point to the patient being pampered and spoiled either by the special indulgence or want of self-confidence in her former dentist. Just how to give such a patient to understand that such a directory manner on her part is entirely out of place, is a problem that each practitioner must settle for himself. Certainly, if the dentist be of the right professional material and possessed of sufficient confidence and ability, most such refractory patients will not be long in being educated to the knowledge of their proper behavior in the dental chair.

We might go on multiplying these examples that daily come to us from a badly-educated public; but enough has been said to show us where we stand and whither there is danger of us drifting. Yet each practitioner, wherever he may be placed, has the opportunity of training for himself, if he be possessed of the proper professional spirit, a class of patients who will daily manifest to him such general respect and professional confidence that will make his hourly tasks more genial and full of sunshine than they otherwise would be.

But there is another part of this subject that I am not willing to overlook. The dentist, in his usual round of probing, drilling and burnishing, should ever show towards his patient a spirit of practical sympathy. Once your victim fully understands that in every thrust and twinge of pain you are fully alive to the fact that you are operating on live tissue, you will have gone a long way in winning her confidence and making of her a lasting friend. How naturally we become more and more hardened as we grow older and busier in the work! How we soon come to drill and burr into a sensitive tooth with the same cold deliberation we might show in drilling into so much wood and stone! How apt we are, especially in our busier moments, to become irritable and impatient if the poor cringing and terrified creature, when taking the chair on the first occasion, is occupying too much of our precious time in getting over her paroxysm of fear and mustering sufficient courage to open wide her mouth. Let me tell you, the best practical lesson I, for one, get in exercising more patience in such cases is once in a while occupying the chair myself. No doubt, we are liable to become so absorbed in the success or failure of the operation in hand that we, for the time being, lose sight of the sufferings of the patient. In this respect I think mistakes are frequently made which prove far-reaching in their effects; for example: a young girl of fifteen is in the dental chair for the first time, and the operation in hand is a gold-filling. The dentist has his whole mind occupied in the completing a perfect operation, and after an hour's patient toil on his part, accompanied throughout by moanings, pleadings and hysterical sobs from the patient, the operation is

completed and a perfect gold-filling is the result. We now ask ourselves, Has this hour's work been a success? In one sense, Yes; in a greater sense, No. The operator has certainly succeeded in inserting a beautiful gold-filling, and so saving from the ravages of decay that one tooth; but, at the same time, he has also succeeded in so worrying and terrifying that delicate patient that she will never again willingly enter a dental office, and consequently the remaining twenty-eight or thirty teeth may through the effects of that one operation be sacrificed. Now, the operator's first care in such a case should be to perform at that sitting as delicate and painless an operation as the present preservation of the tooth would permit. A temporary filling might answer the purpose fully as well for the time being, and in after months, when the patient had gained more courage and nerve-power, the gold work, if necessary, could be accomplished at a less sacrifice.

Let me say, in conclusion, that our whole aim in this matter should be to accomplish the highest class of work with the minimum amount of pain, and in this advanced age in dentistry our patients are beginning to expect from us, and to some extent properly so, that our operations should be, in general, if not absolutely painless, as nearly so as the circumstances will permit.

Filling Pulpless Teeth with Fistulous Opening.

By ANGUS D. CAMERON, L.D.S., Hanford, California.

In the May number of the *Items of Interest*, Dr. C. N. Johnson, of Chicago, tells how he does this operation. The busy practitioner may not have time to resort to this proceeding, as described by Dr. Johnson. Now let me tell you how to do the operation, and do it quickly.

After getting a direct opening into the pulp chamber, and thoroughly washing out its contents with warm water from a syringe, apply the rubber dam, and dry out the pulp chamber with cotton and hot air, then with Gates-Glidden drills of different sizes, enlarge the canals to the apex; now twist a few shreds of cotton around a Donaldson broach, and saturating in pure carbolic acid and iodoform, use as a piston until the medicament appears at the fistulous opening, and do not cease until it does appear.

Now your tooth is ready to fill; do not wait a day or a week, but go right ahead and fill solidly to the apex. I use shreds of cotton saturated with chlora-percha, and a touch of iodoform, and have yet to see the first case of this kind come back to me for treatment in a practice of fifteen years.

Proceedings of Dental Societies.

Eastern Ontario Dental Association.

The sixteenth annual convention of the Eastern Ontario Dental Association will be held in Smith's Falls, on Wednesday and Thursday, June 26th and 27th. We trust that you will endeavor to attend and assist in making this the most successful meeting in the history of the Association. If you have anything that would be of interest to the members, kindly communicate with the secretary and satisfactory arrangements will be made for placing it before the Association. Programme of the meeting will be forwarded you so that you may come prepared to discuss the different papers. Again soliciting your interest in this Convention,

We remain yours truly,

STANLEY BURNS, *President.*

GEO. H. WEAGANT, *Secretary.*

Code of Ethics of the American Dental Society.

ARTICLE I.—THE DUTIES OF THE PROFESSION TO THEIR PATIENTS.

Section 1.—The dentist should fully recognize the obligation involved in the discharge of his duties towards his patient. As they are, in most cases, unable to correctly estimate the character of his operations, his own sense of right must guarantee faithfulness in their performance.

Sec. 2.—The dentist should lend his influence to encourage a sound dental and medical education, and to uphold in the community correct views of the powers and the limitations of dental science and art. It is not to be expected that the patient will possess a very extended or accurate knowledge of professional matters. The dentist should make due allowance for this, patiently explaining many things which may seem quite clear to himself. He should encourage no false hopes by promising success when, in the nature of the case, there is uncertainty.

ARTICLE II.—MAINTAINING PROFESSIONAL CHARACTER.

Section 1.—In his relation with another dental practitioner and his patient, the dentist should be governed by strict rules of honor

and courtesy. His conduct should be such as, if universally imitated, would insure the mutual confidence of all dental practitioners.

Sec. 2. The professional success of a practitioner depends upon qualities connected with his moral character, his scientific attainments, and also his industry and business talents. But the relation of practitioners of dentistry to patients is not like that of tradesmen to their customers. The kind of competition which might be considered honorable in business cannot exist between dentists without diminishing their usefulness and lowering the standing of the dental profession.

Sec. 3. If a dentist treats a patient during the temporary absence or illness of the usual dentist, or in case of accident or other emergency, he should direct that the patient go to the former as soon as he is able to take charge of the case, and should then relinquish it to him.

Sec. 4. It is unprofessional to resort to public advertisements, cards, handbills, posters or signs, calling attention to peculiar styles of work, lowness of prices or special modes of operating, or to claim superiority over neighboring practitioners, to publish reports of cases or certificates in public prints, to go from house to house to solicit or perform operations, to circulate or recommend nostrums, or to perform any similar acts.

Sec. 5. Consultation should be encouraged in cases of unusual responsibility or doubt. A consultation is called for the benefit of the patient and to give him the advantage of collective skill. Should there be a difference of opinion, discussion should be temperate and always confidential. A consulting dentist should be careful to say or do nothing to impair the confidence of the patient or his family in the attending dentist.

Chicago Dental Society.

The officers of the Chicago Dental Society, elected at the annual meeting, held on the first Tuesday in April, 1895, are: President, W. V. B. Ames; 1st Vice-President, C. E. Bentley; 2nd Vice-President, J. A. Dunn; Secretary, A. H. Peck, 65 Randolph Street; Corresponding Secretary, H. A. Costner; Treasurer, E. D. Swain; Librarian, H. A. Gunther. Board of Directors: G. H. Cushing (chairman), J. N. Crouse, J. G. Reid. Board of Censors: D. C. Bacon (chairman), H. W. Sale, E. R. Carpenter. Committee on Exhibits: G. B. Perry (chairman).

Selections.

Higher Dental Ethics.*

By J. H. SMYSER, D.D.S., Chicago, Ill.

It is not my purpose in this brief paper to discuss ethical studies at any great length. It is not necessary to do so for the purpose in hand.

The doctrine of ethics is not an exact science, not even a science at all, for it lacks some of the elements that enter into the definition of the word science.

The ground work upon which the superstructure of science is built is a series of indisputable facts capable of demonstration and easy classification.

The ground work of ethics is a series of propositions almost universally accepted as truth, but which are nevertheless subjected to much specious modifications, no tyro would ever attempt this upon a fact of science.

A sufficient number of propositions or principles of ethics are universally accepted by enlightened society to form a firm basis for the doctrine of ethics, and the highest and noblest branch of speculative philosophy.

Few, indeed, are the men who would attempt to controvert any part or parcel of the doctrine contained in the simple injunction. "Do unto others as you would have others do unto you." This, of course, is only one of the many index fingers which points with an unerring directness toward the highway along which move the highest type of the upright man.

But I apprehend that the difficulty does lie in the non-acceptance by professional men of the principles of ethics. Their absolute truth finds lodgment in every cultured mind. Their acceptance is practically universal.

There is no room for the ubiquitous liberal to stand on beyond and outside the ethical platform, as to whether he shall believe or not.

The field for controversy lies somewhere else, and it is certainly not hard to find; its crags and peaks loom up somewhere in the hazy distance at many, if not all, of our meetings. There is room for suspicion that the field of doubt sometimes, through a mental upheaval, is thrust up to and into our private offices. A glimpse of

* Read before the Odontographic Society of Chicago.

the landscape where there is no law but self, and no criterion of success but money getting, is apt to be seductive even if it be illusory.

It is in the practical application of ethical principles to our every-day practice where the "Faith that is in us" is put to the test. This fact is well illustrated, I think, by a discussion between a French professor and a group of his young countrymen. The professor was an instructor on ethics. He had previously attempted to ground his disciples thoroughly in the doctrine contained in the injunction, "Love thy neighbor as thyself." It was review day and he was questioning his class closely in order to test their ability in applying its teachings to practical affairs of life.

The answers of the students came promptly; they showed a high degree of advancement in ethical training; there was no halting, no faltering, no misjudgment. Finally came the question, "How should the French, as a nation, feel toward the Germans, as a nation?" Here was a poser. The wheels of progress were blocked; silence reigned everywhere. It was a case where inclination and plain duty clashed.

Certain images of Alsace and Lorraine began to float before the young Frenchmen, and here began a series of specious modifications and exceptions supposed to free the French from the operations of a plain law, and this picture is a type of the difficulties that beset men everywhere, and in all walks of life. It is the unswerving application of plain rules to the practical affairs of life whatever our own inclinations are, that give rise to doubts and difficulties.

Now, we who are not concerned in the affairs of these two great peoples, who have no inborn feeling in the matter, would have no difficulty in applying the rule in this case; for it is a law that ought to be immutable and binding everywhere and at all times.

Many things contributed to the young men's wavering attitude. Probably the professor's own example, being a historic Frenchman, in his daily life may have been a silent commentator on the doctrine he was enforcing so well in his lecture. It is supposable that his supporting anti-German sentiment, though his political and other association may have had its influence on the minds of his followers. Who knows?

In order to avoid the many undesirable infractions upon the code of ethics we must endeavor to improve our institutions of learning; to do this, more time and attention should be devoted and greater care observed in making good honest impressions upon the student, affecting the character of the professional life he is about to lead.

In passing through many of the colleges of our cities and observing their way of doing things, the relation between instructor, demonstrator and student, and the manner of treating their patrons, reminds one of a typical *dental parlor* and the more time devoted to the investigation of those infirmaries the more striking becomes this comparison.

It is the belief of the writer that the old adage, "As the twig is bent so the tree is inclined," can in no place be better applied than right here.

Is it not true that in art, business and the professions students follow the general style of their instructors, or the institutions from which they secured their education. We believe that the greater fault lies in the fact that most of our so-called colleges are conducted in too great a measure as money-making mediums, and since, as a rule the men on the higher rounds of the ladder in the profession are the ones usually connected with those institutions, either as directors or faculty, are responsible for the way in which that institution is conducted.

To this fact is due the reason that so little is being done to improve the condition and raise the standard of education, which is the only way by which we can reach the fulfilment of a desirable code of ethics.

To the same fact may be added the inability to obtain any satisfactory legislation in the way of giving authority to corporations to grant license to individuals to practise dentistry. Hence we have weak colleges scattered all over the land offering any and all kinds of inducements to students to go there and study dentistry, regardless of ability, character or previous conditions of servitude. It is not even necessary to know or understand the language used in the institution. The one thing needful is a certain amount of time and money and a specified amount of operative and mechanical work (representing so much cash). Having fulfilled these few most important requirements, they are furnished with license to practise dentistry. What can we expect from such a condition of things, and who is to blame?

I hope each one here to-night will become interested enough in this subject to formulate some answer for himself. A few of the colleges are, without a doubt attempting to improve these conditions, endeavoring to impress upon the students the fact that they have some honesty of purpose, and aside from giving them the best possible instructions upon the theory and practice of dentistry are also inculcating principles of a higher character, satisfying the requirements of the honorable practitioner.

Advertising in its various forms seems to be the leading evil, to which men resort to lower the standing of the profession. It is not necessary to enumerate the different forms used by each individual,

since unlike conditions and circumstances demand a style peculiar and suitable in each case to make up the deficiency. All alike obnoxious and dishonorable, the main object being to deceive. Whether through the public press, programmes, or gay streamers hung up in public places, they all have the same purpose in view, and the same unprofessional effect in the end. The higher the standing of individuals the greater the harm done.

Take as an example a student at college, writing out the time for appointment with a patron on a card, on the back of which is printed the statement that "We charge for material only," and after the patient returns and has a tooth filled with amalgam, a charge of \$1.50 or \$2 is made. What a volume of ethical culture goes with such a transaction. What a feeling of honesty there is in it; and then that same student goes down town and drops into one of the hotels, and there on a post he sees the names of the faculty on a silk ribbon, telling where he may be found during certain hours. This, of course, is to convey to the unwary stranger the fact that his name, being on the nice yellow ribbon, would be a more desirable place to receive professional services, than across the way, where the portraits of those many nice-looking men with the stylishly trimmed whiskers, are placed on a bill board.

No credit or honor in the way of ethical training can ever be claimed by an institution that turns out young men under such conditions, though a few may reach the highest pedestal of fame, and from the time they leave the institution their march is upward and onward, elevating whenever they can, the soiled mantle of our code, by honesty and integrity. Many are found taking a different course, resorting to the various unprofessional ways to conduct their business, and in many cases they are only following out the principles taught them in their early education. Other influences might have produced different results.

What I have written upon this subject may exclude a few of the better colleges, but the fact remains that there are many and most of the colleges whose teaching and influence have a lowering instead of an elevating effect upon those brought in contact with them.

I am a firm believer in the saying "That the sins of omission are as great as the sins of commission." We should reach the highest perfection in our better colleges and wipe out of existence those which are conducted only for pecuniary considerations and not for dental education, and when this is done our attention should be turned to those disreputable places called "dental parlors," so numerous in all our large cities, some of them being conducted by men who are absolutely destitute of any knowledge upon the subject, have no thought of the high character of their work,

the importance of their best skill, but are simply conducted as a business enterprise. Men whose influences are needed to remove these evils, never stoop from their exalted positions to consider the harm done to the profession they are apparently so much endeavoring to elevate. Months of education is required to offset the evil influence of a day, upon those naturally weak in the doctrine of ethics, and much individual, honest effort is necessary to remove the distrust of the public mind.

If it were not a fact that the eyes of the public were kept in darkness concerning the happenings of those places owing to the bountiful revenue contributed to the daily press they could not possibly exist.

Think of the health department interfering with the prayers of Dr. Dowie on ethical exceptions, and allowing such dental parlors to flourish unmolested. Here is an opportunity for some one to promote our ethics, and at the same time become a benefactor.

Abuses are not alone confined to this lower strata of the profession. A common evil among the "upper crust" is in daily practice in the form of exorbitant fees.

The evil in this respect is greater and more dishonorable than in the case of the dental parlor man, from the fact that the class of men in question are of a different type, whose intelligence, and knowledge of values, tell him that the transaction with his dentist was dishonest and is a means of breeding distrust, in destroying the ethical relation between the public and profession, which is of far more importance than that between men of the same profession.

The result of experiences of the above nature can be seen when individuals take up the daily papers and scan the columns for rates on dentistry, pass from the sublime to the ridiculous as it were, take chances with the fates in preference to submitting to an unjust fee.

I do not believe much in technical ethics; different writers upon this subject, draw the line of demarcation between professions too sharply; as, in the case of the city dentist accusing the country physician of a breach of ethics because he extracted an aching tooth for his neighbor; or, on the other hand, the physician censuring the dentist for advising a remedy for the cure of sick headache, or wiping a chunk of soot from a patient's eye. This is not what is meant by higher ethics, but finds its application in the rules and regulations of labor unions. We should be far beyond any such petty jealousies, place our aim higher, show to the world that we are public benefactors, be honest with each other in all our dealings and carry out to the letter what is implied by the Golden Rule.

Abstracts.

By G. S. MARTIN, D.D.S., Toronto Junction.

The formula of Watt's metal for cast plates is: Tin, 40 dwt. ; silver, 8 dwt. ; bismuth, 16 gr.—*J. E. Davais, Columbus, O.*

APHTHOUS STOMATITIS SPECIFIC.—One application of trichloroacetic acid is sufficient to stop further progress if used on first appearance of mucous patches.—*J. A. Dunn.*

In making vulcanite plates, we fail in securing a good fit sometimes by cooling too rapidly. The best fitting plates I have are left in the vulcanizer twenty-four hours after vulcanizing.—*O. Howe, Princeton, Mass.*

PROTECTION OF CEMENT FILLINGS.—Instead of paraffin, which scales off as soon as wet, melt together resin and wax on a spatula and pour on the filling after it has stood a few minutes. After a day or two they will take a polish almost like ivory.—*E. T. Darby.*

Cleaning the teeth should be the first work of the dentist instead of the last. It will not only better reveal defects and enable us to do better work, but prevent the necessity of working in filth. Every particle of tartar should be removed and every tooth scrupulously polished. And such services should be paid for quite as liberally as any other work.—*Items of Interest.*

PULP CAPPING IN DECIDUOUS TEETH.—Rotate a round-faced burnisher with pressure on a piece of thin platinum resting against soft wood till a little saucer-like depression is formed. Cut out this little cup and fill it with a paste made of oxide of zinc, carbolic acid and oil of cloves, equal parts. Invert this carefully over the exposed pulp and fill the cavity with oxyphosphate.—*Items of Interest.*

LINING RUBBER PLATE WITH ALUMINUM.—Dr. Thos. Rhodes Pixton, of Philadelphia, gives a method of lining rubber plates, to give metal surface in contact with the mouth. He used aluminum rolled to twenty-eight gauge, annealed and carefully pressed and burnished to cast, using preferably the handle of a tooth-brush for this purpose. By using a small enamel chisel, small loops may be made in the aluminum for attachment of rubber. The teeth are then set up in wax as usual for rubber plate.—*Items of Interest.*

TO REMOVE REMNANTS OF PUTRESCENT TISSUE IN ROOT CANALS.—Force trichloroacetic acid into the canals. It destroys all tissue and purifies in a few minutes' time.—*C. N. Pierce.*

Ordinary glazier's putty, moulded to the right consistency and perfumed with oil of wintergreen is in my hauds a useful impression material for crown work, on which fusible metal can be cast with great perfection.—*W. S. Elliott, D.D.S.*

Dr. J. D. Patterson, of Kansas City, says there is no such thing as rubber disease, the mercury in the rubber being proved to be inert. The first and prime cause is uncleanness. The only disadvantage a rubber plate properly made and polished has, as compared to one of gold, is that the gold is the better conductor of heat. This may be overcome by leaving the plate out at night, as the small ducts are destroyed by wearing the plate continuously.

Dr. Molyneaux advises the use of No. 40 tinfoil on models. Cover the model with a coating of shellac, then lay on tinfoil, and by means of a stencil brush, beat down with quick successive taps, until every part is in contact with model, then smooth down with a piece of chamois. Trim off the excess and burnish down any tendency to wrinkle at the edge. The coating of shellac must be thick in consistency to hold tin.—*Ohio Dental Journal.*

An editorial in the *May Items of Interest* gives the following points in favor of oxyphosphate under gold or amalgam: The cement does not shrink nor expand as some amalgams do. Some gold fillings are not water-tight, but cement always is; the tendency of gold to ball or "rock" is overcome. The cement strengthens frail walls that might be broken by the force of gold filling. In sensitive dentine less preparation is needed, as the cement hardens softened layers of dentine and destroys sensitiveness. The cement may be put in over a freshly exposed pulp, using a layer of paper smeared with Canada balsam in contact with exposure.

Dr. A. J. Hyde, of Merced, Cal., has an article in the *Pacific Coast Dentist* for February, advocating the use of the vapor of iodoform in treating the root canals of pulpless teeth. He uses a vaporizer, made by Dr. Blair, of Louisville, drying out canal first, and placing a few crystals of iodoform in the chamber of the vaporizer. The chamber of the instrument is then heated and the fumes driven into the root canals. He has frequently (for patients living in the country so situated they could not get in again) filled the canals and tooth at the first sitting, with no bad results. The vaporized iodoform seems to form a coating on the wall of canal clear to the apex and to fill the open tubuli, and is very useful in cases of canals so small as to be difficult of access.

Don't be concerned so much because your competitor works cheaper than you, if your work is better than his. The most sensible and best paying people seek the best, not the cheapest, dentist.—*Items*.

DIAGNOSIS OF PULP STONES.—Persistent resistance to arsenic is a good diagnostic symptom of pulp stones. "Persistent pain that you cannot stop means pulp stones, and means it always. There is no question about it."—*Ottolengui*.

DEAD TEETH.—"We often hear about 'dead teeth,' but I am very much opposed to the use of the term 'dead tooth' unless the tooth is really dead. The term is unscientific in the majority of cases, and sounds badly to the patient. If a person thinks he has a dead tooth in his mouth he is apt to look on it with abhorrence and doubt its usefulness. If we call such teeth 'pulpless,' no such unfavorable impression is given, and we are far more accurate in our statement."—*Dr. Potter*.

Dr. C. N. Johnston says of small and tortuous canals, that while we meet many which cannot be drilled out and filled solidly to the apex and yet which remain satisfactory, yet no man is doing his duty who does not make an honest effort to fill all that can be filled by skill and application, and to sterilize as perfectly as possible every canal he cannot fill. In case of a small canal, after reaming out the orifice to insure access, use a fine broach of piano wire to explore as far as possible, then flood with an antiseptic and work up with broach. In trying to fill such canals, some material should be used that is semifluid or entering, should be used so that it may be pumped as far as possible into all spaces.—*Cosmos*.

A PLEA FOR ENTHUSIASM.—At a meeting of the Missouri State Dental Association, Dr. A. H. Thompson presented a paper upon "The Duty of Young Men to the Dental Profession." There are few even now who lead, he said, and to whom the rank and file can look for inspiration and help. The Elijahs are being called away, and there are few Elishas to take up the mantles as they fall. We need men of genius, and to obtain them we must create environments and conditions favorable for their birth and development. This can only be done by general culture and a universal desire to advance beyond mediocrity. To this end the need of the times is enthusiasm, for as has been well said, "the enthusiast must needs be honest, courageous, energetic, and all these beget talent and ability." Therefore cultivate enthusiasm, for that alone will lead to the awakening that will reveal to the soul its duty and work.—*International Dental Journal*.

Don't isolate yourself either from society or from your profession. There are those who isolate themselves even from their own families ; they are not much more than boarders, and poor, grum, troublesome boarders at that. Be lovable at home, social in society, and honorable, useful in the profession. There are some who are a disgrace everywhere. Oh, don't be one of them ! If you will be an honor to your family, to your community and to your profession, they will honor you ; and with honor will come success.—*Items of Interest.*

THE TEETH OF OUR SCHOOL CHILDREN.—J. C. McCoy, M.D., in a paper on this subject read before the Dental and Oral Surgery Section of the American Medical Association, advocates training the children in the Public Schools the proper care of the teeth. Each State Dental Association should appoint a suitable committee to arrange a manual on the subject, then induce the Educational Board of the State to adopt such a manual as a text-book to be used by teachers and taught in our Normal Schools, requiring teachers to pass an examination upon the contents of the manual and teach the subject in the schools. Out of a school of 700 pupils where Dr. McCoy distributed printed slips, "Do you cleanse your teeth with a brush every day?" "Do you cleanse your teeth with a brush twice a day?" 50 cleansed their teeth twice a day, 275 used the brush sometimes, while 175 did not own a brush.

After several years of observation I am convinced that there is no better method of treating the gums after all deposits are thoroughly removed from the teeth and the use of medicants as may be indicated than friction-massage with the fingers. The daily use of a simple medicated powder, especially at night, before retiring, is very essential, as the putrefactive action of food deposits and acid secretions are more destructive than during the day. Pumice or os-sepia should never be the ingredients of tooth powder to be used daily ; neither should a stiff and large brush be used. It is a foolish idea that such a brush is beneficial ; both lacerate and cut the gums away, exposing the necks of the teeth to the action of caries and the rapid wearing or notching of the cement. A brush of medium size and stiffness, intelligently used, with a powder containing an ounce of boracic acid to the pound of the usual formula, and an occasional with massage will ordinarily insure a healthy mouth. Children should be taught massage of the gums and the use of a brush with an appropriate tooth powder. Absolute cleanliness is also essential to the beauty and preservation of the teeth and health of the mouth. Parents should make an early call on a competent dentist on their behalf for advice and needed attention.—*R. J. Parrie, Cincinnati, O.*

CORSETS.—One of the most successful dental surgeons in New York delicately suggests to his nervous patients when there is any nerve-rasping work to be done, that the easiest-fitting garments that can be worn will increase the powers of endurance. Some of the baneful things he has to contend with in the operating chair are new shoes, tight sleeves, high choking collars, and worst of all, corsets so tight-fitting that the patient depending on the high chest breathing is in danger of suffocation when the rubber dam goes on to protect the excavated tooth, preparatory to filling.—*N. Y. World.*

THE APPLICATION OF THE RUBBER DAM.—I have never been able to understand how anything is gained by using small pieces of rubber dam. It should be large enough to well cover the mouth, cheeks and chin, so that it may be held and kept out of the way during operations. Many breaks around the necks of the teeth after the dam has been applied are due to punching the holes too near together. Punch them far enough apart so that the rubber will not be stretched in the interdental spaces, and be sure to punch holes enough. The ligating is easily done by allowing the thread to extend from tooth to tooth on the lingual side without a single knot. Black carpet-thread makes a good ligature, and its color makes it possible to detect any fibres which may be caught on the cervical border of a cavity.—H. BARNES, in *Ohio Dental Journal.*

At a Union Meeting of the First and Second District Dental Societies, State of New York, Dr. Sidney S. Stowell, of Pittsfield, Mass., presented his rapid method of making partial gold plates. The impression is taken in plaster or modelling compound, into which "Melotte's metal" is poured, forming a metal model or die. Around this die modelling compound is built, forming a cup, with die at the bottom; the surface of the model exposed is blackened with smoke from a burning match. Melotte's metal (as cool as it will flow) is poured into this cup, forming a counter-die. Modelling compound is removed, and the die and counter-die separated. Gold plates, thirty-two gauge, are then swaged, making two or three duplicates, placed together, and swaged and then soldered. Hold all plates together with spring pliers. Result—a gold plate of any desired thickness and strength at any point required, perfect adaptation to the model as a thin plate is swaged between hard dies; perfect adaptation to the mouth, as the plate is fitted directly upon a model taken from the impression, as in vulcanite work. Teeth clasps and plate may all be fitted to the same model. No molding in sand or casting metal fused at high temperature; no dirt, no pounding.—*Dental Cosmos.*

ANTISEPSIS IN DENTISTRY.—Dr. Shradý, editor of the *Medical Record*, every once in a while indulges in a "fling" at dentists and dentistry. His latest is an accusation as undeserved as usual, as at one sweep he accuses the profession of neglecting antiseptics. To one who reads dental literature and attends association meetings of late years, it is surely known that the average dentist pays more attention to cleanliness of instruments and of person than does the average physician. That surely is our own personal experience. If the egotistical editor of the *Medical Record* had taken pains to find the facts, we believe he would have arrived at the same conclusion.—*Western Dental Journal*.

Dr. J. W. Canaday, Albany, N.Y., emphasizes the value of tin and gold in combination in poorly calcified and young teeth, claiming that it is easily and rapidly manipulated, admitting of its use in the mouths of very young patients, is permanent as the resultant filling, becomes in time as hard as a good amalgam, and that it does not waste away as amalgam in soft teeth. A sheet of No. 4 tin is laid on a sheet of No. 4 gold, folded three times, then cut into suitable strips for insertion, the cavity is prepared as for soft gold, the distal portion being filled first, folding the foil as the filling progresses, so as to leave a suitable excess for final surface condensation.—*Dental Cosmos*.

W. Storer How, D.D.S., Philadelphia, Penn., suggests the use of one or two discs of rubber dam as a protection to pulps nearly exposed. The use of a drop of pure mastic varnish in the bottom of cavity will facilitate the placing of disc in position. The second disc may be spread with soft cement and placed cement down on the first, and burnished gently down. Other pulp protectors he suggests, such as thin gutta percha, paraffin paper, vulcanizable rubber, celluloid or mica discs. A piece of oiled mica, he says, makes one of the best matrices to be had, having in its favor thinness, smoothness, flexibility, resistance to acid action, shapability with scissors, to say nothing of cheapness. One of the best ways to fasten such a matrix in place is by using heat-softened gutta percha pressed against it on either side between the teeth.

THE INFLUENCE OF PREGNANCY ON CARIES.—Ruben Peterson, M.D., of Grand Rapids, Mich., read a paper with this title before the Grand Rapids Dental Society. We cannot do better than copy the doctor's own admirable summary of his observations: 1. It is probably true that dental caries is more liable to occur during pregnancy. 2. Dental caries is a disease characterized by a molecular disintegration of the normal constituents of the teeth. 3. The disease is caused by the action of certain pathogenic micro-organisms which produce lactic acid, which, in turn, decalcifies the

enamel and exposes the dentine to the attacks of the bacteria. 4. It is improbable that lime salts are abstracted from the teeth to supply the needs of the growing foetus. 5. More than enough phosphates are ingested to supply the needs of mother and child, hence the maternal teeth do not suffer from lack of nutrition. 6. During gestation osteophytes are found, showing an excess of lime salts in the system. 7. The true explanation must be looked for in some change in the oral secretions, which thereby furnish a more favorable soil for the development of the micro-organisms. 8. There is evidence to prove that the saliva is more acid during pregnancy. 9. This condition is probably due to the changes in the blood by which its alkilinity is diminished. 10. The analogy between this and the lithemic condition is striking. 11. Vomiting of pregnancy, while it may to some extent aid, cannot be considered a potent factor in the production of caries. 12. Neglect of the teeth during pregnancy cannot be proved to be more prevalent than at other times, and therefore should not be considered among the causes of caries.—*Dental Cosmos*.

OUR RESPONSIBILITIES.—Under this heading Dr. M. L. Hanaford has a thoughtful article in the February number of the *Dental Review*. He points out the errors into which the ardent young operator is likely to fall who lays as his interpretation of the care of the teeth to be "the discovery of all cavities of decay, and their thorough excavation and filling with some indestructible substance. No expense of time, strength or money should deter us from doing this work with the utmost thoroughness." In the judgment of the essayist the care of the teeth demands that the expense of time, strength and money should be considered, and often should be considered of paramount importance. We are responsible not only for the excellence of a given operation, but for the consequences of a mistaken diagnosis, for the oversight or neglect of needed operations, and for the proper instruction of patients in regard to hygienic and prophylactic measures. We are responsible for the very thoughts our patients think about us. The universal dread of dental operations is due to other causes than the necessary pain accompanying them. Its cause is largely to be found in the unnecessary pain and fatigue, or both, inflicted in the name of devotion to duty. The dentist has responsibility to himself in the matter of health, exercise and length of hours spent in his office. He has also responsibilities to the community by way of honorable dealing to the exclusion of short cuts to mushroom success in business. "In short, to be a good dentist, or as the lamented Atkinson used often to pray, 'the best dentist in the world,' requires an array of virtue and strength of character most wonderfully comprehensive, toward which as our ideal, though we may strive ever so faithfully, there will still be other and greater possibilities before us."

Correspondence.

"The Examination of Examiners."

To the Editor of the DOMINION DENTAL JOURNAL:

SIR,—I do not, for my part, see how your suggestion can be made practical. At the same time, I see the necessity for more caution by licentiates in the choice they make of members to act in this responsible position. When a few men get together and nominate ill-fitted men, because those men have been fishing for the position, or because they want to make commercial or collateral use of the position, they should stop and reflect upon the mischief that may accrue to the whole profession. The boodler and the ignoramus get into municipal councils only because honest men do not interest themselves with the activity of the boodler's friends, who are likely promised a finger in the pie; and we have witnessed such disgraceful conduct, as certain officials openly declaring the names of candidates who would be passed and those who would be plucked, *months before the examination*, and they were accordingly plucked or passed! We have the clearest evidence of the violation of the obligations on the part of "somebody" in the rejection of candidates who are known to be worthy, and the passing of others who openly proved their incompetence, and who did not even avail themselves of the full opportunities for study and clinics which those did who were rejected! Candidates have been told to their faces that they "must not expect to get through everything in the examination," and an amount of low arrogance and bull-doing has been done to students which should have by them full exposure. It is very striking that this bull-doing and arrogance should be done by men who themselves never had the advantage of a dental college education, who have had to get others to prepare their questions, and who could not explain them when they got them.

I hope you will let the profession at large see that the DOMINION DENTAL JOURNAL is still, as it always has been, an independent organ, and that while it is glad to say a word of praise for honorable actions, it is still "a terror to evil-doers."

I ask the most earnest consideration from those members of the profession who have taken little or no interest in our matters. We have good, experienced and tried men, enough and to spare, to fill our offices, and to act as the stewards of our interests, and while we cannot place them all in power, we can be more careful in our selection.

Yours, etc.,

B. S.

The Professional Liar.

To the Editor of the DOMINION DENTAL JOURNAL :

SIR,—What can an honest man do in competition with one who is dishonest? How am I to meet the competition of a rival who is the greatest liar in his profession I ever met, and yet who takes up the collection in church, teaches a class in the Sabbath School, and can never speak two minutes without boasting of the purity of his motives, and the genuineness of his statements? When he tells the people in the town that he discovered certain methods of practice, which we all know were known before he was born (!); when he declares in the public press that he has a monopoly of "the only correct methods," etc., what can an honest man do? When he swears that he invented the crown and bridge work which he has to hire a mechanic to do for him; when the dentists who know him, know perfectly well that he has built up his practice by lying, and by representing himself as possessed of superior qualifications, when, in fact, he has no recognized qualifications at all, and has never opened his mouth or used his pen in his profession before other dentists, what is to be done? He has a little influence of a social kind which enables him to throw dust in the eyes of society, and he is such a cunning master of intrigue and double-dealing, that you cannot touch him, unless you come out openly and squarely—accuse him as a liar, *and prove it*. I believe he would then twist around, and lie again that he had not lied. Thank heaven, we haven't many such people in our ranks in Canada. But we have some, and we know them. Of course I do not include Toronto.

RUSTIC.

The Question Drawer.

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

[Answers to 9 and 10 came too late for last issue.—ED.]

9. Q.—Sir Benjamin Ward Richardson said, "Nitrous oxide only produces asphyxia, and that asphyxia is the first stage of death." Turnbull, Sansom and other authorities condemn it. What is the difference between anæsthesia and asphyxia?

Anæsthesia is a condition produced by the inhalation of various drugs, similar to the effects produced by different narcotics through alimentation, the forces of life being maintained in the meantime; in other words, a patient under the influence of an anæsthetic

physiologically, is in the same condition as one under the influence, to the same degree, of alcohol, or the different preparations of opium. The process in effect is the same in each. We have first stimulation, intoxication, stupor or sensory paralysis, and unconsciousness, with death as a final result, if pushed too far. These effects, to the point of unconsciousness, through inhalation and exhalation, are produced and eliminated much more rapidly than of those by alimentation, and come about by first affecting the brain and periphery of the nerves simultaneously, through the stages of stimulation and intoxication and unconsciousness without touching the medulla, so that the force of life is unimpaired. This is anæsthesia.

Asphyxia will produce unconsciousness and death, but not stimulation or intoxication. It simply produces its effects by depressing the vital force, through depriving the blood corpuscles of their life-giving principle. Nitrous oxide possesses as true anæsthetic properties as ether or chloroform; but it also carries with it this deprivation of the life-giving principle, but not to the degree of producing unconsciousness by itself, or death, except in very rare instances. The anæsthesia is produced purely by the nitrous oxide, and the period of deprivation is so short that the effect is infinitesimal. If you give oxygen in combination with it, or, as I prefer and practise, admit a portion of atmospheric air during the inhalation, the effect of asphyxia will be almost imperceptible.

J. D. THOMAS, M.D., Philadelphia.

10. Q.—Is nitrous oxide gas injurious to pregnant females?

I have never seen an instance of injury to pregnant women, after giving the gas to hundreds, in all stages of gestation.

J. D. THOMAS, M.D., Philadelphia.

12. Q.—What is pus? and what difference between healthy and unhealthy pus?

Pus is the material which forms as the result of suppurative inflammation, due to the action of pyogenic cocci upon the tissues. The organisms most frequently found in pus are the staphylococcus, pyogenes, aureus and albus. Pus is a yellowish-white fluid, of the consistency of cream, of an alkaline reaction and nearly odorless. It has a specific gravity of 1030. On standing it separates into a clear fluid (*liquor puris*) and a sediment consisting of pus corpuscles, pyogenic cocci and fragments of broken-down tissue. The thick, creamy, odorless pus which flows from an acute abscess has been termed *healthy* pus. Pus may undergo decomposition and swarm with micro-organisms of putrefaction. This *unhealthy* form of pus has an acid reaction, and is very acrid.

WILLIAM G. ANGLIN, M.D., Kingston, Ont.,

13. *Q.*—What is blood-poisoning? and can it occur from healthy pus?

Blood-poisoning is a disease due to the absorption of putrefactive products, or to the entrance into the blood of bacteria which rapidly multiply there. Two types of the disease are recognized: (a) One due to the absorption of an organic chemical poison, or ptomaine, a decomposition product elaborated by bacteria in a wound. The symptoms come on rapidly, and cease upon thorough antiseptic cleansing of the wound. (b) In this variety, progressive changes come on gradually and proceed to a fatal termination. The cause is septic infection of the blood by bacteria, chiefly the streptococci. Blood-poisoning does not occur, as a rule, from healthy or laudable pus having free exit; but it is a fact that the causative factors of suppurative inflammation are chiefly concerned in the etiology of this disease.

WM. G. ANGLIN, M.D., Kingston, Ont.

Questions.

14. *Q.*—A lady appears with pulp dead in left lateral incisor; tooth perfectly sound. Explained that she had a violent toothache soon after having been driving on a very cold day; knew of no other cause. Could that cause it?

15. *Q.*—Miss J.; aged about 25; general health good; teeth ordinarily sound; enamel gone from palatine surface of six anterior superior teeth; surface hard, but dull; very unlike general appearance of notches often found on labial surface of anterior teeth. To such an extent had the wasting gone on that an amalgam filling previously inserted in the palatine fossa of left central incisor, but which had not been affected by the abrasion, stood out like the pin of an artificial tooth. 1. What caused it? 2. What remedy?

Explanation.

Readers of the JOURNAL no doubt noticed the absence of the Question Drawer from the May number. When requested to take charge of this department we were instructed to have matter for publication in the hands of the printers by the 15th of the month. We naturally supposed that to mean the month of the issue. In the February number it failed to appear; the May number came to hand on the 16th, and, of course, minus the Question Drawer. We wrote for explanation, and found that the copy was supposed to be in the printers' hands on the 15th of the month previous to number in which it was to appear. Consequently, hereafter answers will be published in the second number after the appearance of the questions.—Ed. Q. D.

Reviews.

The Year-Book of Treatment for 1895. A Comprehensive and Critical Review for Practitioners of Medicine and Surgery. In one 12mo volume of 501 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co. 1895.

The eleventh consecutive issue of this annual summary of medical progress will interest the wide circle of readers who have learned its substantial value. To have the real advances in treatment in all departments of medical practice culled by recognized specialists from the immense mass of medical literature, and presented with critical remarks in a classified form for immediate use, is assuredly a help towards success which busy practitioners will not neglect, and which other practitioners will consult for the soundest of business reasons. The reader interested in a special subject can quickly post himself on whatever is new and good in treatment by a perusal of the chapter devoted to it, and the general practitioner can with facility turn to any topic by a glance at the index. Those desiring to read up the literature of any subject can find no more convenient guide than the selected list of new books, new editions, and translations. The volume is exceedingly cheap in proportion to intrinsic value and serviceableness.

The Treatment of Wounds, Ulcers and Abscesses. By W. WATSON CHEYNE, M.B., F.R.S., F.R.C.S., Professor of Surgery in King's College, London. In one 12mo volume of 207 pages. Cloth, \$1.25. Philadelphia: Lea Brothers & Co. 1895.

This little work owes its brevity and its widespread usefulness to the fact that it is devoted wholly to the treatment of affections which, though nominally surgical, are yet so common as to form part of the daily work of every practitioner. Antiseptic methods have revolutionized surgical procedures and have added vastly to their successes. Moreover, by throwing light upon formerly unexplained failures, they have increased not only the knowledge but also the confidence of the surgeon, an element which must be recognized as having an important influence upon results. Prof. Cheyne has long been known as one of the foremost of London surgeons, and as a critical student of antiseptic procedures in their practical bearings. In this volume he has described the methods of treatment which he employs, and which he knows "to be efficient and to be the simplest consistent with certainty in results."

Editorial.

“What is an Honest Dentist to Do?”

If a dentist has plenty of cheek, and does not mind lying, he can rapidly build up a practice in many parts of Canada and the United States. He can make most of his patients believe that he invented his own appliances, which he bought at the depots, and discovered every approved theory of treatment, not one of which he can scientifically apply or explain. He can worm himself into society; work himself into the very bosom of the Church, and pass off his hypocrisy for genuine devotion. He can throw dust in the eyes of the medical profession, assume degrees he does not possess, and directly and indirectly exaggerate his own abilities, while disparaging those of his confreres. One of the little games of this slippery class is that of stigmatizing a rival, as “one who is very fair in theory, but who is not up to the mark in practice,” while when the truth is known, the satirist, as a rule, is up in neither.

A thoroughly educated practitioner—one who loves the science and the literature of his profession; who keeps pace with its progress in thought as well as in practice, is generally averse to the gutter methods of drawing business. Modest merit will even suffer the injustice of the ill-judgment of others, rather than resort to such undermining devices. The custom of touting for practice among medical men, the clergy, clubs, etc., is an instinct of trade, and is not professional; and, moreover, when one observes the success of those who never made use of such methods, it is not necessary. Among a certain class in all large centres there seems to exist a necessity for ostentatious display. For instance, in many parts of the Province of Quebec, where the proportion of the people who cannot read is greater than in any of the other provinces, there are some physicians who hang over the door a pestle and mortar, and there are dentists who suspend a golden tooth. We have infinitely more respect for the out-and-out quack who sounds his loud timbrel of humbug from the house-top, than for your cunning hypocrite who has erected his practice upon misrepresentation, both as to his own abilities and as to those of his confreres. The amount of deliberate lying which is just now being done in the press of Canada and the United States, and even more so in England, as to the merits and monopoly of certain methods, is enough to make Ananias and Sapphira turn in their graves. People

of ordinary intelligence swallow the fables and falsehoods of the professional liar with the thirst of ignorant curiosity.

One of our correspondents asks the question, "What will an honest man do in competition with one who is dishonest?" It is a question that has tried the just man ever since the world began, and will likely continue to do so until the crack of doom. It does seem as if the mimicry of honesty succeeded oftener than honesty itself; as if "fair pretence of friendly ends and well-placed words of glossy courtesy" helped hypocrites, where honesty by frankness was harmed. "What can an honest man do?" Surely, nothing dishonorable. To imitate the actions of the charlatan, or the baser knave, the hypocrite, is to pay flattery to dishonesty. The public is no true judge of professional worth. There are dentists in America, as well as in Europe, whose "reputations" are continental, yet who are known by the craft to be professional impostors. No honest man can imitate their methods and enjoy the respect of his confreres. There are some who are perfectly ethical in the matter of advertising, yet who spend their lives in systematic depreciation of worthy confreres whose success is to them a personal insult. There is little choice between the two classes. Both are dishonest, but the latter is the baser and the less manly of the two. Honesty is the best principle, as well as the best policy.

What is the Object ?

Competition may be the life of trade, but it is not so to a profession. Excessive competition may be the death of both. In our May issue we briefly referred to the overcrowding of the profession, especially in Ontario and Quebec, and we have, as a result, received a deluge of correspondence, some of which is pathetic in its details of degeneracy, and some of which is, perhaps, intolerant. For instance, two esteemed correspondents want the dental teaching bodies in Canada closed for two years, "as the supply of dentists in the provinces is 50 per cent. above the demand." Others make comparisons in Toronto, Ottawa, Hamilton, Montreal and Quebec between the cost of living, and the fees received twenty years ago and now, showing a very deplorable state of affairs so far as the practitioner is concerned. One correspondent asks: "What is the object in this wholesale manufacture of dentists? The public does not demand a dentist at every corner. The public has a great selection of good, bad and indifferent dentists already. There will soon be more licensed dentists than licensed saloons. What object have we, as dentists, in offering inducements to every Tom, Dick

and Harry who can pass the matriculation examination to become dentists? It would pay us better to stop short, or raise the entrance examination and increase the term of study to five years. I can see no object, either to the profession or the public in this wholesale manufacturing, when the supply is already sufficient for the next quarter of a century. The licentiates have it in their own hands."

As we remarked before, it is "a serious question," which must be discussed from the standpoint of the duty we owe to the public as well as to the profession. To our mind, it would be infinitely more in the interest of both, if one-half of the present practising dentists were to abandon the dental engine for the plough. Canada wants a million or two more solid and successful farmers. She could do without half her doctors and dentists. On the prairies of Manitoba there are happier and healthier lives to be found, than in the most successful professional career in the Dominion.

Conscience Makes Cowards.

"Conscience does make cowards of us all." When one writes generally of quacks, boodlers, hypocrites and arrogant officials, every quack, boodler, hypocrite and arrogant official applies the cap to his own head with amusing celerity. When students have been unfairly dealt with by examiners whose very questions expose their own ignorance, the honest examiner never imagines that criticism for wrong-doing is meant for him. It is the man who knows he is guilty of unfairness, and perhaps malice, who screeches, "You mean me!" Of course we mean him, and we intend dealing with him without imitating his example of stabbing in the back. What he gets he will get straight in the face from the shoulder, metaphorically speaking. However, an honest man need make no clamor as to whether we mean him or not. He ought to know, by reason of his own conscience, that we do not. Men who have acted dishonestly ought to know that we do mean them. We commend to everybody the sarcasm of Victor Hugo, to which we alluded once before. During the *régime* of Napoleon III. the Paris police were instructed to arrest anyone in the streets whom they overheard using the words "Scoundrel!" "Rascal!" for the Government believed that they were speaking of the Emperor!

A Serious Charge.

A communication has been received stating that a license to practise dentistry in Ontario has been fraudulently secured. The facts from one point of view have been laid before us, and a careful investigation will be made. In the meantime, we have placed the matter in the hands of our collaborateur, Dr. Sparks.

We should have mentioned before a bright, breezy letter from Dr. Shaw, of Cardston, N.W.T. The doctor relates an amusing experience of one occasion when he officiated as court dentist to the great Sitting Bull. It was fortunate for him Sitting Bull did not officiate as tonsorial artist to the doctor. He mentions an accident which should always be guarded against, and that is destruction in any way of the thermometer tube, permitting the mercury to escape, as, if the dentist is not on guard, it is very easy to spoil many plates, and likewise risk being blown up.

Post-Card Dots.

The regular annual meeting of the Dental Association of the Province of Quebec takes place on the *third Wednesday*, September 18th, not the "third day," as incorrectly stated in last issue.

32. Please publish the qualifications required to practise in South Africa.—PICTON.

In Cape Colony, registration under the General Medical Council of London, Eng. In the Transvaal there are no laws, but a license, not compulsory, may be obtained, which enables the possessor to recover fees in court.

Obituary.

Dr. W. H. Elliott.

Dr. W. H. Elliott, who formerly practised in Montreal, a brother of Dr. James Elliott, of Toronto, died on March 27th, in Grafton, Mass. Further particulars will appear in a later issue.

Annotations.

“Utilizing amalgam waste is interesting as a laboratory experiment, but as economy, with less than a pound or two of waste to work on, it does not pay.”—DR. WM. H. TRUEMAN, in *Items*.

I protest against this endless inundation with local anæsthetic circulars. Life is too short now, and I'm too busy to open them. Then, besides, everyone has his own, which is the best of all. “It makes me tired.”—J. W. GREENE, in *Items*.

A NEW METHOD OF REDUCING DISLOCATION OF THE JAW.
—Dr. Roth seats the patient in an ordinary chair and stands before him with one foot placed slightly to the right side, and the other just in front of the patient and in the middle line. He then flexes himself at the hips, and causes the patient to lean forward and to place his forehead at the middle of the operator's sternum—but this position varies with the size of the patient's head. The operator now flexes his neck so that his chin grips the patient's head about the upper part of the occipital bone, thus acquiring a firm hold, with the head well under control between his chin and chest. Now the thumbs, protected in the usual manner, are placed in the patient's mouth, and the fingers of both hands grasp the lower jaw.
—*The Medical Age*.

The Wild Flowers of Canada.

This Dominion will soon be covered with wild flowers as with a carpet. It is interesting to hear that splendid prizes are to be given to those who know the wild flowers of Canada by name, form and color. European and American judges of floral nature say Canadians should be so carried away with the beauty of their own native bloom as to ensure an acquaintance with the wild flowers of Canada by every man, woman, boy and girl in the Dominion.

In this connection, the *Montreal Star* is coming in for much praise for a splendid work it is publishing, entitled “The Wild Flowers of Canada,” in portfolio form, sixteen flowers in each portfolio, three hundred plates in all, natural colors and natural size—the whole forming an invaluable treasure for the library. For a limited time these valuable portfolios may be obtained from the *Montreal Star* or local newsdealers at 15 cents each. Amazingly cheap!