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THE

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ORIGINAL COMMUNICATIONS.

EDITORIAL NOTES ON PRACTICAL SUBJECTS.

MERBURIUS VIVUS.

BY C. S. CHITTENDEN.

Some year and a-half or two years ago, Dr. H. S. Chase, now of the *Missouri Dental Journal,* called the attention of the profession, through one or more of the dental journals, to the efficacy of the Homœopathic preparation of mercury, called mercurius vivus, in the treatment of periostitis. It was a new thing to me, and as I, in common with most of the dentists of the Province, was, and am frequently troubled with patients returning and complaining of more or less tenderness about the roots of teeth, after having had the nerves extirpated, and the roots filled, thus indicating that inflammation of the periosteum had supervened, I resolved to test Dr. Chase's prescription. Accordingly I called at one of the Homœopathic Pharmacies and asked for the drug. On being told for what purpose I wished to use it, the person in charge replied, "We have employed it for tenderness of the teeth for years, with marked success." I procured two ounces of the third decimal trituration, enough to last long enough to test the thing thoroughly, and waited for the first patient. For the purpose of giving the result of my treatment of this vexatious disease, and of inducing others to try this remedy, I give a short history of a few cases in which I employed the drug.

August 7th, 1868.—Filled the roots and crown of the first left superior molar, for Mrs. E. M———, aged about 25; strong and

healthy. Aug. 10th, Mrs. M———, called to say that she had been suffering for some hours with a dull heavy pain in the tooth which I had filled, but the pain had increased so much that she could bear it no longer. I gave her four doses of the mer. vivus, each dose containing about as much as would lie on a five cent piece, and requested her to take them at intervals of three hours. Aug. 12th, Mrs. M———, called, pain all gone, and tend..ness nearly so.

Case 2.—Mr. T. C———, called to consult me with regard to the right central and lateral incisors of the lower jaw. On examination I found that the teeth were not decayed at all, but were slightly discolored, and very tender to the touch, and had been so for two or three days. I decided at once that the nerve had been injured or destroyed by a blow on the teeth, or a fall, by which they had been loosened, sometime in the man's early life, but he could not recall any accident of the kind. He stated that a few days before, in biting a hard biscuit, he had felt a slight twinge of pain in those teeth, and that the soreness commenced from that date. I resolved to try the mer. vivus in this case, too, as the nerve cavity in these teeth is so small that there would be less fear of trouble from its acting as a reservoir for holding fetid matter arising from the decay of the dead nerve, than is usually found in teeth whose nerves are large. Accordingly, I gave him four powders, and directed him to take them at intervals of four hours. Two days after he reported himself, free from pain and the soreness nearly all gone.

Case 3.—Miss M———, of Belleville, called about a severe tenderness of a left superior bicuspid, which had been filled a few days before, by Dr. Relyea. The nerve had not been uncovered while being prepared, but the dentine had been exceedingly sensitive. For a week after the filling, the tooth had given no annoyance, but, then Miss M———, began to feel a slightly painful sensation on closing her teeth together, which increased in severity till she called on me. I prescribed mer. vivus as in Cases No's. 1 and 2, but she objected that her family were Allopathic, and she didn't believe in "sugar pills." However, after my assuring her that the medicine could not injure her she consented to take it, and promised to come back and let me know its effect. Three days after she called and told me that she had been entirely relieved in a few hours after taking the drug.

I might relate a score or two of similar cases, but these will suffice to show that this drug may be used with decided benefit under certain circumstances, and I refer to these for the purpose of inducing others

to try it. It is to be hoped, however, that no dentist will exercise less *care* in treating teeth whose nerves have been devitalized, than he otherwise would because a remedy has been found which acts most beneficiently when disease supervenes, after the *greatest care* has been taken with such teeth.

ARREST OF HEMORRHAGE OF THE NOE

BY J. NEELANDS, L. D. S., LINDSAY, ONT.

In the month of July last, a young man called at my office to have the operation of extracting some teeth performed, and requested to have nitrous oxide gas, administered in order to avoid suffering. I administered the gas which he inhaled freely, and when under its influences extracted the teeth successfully. Almost simultaneously with the extraction of the teeth I observed the blood flowing freely from his nose, at first I felt a little alarmed, but he informed me that he was subject to bleeding of the nose, and said that sometimes it would bleed nearly all night. A thought at once struck me of preventing the flow of bood through the left facial artery to the nose, as the blood issued from the left nostril. This I succeeded in doing without difficulty by placing the thumb upon the artery and tightly compressing it where it passes over the side of the inferior maxillary bone, some distance behind the corner of the mouth. Although his nose was bleeding in a stream, not a single drop was lost after I put my thumb there. I showed the young man where to place his thumb or finger upon the artery should the bleeding occur again, and he has had no difficulty in preventing his nose bleeding since that time. By pressing upon the artery where it passes over the inferior maxillary bone for a few minutes, the vessel which supplies the nose will contract and the blood will coagulate, and consequently cease to flow. The operation is easily performed, and in perhaps many cases, may save life.

Some eight years ago, a cousin of my own bleed to death from hemorrhage of the nose, although two physicians who attended him did everything within their knowledge and power to arrest the bleeding and save his life. Notwithstanding all their efforts the blood continued to flow for twenty-four hours, until death terminated his life.

Since that time I have deeply regreted, and frequently thought it

strange that it was not in their power to save the individual's life. Had they known of this simple method his life unquestionably might have been saved. It is to be hoped that this brief article will prove a benefit to some individual similarly afflicted, through the medium of *"The Canada Journal of Dental Science."*

PATHOLOGY OF INFLAMMATION.

BY THOS. ROWE, M. D., COBOURG, ONT.

Read before the Ontario Dental Society at Belleville, July 28th, 1869.

Inflammation, from its frequency, and the widely differing circumstances under which it appears to rise, has been the subject of more investigation and discussion than the sum of all other diseases. By Celsus it was used to denote redness, pain, heat, and swelling, which form the sum and substance of our present definition, although they are nothing more than the symptoms resulting from a nervous disturbance, consequently, according to the present definition derived from *in* in, and *flammo* a flame, it cannot be regarded as an elementary form of disease; but it is as such I am disposed to regard it, therefore I shall define the term according to my understanding of the mechanism of the disease, viz: Inflammation is a disease beginning as a vital lesion permitting congestion of the capillary blood vessels, producing exudation, and terminating either by resolution, organization, suppuration, or gangrene.

That we ever have inflammation without primary irritation there seems ground to doubt, but that we do have congestion from obstruction, aside from inflammation is also true, which congestion may produce a vital disturbance so that what commenced as a simple congestion may terminate in a destructive inflammation.

Bernard's experiment of dividing the sympathetic nerve, producing inflammation, tends to prove nerve force prevents this pathological condition, while on the other hand its absence permits its development; but experiments have not been carried far enough to determine the seat of the nervous force presiding over the circulation, though physiologists seem to agree in ascribing this function to the gangleonic nervous system, if so, any interference will cause more or less vascular disturbance. Inflammation frequently exists without materially interfering with the functions of the Cerebro-spinal nervous

system, and practice has also demonstrated that so called nervous persons are not the most susceptible to inflammation, as is exemplified by their receiving injuries giving rise to excessive pain without the inflammatory process being established.

When we place the web of a frog's foot under the microscope the currents of blood are seen moving in every direction with but slight interruptions, but on irritating a point the rapidity of the flow is decreased in the immediate neighbourhood of the irritated point in proportion to the extent and intensity of the application, the corpuscles become wedged in side by side until the flow is at last entirely arrested, while the blood is seen to move with increased rapidity through the neighbouring vessels. If weak irritants are used the arteries, veins, and capillaries are seen to dilate moderately, while stronger applications *speedily* dilate the vessels, the motion of the blood gradually decreases until it ceases to move, and becomes coagulated.

Hence it seems inflammation consists of stagnation of blood in the midst of increased flow, and the question naturally arises, what is its cause? Is it an atonic condition of the vessels, or a morbid condition of the blood, or both? That it is both, seems more than probable, for in the first place the vessels are seen to dilate and become more tortuous, and secondly there is multiplication of white globules, with increased adhesiveness; these white or lymph globules always entangling more or less of the red blood discs in proportion to the stimulant and health of the animal; as is well shown in frogs kept for experiment, for after much handling the result is obtained with less irritation. But the most striking phenomenon observed is the appearance of excessive formation of white blood globules in the part irritated, which some pathologists suppose is produced by an increased quantity of oxygen coming into contact with the protein contained in the blood, that this oxydized protein consolidates, forming corpuscles having oil globules for neuclei, the process being similar to that which takes place by bringing oil or milk globules in contact with serum, the globules taking on albumenous coats, the red blood discs supplying the oxygen for this purpose, which only obstruct the vessels when they become entangled by the white corpuscles, the current from behind forcing them forward and jamming them into the interstices between the white corpuscles until the vessels assume an uniformly red appearance, the liquor sanguinis being deposited outside by osmotic force, this action depending on a chemical affinity

subsisting between the fluid and the walls of the vessels, the obstruction being in a great measure due to excessive formation of white corpuscles and change in osmotic force.

In the great majority of cases inflammation causes tenderness and pain, often sympathetically affecting distant parts, suspending or altering the secretions. The first effusion from congested vessels is serous, causing swelling in complex tissues, collecting in quantities in serous sacs, or diluting the mucous on mucous surfaces, sooner or later there is exudation of fibrine, which either remains suspended in the serum or becomes partially organized into false membranes on serous or mucous surfaces, and swellings and indurations in tissues.

The microscopic researches of Addison, Magendie, Beale, and others, have thrown much valuable light on the subject of inflammatory effusions by observing the changes which take place in the web of the frog's foot, during the inflammatory process, showing that where the current of blood meets the greatest obstruction white globules make their appearance outside the vessels similar to the white globules of the blood, in addition to which, fibrine which rapidly forms into a mesh similar to the fibrilations of lymph which take place outside of the body, it is from this exudate that membranes and deposits are formed. When the congestion is slight the exudation relieves the vessels, but if continued and excessive, produces obstruction, by compressing the vessels and cutting off the nourishment of the part, until the connective tissue is finally absorbed, and its place supplied by the exudate. If exudation takes place slowly and is sufficiently supplied with life force, organizations are produced, which give rise to little or no trouble, unless they interfere with the functions of some important organ.

The redness of inflammation is due to crowding the capillaries with red blood discs, vessels too small to be seen with unaided vision, whose normal calibre would only admit a single file of red blood discs, with a little liquor sanguinis become enlarged, tortuous, varicose, and red through the excessive quantity of blood discs crowded into them, until the obstructed vessels appear like a mass of coloring matter, the impaction having obliterated the outlines of the discs.

The heat of an inflamed part is caused by the rapid and obstructed flow of blood, augumented by increased oxidation, but the local temperature is said never to exceed the central heat of the body.

Swelling arises from enlargement of the capillary blood vessels, and effusion into the connective tissue being more or less limited by

the tissue into which the effusion takes place. Serous membranes admit of but slight thickening, the exudate falling into the cavity of the sac; while mucous membranes are more vascular, and subject to a greater amount of interstitial effusion, whereas the swelling of parts liberally supplied with areolar tissue is almost unlimited. Inflammation of the vascular organs causes great swelling, varying in firmness in proportion to the exudation of fibrine.

Pain is not always easily accounted for. Undoubtedly it frequently results from pressure by the exudate on nerve fibrils, at other times by pressure on tissues endowed with morbid sensibility induced by the inflammatory process, the sensibility of every texture in the body being increased by inflammation, bones and fibrous tissues, which are perfectly insensible in their normal condition, becoming exquisitely sensitive when inflamed; the character of the pain differing in the different tissues, for example, the pain of inflamed bone is described as dull and aching; in serous membranes, sharp and cutting; while in the skin, and mucous membranes, hot and burning. Then again there are cases where the cause of pain is past finding out with our limited knowledge, being frequently referred to distant organs having little or no immediate nervous connection.

When inflammations are extensive, the entire functions of the economy become disordered, the respirations are quickened and the heart's action increased, the skin hot and dry, the appetite impaired, and the secretions changed in quality and diminished in quantity.

Inflammation in some way changes the blood crasis by increasing the fibrine and white corpuscles, the fibrine having a remarkable tendency to contract, and that in proportion to the intensity of the disease, these properties being better displayed in blood drawn directly from the inflamed than that from distant organs, proves the change is produced locally within the vessels. It has been affirmed that hyperinosis is the cause of inflammatory fever, which is contradicted by others who declare the fever precedes the increase of fibrine, for fever arising from an irritation such as cold or fatigue, becomes simple inflammatory fever as soon as the inflammation is pronounced. Therefore, it seems more probable the blue blood change depends on derangement of the nervous system, as shown by Bernard, and declared by Virchow; but it is more difficult to understand why the circulation is so much increased when the appetite is lost, the strength diminished, and the secretions more or less suspended.

The terminations are either by resolution, organization, suppuration, or gangrene.

Resolution consists in removal of the obstruction, and absorption of the exudate which often takes place spontaneously; at other times lingering, and yielding only to appropriate measures of treatment; at other times it moves rapidly from one part of the system to another, as in rheumatism. The resolution of any considerable inflammation is marked by great reduction of the temperature of the body, followed by or co-existing with copious perspiration and re-establishment of the secretions.

Organization is the formation of a new structure out of the inflammatory effusion, when the exudate is highly charged with healthy fibrine, or what has been denominated euplastic lymph, it is endowed with living properties sufficient to arrange its materials unto a texture needing a supply of blood for its support, but how it obtains it is still a mystery; by some it is supposed that branches are thrown out from the varicose blood vessels which were the seat of the congestion; while others regard them as original productions from blastema, which is a rational view, inasmuch as we know that both vessels and blood are formed in the egg without material connexion, which may also account for the large size of newly formed vessels, and their subsequent contraction after formation of their basement membranes.

Inflammation always denotes a diseased condition, consequently never takes place in a perfectly healthy animal, although it was for a long time considered necessary to the healing process, but we know that in healthy animals traumatic lesions heal without a blush of inflammation; the parts after having been brought into contact agglutinate together within a very short time, leaving scarcely a trace of the injury. But, if on the other hand a morbid condition exists in the system, inflammation is set up and a long tedious process of healing by granulation is the result; therefore, if inflammation be ever necessary or beneficial to the healing process, it is when there is deficiency of plastic material in the blood, the disease having a tendency to produce the needed materials.

Suppuration is death and decomposition of the exudate and the tissue into which it is effused, forming "Pus," an opaque greenish white liquid composed of serum and cells which in form and size resemble exudation corpuscles, having cell walls and neuclei, and granules, which are nothing more than dead exudation corpuscles, having become non-adhesive and opaque through partial decomposi-

tion. That pyemia is ever produced by absorption of pus corpuscles is extremely doubtful, though it is not impossible that noxious fluids produced by decomposition may enter the blood by osmotic force, through the walls of the vessels, transforming the blood globules into pus corpuscles by depriving them of life.

Gangrene or mortification is death produced by starvation, either by deficiency in quality of the blood, or lack of supply.

CASES IN PRACTICE.

BY G. V. N. RELYEA, BELLEVILLE, ONT.

I deem it the duty of every member of the profession to do what he can to sustain our excellent Journal, and I therefore give my quota by relating my observations, operations and treatment of one patient.

In the latter part of the month of August, I was consulted by a Rev. Mr. Burnell, Missionary from Southern India, relative to some front teeth which had been filled with amalgam about a year before, by one of the natives. There was nothing peculiar about the filling, but my attention was at once directed to a front incisor pivot tooth, which the reverend gentleman informed me was inserted when he was fifteen years of age, and that his age now was forty-five, consequently it had been worn for thirty years. It had never been of much service in masticating, but had otherwise answered every purpose, and to all appearances it was good for thirty years more should he live to require it. May I ask whether any of the readers of the Journal have ever met with anything equal to that? I know of but one patient in my practice who has worn a pivot tooth for even twenty years.

I carefully removed the aforementioned amalgam fillings, with a view of replacing them with gold. The first incisor, (fellow to the pivot tooth,) was so much discolored by the amalgam filling that I was obliged to remove two-thirds of the crown, and also to destroy the nerve. Being limited in time, I was obliged to commence the operation of filling before the inflammation resulting from destroying the nerve had been allayed, indeed there was sensitiveness internally and externally, and he suffered much during the operation, but I deemed it advisable to persevere, and rely upon my skill in controling the inflammation after the operation should it become necessary. The time of filling was one hour and a quarter, and the pain so severe

that the perspiration rolled from him at times, but he bore it manfully, and I had the proud satisfaction of seeing a superior filling, built out to resemble the shape of the pivot tooth. After the operation the pain ceased in part, and I sent my patient away with directions (after painting the gums with a tincture of iodine and aconite,) to use cold applications should the pain increase. The next morning he walked in and assured me that he was "all right," and as he viewed his tooth in my hand mirror he said, "I would not take fifty dollars for my tooth."

GREEN LINE ON THE GUM FROM COPPER POISONING.

BY DONALD FRASER, M. D., MONTREAL.

Trusting that the following may not be without interest to your readers, I crave indulgence for a small space of your valuable Journal, for its insertion. Some six or seven months ago, I was kindly shewn by Dr. Gervis, Assistant Physician to the St. Thomas' Hospital, London, England, a patient suffering from chronic poisoning by copper. *A green line on the gum*, analagous to the blue line seen in cases of poisoning by lead, was distinctly visible. The patient was a sailor just returned from a long voyage, and had received the poison through the medium of the lime juice which had been kept in a copper vessel. This was the second case of the kind which had come under the notice of this gentleman, who is, I believe, the first to notice the fact.

PROCEEDINGS OF SOCIETIES.

THE AMERICAN DENTAL ASSOCIATION.

BY W. C. HORNE, D. D. S., NEW YORK.

The ninth annual meeting of the American Dental Association was held at Saratoga Springs, New York, commencing on Tuesday, August 3, 1869. There was an attendance of one hundred and thirty-six members.

The Association was called to order at 11 o'clock by the President, Dr. Jonathan Taft, and the session opened with prayer by the Rev. John Woodbridge, D.D.

Dr. J. G. Ambler, of New York, Chairman of the Committee of Arrangements, delivered the usual address of welcome; which was followed by the roll-call.

The reading of the minutes was commenced, but dispensed with before it had proceeded far.

The Report of the Committee on Dental Pathology and Surgery was presented and read by Dr. Atkinson.

The hours of business were then appointed, and an adjournment taken to 3 o'clock. The whole of the afternoon session was occupied with discussions upon Dental Pathology and Surgery.

SECOND DAY.

The Treasurer presented his report, which was referred to an auditing committee; and the discusion on Dental Pathology and Surgery was resumed.

The Committee on Dental Chemistry failing to report, Dr. T. L. Buckingham made, by request, a verbal report.

The rules were now suspended to allow Professor Truman to offer two resolutions: one directing the Treasurer to refund certain dues claimed to have been illegally demanded; and the other recommending dental societies to admit female practitioners to membership. The resolutions were temporarily laid on the table.

The discussion upon Dental Chemistry ensued; after which the time of final adjournment was fixed at 5 o'clock of Friday.

At the opening of the afternoon session Dr. C. R. Butler presented the report of the Committee on Operative Dentistry. The rules were then suspended, and the following Nominating Committee was appointed, and instructed for the present, to nominate the standing committees only:

W. W. Alport, C. E. Francis, M. S. Dean, T. L. Buckingham, Homer Judd, L. D. Shepard, A. H. Brockway, A. L. Northrop, C. W. Robinson.

The regular order being resumed, Dr. C. Palmer made an additional report on Operative Dentistry, illustrated by large diagrams and and models of the superior and inferior dental arches; and Dr. Perkins presented a patient who had lost the entire inferior maxilla from phosphor-necrosis.

The Auditing Committee, consisting of Drs. M. S. Dean, E. A. Bogue, and L. D. Shepard, to whom the Treasurer's account was referred, reported it to be correct. They expressed the opinion that permanent members consist of all those who have once attended as delegates, and that such persons remain permanent members until, their dues being paid in full, they voluntarily withdraw, or are dis-

honorably dropped from the rolls for non-payment of dues. They also recommended the adoption of the following resolution:

Resolved, That a dentist having once appeared as a delegate, and become a permanent member, is not eligible to act again as a delegate until his dues are paid in full.

After a sharp debate this resolution, on a call of yeas and nays, was adopted by a vote of 29 to 28; the President voting in the affirmative.

By permission, Dr. Horne changed his vote to the affirmative; after which he moved a reconsideration, which was rejected.

THIRD DAY.

Dr. H. Judd presented the report of the Publication Committee, which showed a balance of $152.78 to be due them. The Committee published five hundred copies of the Transactions for 1868, at a cost of $475. The report was accepted, and the Committee discharged, with the thanks of the Association, and the balance due ordered paid.

The Nominating Committee reported the names of Standing Committees for the ensuing year. The report was recommitted, with instructions to make certain changes, and to nominate officers.

Dr. Atkinson offered a resolution to refer to the Committee on Dental Literature a new work of Dr. J. E. Garretson, entitled "Diseases and Surgery of the Mouth," which he commended very highly, as the last and most accurate statement of the condition of medical knowledge in this department. The Committee declined to consider the subject, from lack of time, and the resolution was laid on the table.

The Committee on Prize Essays made the usual report, that nothing had been presented for their consideration.

Discussion upon Operative Dentistry was then commenced, and occupied the rest of the morning session.

At the commencement of the afternoon session, after much balloting, the City of Nashville was selected as the next place of meeting.

Dr. Morgan said he wanted every member of the Association to feel that he was bound to be present at the next meeting in Nashville. He related of Professor Agassiz, that on being requested to visit various cities to lecture, he replied that he had not time to be running about making money, he had more important business to attend to. He (Dr. M.) desired members to feel that it was of more

importance to them to attend the annual meeting than to stay at home to make money.

Dr. Atkinson said he had been requested by Dr. Evans, of Paris, to say that he had expected to be present at this meeting (having been mistaken as to the date of its session), but that he had to return to Paris to be present on the fete day of his pet emperor. He had been greatly pleased with what he saw of Dr. Evans during his short stay; he was one of the few men who could be petted without being spoiled; he had received, without solicitation, many orders of knighthood; and he (Dr. A.) indorsed him as a Christian and a scholar. Though dwelling so long in a foreign land, he had maintained his loyalty to American principles and American dentistry, and he desired to be so recognized by his fellows in this Association.

The Committee on Nomininations then made the following report:

FOR OFFICERS.

President.—Homer Judd, St. Louis; W. W. Allport, Chicago.

First Vice-President.—S. J. Cobb, Nashville; J. F. Knapp, New Orleans.

Second Vice-President.—C. E. Francis, New York; W. H. Shadoan, Louisville.

Corresponding Secretary.—I. A. Salmon, Boston; H. J. Smith, Illinois.

Recording Secretary.—W. C. Horne, New York; M. S. Dean, Chicago.

Treasurer.—W. H. Goddard, Louisville.

STANDING COMMITTEES.

Committee of Arrangements.—W. H. Morgan, S. J. Cobb, W. H. Shadoan.

Committee on Publication.—M. S. Dean, E. A. Bogue, J. Taft.

Committee on Prize Essays.—G. T. Moffatt, J. F. Adams, H. G. Mirick, S. M. Cummings,

Committee on Dental Physiology.—J. H. McQuillen, Jas. Truman, H. F. Bishop.

Committee on Dental Chemistry.—T. L. Buckingham, John Allen, G. R. Thomas.

Committee on Dental Pathology and Surgery.—W. H. Atkinson, J. S. Knapp, C. R. Butler.

Committee on Operative Dentistry.—J. Taft, George H. Cushing, Corydon Palmer.

Committee on Mechanical Dentistry.—W. H. Eames, S. B. Palmer, Z. Cotton, L. M. Sturgis.

Committee on Dental Education.—M. S. Dean, J. N. Crouse, S. J. Cobb.

Committee on Dental Literature.—L. D. Shepard, J. McManus, H. J. Smith.

Committee on Voluntary Essays.—I. J. Wetherbee, C. D. Cook, L. S. Straw.

Committee on Dental Histology.—Homer Judd, W. W. Allport, R. W. Varney.

Committee on Denial Therapeutics.—T. B. Hitchcock, C. N. Pierce, G. F. Waters.

Committee on Dental Instruments and Appliances.—Frank Abbott, A. M. Holmes, J. B. Morrison.

The Standing Committees were confirmed. An evening meeting was then ordered to receive the report of the Committee on Amendments to the Constitution.

At 8 o'clock the evening session was opened, and the above-named report read and accepted. After various motions to adopt, to recommit, etc., the whole subject was laid on the table.

An election of officers was then held.

Drs. Judd, Morgan, and Allport were voted for, and, after several ballots, Dr. Homer Judd was elected President; Dr. S. J. Cobb and Dr. C. E. Francis, Vice-Presidents; Dr. I. A. Salmon, Corresponding Secretary; Dr. M. S. Dean, Recording Secretary; Dr. W. H. Goddard, Treasurer

The Association then adjourned to the next morning.

FOURTH DAY.

A committee of five was ordered to make arrangements for reduction of railway fares to Nashville next year, namely, T. L. Buckingham, I. J. Wetherbee, E. A. Bogue, G. H. Cushing, G. R. Thomas.

Dr. McQuillen, Chairman, of the Committee on Histology, made a verbal report, accompanied by a number of microscopical specimens recently prepared by him. 1, of injected pulps of calves' teeth; 2, of the kidney of the sheep; 3, of the muscles of three persons who had died within the past year of trichiniasis, along with a portion of the pork, containing trichinæ, which had caused the disease in one of the deceased; after which the subject was discussed.

The report from the Committee on Mechanical Dentistry was pre-

sented by Dr. John Allen, who regretted that, while the operative branch of dentistry had advanced so much within a few years, in this department the general course of dentists had been to make the cheapest instead of the best work. The difficulty of obviating the discrepancy between the mouth and the dies made from the impression was admitted, but the idea of remedying this by resorting to a plate of lighter material was controverted as false in principle, which was exemplified by the simple experiment of a sheet of paper supported upon the mouth of an inverted tumbler full of water. There is demand, then, for a process which shall ensure mathematical accuracy in the fitting of the plate; as well as great need of skill in the arrangement of teeth to conform with the characteristics of the face.

He was followed by Dr. S. B. Palmer, of Syracuse, with an essay on "Repairing Vulcanite," and by Dr. J. A. McClelland with an essay on the "Collodion Base."

The essay of Dr. Palmer is explanatory of a method of thoroughly repairing broken rubber-plates by varnishing the surfaces, to which the new rubber is to be attached, with a creamy solution of rubber in chloroform; to be kept on hand for such use. He states that repairs made in this way are perfectly reliable, even if the broken edges are only beveled, without dovetailing or perforating the old piece. Wax, gutta-percha, oil, or soap are agents which prevent rubber from being vulcanized, and they should, therefore, be carefully kept from contact with any piece to which it is intended to apply this process.

The essay on "Consolidated Collodion, Pyroxlin, or Rose Pearl," is an enthusiastic description of the method of preparing that material for use in dental plates. It is prophetically characterized as "the coming base." The time required for the evaporation of the ether seems to be an inconvenience, "because we have become so demoralized in our ideas of time by the use of a cheap substance (rubber) that requires but a few hours and little skill to make into plates." "In practice the time required for 'Rose Pearl' to fit *herself* for the mouth is soon regarded as gain rather than loss." The shrinkage of the material is said to be controlled by such simple means that the cry, "It shrinks!" becomes one of ridiculous insignificance to the friends of "Rose Pearl."

Dr. Corydon Palmer exhibited an improved moulding flask, and explained its advantages in difficult cases. A vote of thanks to Dr.

Palmer was passed (which the Secretary was instructed to have handsomely engrossed) for the manner in which he had presented, by means of plaster models and diagrams, an advanced method of preparing and filling teeth, and an appropriate classification of fissures where teeth are most liable to decay.

The report of the Committee on Voluntary Essays was presented and adopted.

Dr. M. S. Dean, from the Committee on Dental Education, presented a report on the importance of a thorough preliminary education for dental students, and was followed by Dr. S. B. Palmer, with an essay on "Dental Education for the People."

Dr. Palmer advocated the diffusion of knowledge in regard to the preservation of the dental organs by means of tracts or periodicals. He believed there was great necessity for such information, and that it would be highly appreciated.

Dr. Cobb indorsed the sentiments of the essayist; he was greatly impressed with the ignorance of educated people in regard to their teeth; all that the community know in regard to such matters is the little information they pick up in the dentists' offices. He held it to be the duty of practitioners to instruct their patients. Many more people would have their teeth preserved if they knew that it was true economy to do so. He strongly commended the plan of the *People's Dental Journal*, and was much in favor of the distribution of tracts to increase popular dental knowledge. There would be vastly more dental work done if people knew the importance of it; something in the form of a catechism, or instruction which might be introduced into schools, was a *desideratum*. No branch of knowledge was more neglected, and none would insure more immediate good results by its propagation. It was a common idea that the charges of dentists were exorbitant, whereas they were far more moderate in proportion than those of physicians and general surgeons.

Dr. McDonald advocated the preparation of tracts, under the auspices of the Association, for distribution among the people. Early instruction in regard to the value of the teeth, and proper means of caring for them, would be of immense value to the American people and to American dentists. A great many more teeth would be filled, but there would eventually be a great many less large operations to be performed, and, consequently, a great deal better condition of the teeth might be insured at much less expenditure of money.

The Committee on Dental Literature had no report.

The Committee on Dental Therapeutics made a very brief report by Dr. Bogue.

The report of the Committee on Dental Instruments and Appliances was presented by Drs. F. Abbott and C. Palmer. They noticed improvements in dental chairs by J. B. Morrison and O. C. White; a plating for instruments of pure nickel, by M. M. Johnson; an instrument for rolling gold foil, by J. B. Adams, of Worcester; an instrument for regulating heat in the manufacture of nitrous oxide, where ordinary burning gas is used, by J. P. Coolidge, of Boston; clamps and buttons to close the duct of Steno, by B. T. Whitney; a pneumatic mallet by W. H. Jackson, of Ann Arbor; an improved regulator and heater where kerosene is used in making nitrous oxide, by A. W. Sprague; burs of fine steel, by S. S. White, regularly divided and evenly cut, which, instead of being left with the file finish as in ordinary burs, are, after hardening, finished with a stone to an edge as fine as a lance-blade, so that in the hands of a sufficiently skilful operator they will cut with the least possible pressure, avoiding almost entirely the unpleasant sensation of ordinary burs; artificial teeth, by S. S. White, which the Committee stated were the finest they had seen, in their expression, and proportion between the upper and lower sets; nitrous oxide, ether, and chloroform inhalers, by Dr. Wilson, securing greater safety in the use of these inhalers by insuring perfect control of the supply of atmospheric air, in well defined proportions.—*Cosmos.*

(To be continued.)

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

Annual general meeting, January 11th, 1869.

James Parkingon, Esq., President, in the Chair.

The minutes of the last meeting having been read and confirmed,

Mr. Francis John Vanderpant, of Clifton Lodge, Kingston-on-Thames, was elected a member.

Mr. J. Dennant, Western Cottage, Brighton; and Mr. Arthur Baxter Visick Ravensdowne, Berwick-on-Tweed, were proposed for election.

Mr. Edward Hume, of Gower street, presented a fine specimen of the saw-fish, Pristus.

Mr. Bartlett presented 2 vols. Rowley's 'Scholæ Medicinæ,' 2 vols. Murray's 'Chemistry,' 1 vol. Clarke, 'On Management of Teeth,' 1 vol. South, 'On the Bones.'

Mr. Charles James Fox exhibited some large bottles of compressed gas, made for him by Messrs. Coxeter & Son, of Grafton street Tottenham Court Road, whom he had induced to take the matter up and supply the profession with them. The held respectively 6 and 12 cubic feet of nitrous oxide; he also exhibited an improved Clover's face-piece. Also, an inhaler made for him by Mr. Coxeter by which the admission of atmospheric air could be regulated.

Mr. Hulme, curator, then read a paper on "The Formation and Arrangement of a Dental Museum," of which the following is an abstract:—

Mr. Hulme said, in forming a museum intended to illustrate any special branch of natural history, the scope and limits of the subject must first be determined. This must be done in a wide and comprehensive spirit.

The comparative anatomist classed the teeth with the skeleton; the physiologist regarded them as forming a portion of the digestive organs. But to include the whole of the digestive organs, and their various modifications throughout the animal kingdom, would be to extend the museum beyond what could properly be termed a Dental museum, and, therefore, the specimens must be confined to illustrating the history and modifications of those organs which are concerned in performing the mechanical portion of the process of digestion.

A museum for Dentists must necessarily contain:—

1. Preparations to illustrate fully the anatomy, physiology, and pathology of the human teeth, and also of the parts which are influenced by Dental diseases. 2. Surgical instruments. 3. Mechanical appliances. 4. A series of preparations illustrating the physiology of the teeth, or the general laws which regulate their development, growth, and structure. 5. The comparative anatomy of the teeth, for without means of studying the varieties of Dental development presented by the lower animals, the knowledge which could be acquired of the physiology of the teeth would be extremely limited. 6. The microscopic structure of the teeth, and the changes which their tissues undergo in disease. 7. A separate department devoted to the teeth of animals indigenous to Great Britain. 8. Instruments employed by the Invertebrata in procuring and communicating the food might be added if it were desired to complete the subject, and to give the entire history of the cibarial instruments throughout the animal kingdom.

Having determined the scope and limits of the museum, the next

object was to ascertain the best method of arranging the specimens. The last two divisions being only suggested as additions to be made at some future time, did not on that occasion demand attention; while the manner in which the first four divisions should be arranged was so far evident that it was unnecessary to enter into details with regard to them. The microscopic specimens should follow the comparative anatomy series, and it was, therefore, the arrangement of this important division of the museum which had to be considered. The question was whether the same order and arrangement must be followed, as the naturalist has adopted from the study of the other organs, or whether the teeth could be taken as a basis of a classification without violating the natural affinities of the different families and orders belonging to the vertebrate sub-kingdom, and more especially of those which constitute the class Mammalia.

In order to answer this question, Mr. Hulme next entered upon a most able and elaborate examination of the comparative anatomy of the teeth, and also of the different modes of zoological classification adopted by Aristotle, Ray, Linnæus, Cuvier, Owen, and Huxley.

In most fish the teeth closely resembled each other, and exhibited little difference in either their form or their function, excepting that those at the anterior part of the mouth might be adapted to seizing and holding the prey, while those at the posterior part might serve to lacerate and crush it, as exemplified in the tesselated jaws of the Cestracion Philippi or Port Jackson shark. The only use which the naturalist had made of the teeth in the classification and arrangement of existing fishes had been to designate some two or three families from certain peculiarities in their teeth. When defining the minor groups into which the primary divisions of the class are sub-divided, the teeth even in the fish often afforded useful and readily ascertained characters, by which the different genera might be distinguished from each other, or by which individuals belonging to the same family might be brought together.

Similar remarks would also apply, although in a somewhat diminished degree, to the class Reptilia, in which therefore, the teeth could not be relied upon to any great extent for the purpose of classification.

Passing to the class Mammalia, Mr. Hulme pointed out that anatomical and structural peculiarities had been commonly adopted by the eminent authorities cited, as a basis of classification. To this there was one obvious and practical objection, namely, that in the case of a newly discovered animal, it was only after careful dissection that

we could positively assert in which group or sub-division the animal should be placed. In the case of the placental classification, this involved the dissection of the impregnated female.

The more easily a character could be ascertained and recognized, the more permanent and enduring its nature, the more intimate and extensive its connection with the general structure of the animal, the better it was adapted for the purposes of the comparative anatomist, the naturalist, and the paleontologist. No part of the animal possessed these qualities in a greater degree than the teeth; and with these advantages it remained to be seen whether they could be employed for the purpose of grouping together the different orders of the Placental division of the Mammalia in a convenient and natural manner. He had endeavoured to do this by dividing the Placentalia into three groups or sub-divisions, to which he had given the names of Monoidodonts, Diidodonts, and Triidodonts; or those having one kind of teeth, two kinds of teeth, and three kinds of teeth. He repeated what he had previously remarked that no single character would afford the basis for a perfectly natural classification, and, therefore, certain exceptions would be met with, but they were neither more marked nor more numerous than those which arose from a cerebral or placental classification.

Arrangement of the Placental Mammalia from the character of the teeth.

- MAMMALIA
  - Placentalia
    - Triidodonts
      - Bimana.
      - Quadrumana.
      - Cheiroptera.
      - Insectivora.
      - Carnivora.
      - Ruminantia.
      - Pachydermata
    - Diidodonts
      - Rhinocerina.
      - Rodentia.
      - Proboscidia.
      - Sirenia.
    - Monoidodonts
      - Cetacea.
      - Bruta.
  - Implacentalia. — Marsupialia.
  - Ornithodelphia. — Monotremata.

In the Monoidodonts the teeth were either absent or were of one kind only, consisting of those which were developed in the maxillary bones and in the corresponding portion of the lower jaw. This division contained two orders, Bruta and Cetacea.

The order Bruta included the Ant-eater (*Myrmecophaga*, Lin.), the Scaly Ant-eaters or Pangolins (*Manis*, Lin.), these were edentulous —the Armadillos (*Dasypus*, Lin.), the Orycterope or Cape Ant-eater (*Orycteropus*, Geof.), the Sloths (*Bradypus*, Lin.), together with the extinct Megatherium, Mylodon, Glyptodon, and some other allied forms which had been found in the diluvial deposits of the American continent.

In the Diidodonts only two kinds of teeth were present, namely, incisors and molars. These teeth were separated by a considerable interval from each other, the canines never being developed in the animals which composed the orders belonging to this group. This division included the Sirenia, or herbivorous Cetacea, the Proboscidia, the Rodentia, and what he had ventured to term the order Rhinocerina.

The third and last division was, that of the Triidodonts, in which three kinds of teeth were present—Incisors, Canines, and Molars. This division included seven orders, viz:—Pachydermata, Ruminantia, Cervidæ, Canclidæ, &c. &c.

Mr. Hulme examined seriatim the dentition of each order, and of each sub-division, in order to justify the classification which he had adopted.

In conclusion, he observed that the proposed classification had originated in his endeavours to ascertain the best means of arranging the specimens in the museum, so as to exhibit not only the characters of the teeth in each species, but also the relation in which these organs stand to the general plan of animal organization.

The object of every classification should be to embody, in a clear and simple manner, the actual knowledge which is possessed of the animal kingdom, or of that portion of it with which the classification is concerned. To what extent this might be considered to be fulfilled by the classification that had now been proposed must be left to the judgment of others. It at least possessed the important qualities of clearness and facility of application. The arrangement of the different orders did not differ materially from what had been previously adopted by other writers. The relation in which the teeth stood to the general organization of the animal was brought more prominently

forward, and the classification, although it should not be accepted for the general purposes of the zoologist, would seem to be well adapted for arranging the specimens in a Dental museum.

At the conclusion of the paper, Mr. Vasey expressed his thanks to the curator, and urged members to contribute such specimens as they had to the Museum of the Society.

Dr. Murie expressed his pleasure with Mr. Hulme's paper. Though he differed from him in some points, he thought that a proper arrangement of objects was of more importance than the gathering together of a large collection. In conclusion, he paid a warm tribute of praise to the zeal and enthusiasm of Mr. Hulme in his work, and considered he had done good service to the Society by bringing this matter forward.

Mr. Hulme, in reply, thanked Mr. Vasey and Dr. Murie for their remarks; it seemed to him that the only way in which he and Dr. Murie differed was that whilst Dr. Murie viewed the matter from a purely scientific point of view, he considered that objects relating to Dental practice should take precedence of simple natural history in a Dental museum.

Mr. Harrison, the Treasurer, read the financial report, which showed that the Society's receipts for the year ending October 31, 1868, were £370 13s.; expenses, £360 2s. 10d.; the entire assets of the Society having cost £276 9s. 7d.; stock, £663 12s. 2d. There were 89 resident—144 non-resident members; total, 233 paying members, besides 46 honorary or corresponding members.

The usual course of election having been followed, the following gentlemen were declared elected officers and councillors for the year 1869.

President.—H. J. Barrett, Esq.

Vice-Presidents.—Resident: R. Hepburn, Esq., Arnold Rogers, Esq., John B. Fletcher, Esq. Non-resident: S. L. Rymer, Esq., Croydon; P. Orphoot, Esq., Edinburgh; George T. Parkinson, Esq., Bath.

Treasurer.—W. A. Harrison, Esq.

Librarian.—Alfred Coleman, Esq.

Honorary Secretaries.—Ordinary: Edwin Sercombe, Esq.; Charles James Fox, Esq. For Foreign Correspondence: John Drew, Esq.

Councillors.—Resident: G. Gregson, Esq.; C. Vasey, Esq.; Edwin Saunders, Esq.; A. Hockley, Esq.; J. Walker, Esq.; Isaac Sheffield, Esq.; J. W. Elliot, Esq.; Thomas A. Rogers, Esq.; W. G. Bennett,

Esq. Non-resident: R. Ransom, Esq., St. Leonards; H. Campion, Esq., Manchester; H. Morley, Esq., Derby; J. Steele, Esq., Croydon; J. S. Coles, Esq., Plymouth.

Mr. James Parkinson, the retiring President, then delivered his valedictory address. After reviewing the financial statement, and speaking in the warmest terms of the obligation the Society were under to Mr. Harrison, their Treasurer, not only for the way in which he had performed the *duties* of his office, but for the care and attention he bestows on the interests of the Society at *all* times, he spoke feelingly of the loss the Society had sustained by the deaths of three members—Mr. Fox, of Barnstaple, Mr. Winterbottom, and Mr. Josiah Saunders. He then alluded to the great services rendered to the Society by the retiring Librarian, Mr. Fletcher, whose loss was only compensated for by the reflection that in Mr. Coleman he possessed a successor whose talents, education, and unwearied industry, eminently qualified him for such an office. He then reminded the Society of Mr. Ibbetson's munificent gift of a gold medal to the value of twenty guineas, to be awarded to the best essay on "The Histological Structure of the Human Teeth." He then spoke of the onerous duties of the secretaries of the Society. He regretted the retirement of Mr. Drew who, for a period of three years had diligently and intelligently laboured for the honour and welfare of the Society; but congratulated the members on the election of Mr. Sercombe, in whom they would have the right man in the right place. He alluded to the exertions of Mr. Fox on their behalf, thanking him especially for the attentive consideration he had always given to the wishes of the President; as Mr. Fox still held office he would say no more. To Mr. Charles Rogers, the Hon. Foreign Secretary, he offered his kind thanks for the services he had rendered to the Society during his past official career. He then spoke rather severely of certain gentlemen who retired from the Society without paying the arrears of their subscription, and pointed out that in such cases they could not be considered to have retired, but placed themselves in the position of having their names erased from the list as defaulters. He then reviewed the papers of the past year, and ended by expressing his thanks to the Council and the members of the Society for the support he had received during his year of office.

A vote of thanks to the retiring President having been then proposed by Mr. Thomas Rogers, and carried unanimously.

Mr. James Parkinson briefly acknowledged it, and the Society adjourned.—*British Journal of Dental Science.*

THE QUINTE DENTAL ASSOCIATION.

BY S. T. CLEMENTS.

A meeting of the Dental profession was held at the Campbell House, Napanee, on the 31st of August, for the purpose of consulting together in regard to the interests of the members of the profession in this section of the country.

G. V. N. Relyea, Esq., was elected Chairman, and S. T. Clements, Secretary.

On motion of B. W. Day, M.D., seconded by L. Clements, Esq., it was, *Resolved* that we form ourselves into a society called the "Quinte Dental Association," embracing the territory from Cobourg to Kingston, inclusive.

It was then resolved that the members of this Association be empowered to appoint a detective in their respective places of practice, to bring to justice any person practicing dentistry within the limits of this Association illegally, and that such expenses shall be paid by this Association.

After considerable discussion on a Dental Tariff of Fees, the Association finally adopted one, which will be forwarded for publication as soon as all the dentists in the territory embraced have signed it.

Adjourned to meet in Belleville, on the 1st of March next.

EDITORIAL.

"SUBJECTS OF HER MAJESTY."

We call the attention of our readers to the following clause of the proceedings of the Dental Board at its last session, viz: "Mr. O'Donnell moved, seconded by Mr. Wood, That application be made to the Legislature of Ontario, at its next session, (in accordance with a notice given yesterday,) to add a clause to the Act respecting Dentistry, empowering the Board to confer the degree of Fellow of the Royal College of Dental Surgeons, of Ontario, on dentists entitled to the same by merit, living out of the Province, and being *subjects of Her Majesty*".

It is the words in italics to which we wish to direct attention. While this subject was under discussion by the members of the Board, we objected to that portion which compels a man, no matter how learned, no matter how clever, no matter how much he may have contributed to the great fund of dental knowledge, if he be not a British subject

by birth, to become one by naturalization before he can be entitled to any honors at the hands of our Board.

Two years ago when our Act was drawn up, we took exception to that part of it, but, as the members of the profession were so much divided on the subject of obtaining a law at all, we did not think it advisable to agitate the question at that time.

We got our Bill through Parliament, and a very good Bill it is too, in the main, and much as we dislike this one clause, we do not urge its repeal at the present time. We thought then, and still think, that it is, in respect of citizenship exceedingly illiberal. We invite American dentists to visit our Associations, and we listen very attentively to all they say, and urge them to say more *that we may learn something from them*, but if one of them who could *teach* the best of us, were to wish to come here to practice, he could'nt do so, because he must remain idle for three years before he could take the Oath of Allegiance.

In every one of the States which has passed a law regulating the practice of dentistry, there is no mention made of citizenship. Every man, of whatever nation he may be, is allowed to practice his profession, provided he can convince the Board of Examiners that he is qualified to do so. Several of the licentiates of our Board, thinking, no doubt that they can do better there than here, have availed themselves of the liberality of their law, and are now practicing in different parts of the States. Others we hear, are preparing to follow them. So far as we are aware not a single dentist has come from the States to this Province since the passing of the Act.

The proposed amendment, as we understand it, is not intended to enable the Board to grant the privilege of practicing dentistry in this Province, but, is to be given to those who have, by their superior attainments in the dental art, been able to confer great and lasting benefits upon the whole profession, as a mark of honor. If it is to be conferred only on British subjects, it would seem to be almost folly to ask Parliament to give us the power to grant such a degree, as there are not more than three or four dentists now living who would be entitled to it. It is well known that nearly all the great men in the profession are either in the United States now, or are natives of that country. Nearly all the books which have been written on dentistry have been written by Americans. In fact, all the dental books to be used in the College to be opened next month, with one exception, are the productions of American authors. We

are as well pleased to see men stand up for their country and fellow citizens on all proper occasions as any one can be, but we do think that the confining of this degree of "Fellow" to British subjects, is carrying loyalty altogether too far, and we do not believe it will be the wish of the dentists of the Province that it shall be so restricted. It will soon be time for the Legislature to assemble, and we hope that every dentist will speak his mind fully in regard to it. We shall be most happy to open our columns to any one on the subject, either for or against the proposition. C. S. C.

QUACKERY RAMPANT.

Such is the "gullibility" of a large class of persons needing Dental operations, that the greatest ignoramus may easily win popularity and patients, if he has but the audacity to advertise himself as the concentration of all that is wise and excellent, and the boldness to raise the motto of "cheap work." Let a man modestly assert his capabilities, and he is passed by on the other side by a class of people who would flock to him were he but to assume a superiority never on earth before, and a scale of prices a few dollars below the average charges. No mere sticking to every-day truth will do. Good big whopping lies win the mass.

Since the time of the great "Succedaneum" impostors, in dentistry there has not been such wholesale deception of the public limited to the practice of one or two individuals; but that there are as dishonest quacks in the profession to-day as in the time of the Crawcours, is a fact of which we may assure ourselves by looking over some of our daily papers. The following advertisement, taken from a Montreal paper, is about the best specimen of this "dental literature" we have seen for some time, and our readers may judge of it better, when we tell them that some other dental charlatans in the city are positively ashamed of it. We cite this case to show how the ranks of our profession were filling up, and also to convince the doubters that the legislative efforts in Canada were just in the nick of time to prevent an addition of such infamous impostors. The advertisement, full of disgusting quackery, and bad grammar, is certainly degrading to the profession, and sufficient, without any other evidence, to put the advertiser down as an impostor. A few months ago he canvassed the dentists of Montreal, asking employment to do the rough and dirty work in the laboratory. His recommendations were that he

had been manufacturing rubber goods, such as balls, combs, &c., and having failed, he had determined to turn his attention to dentistry. From the rubber works to the surgery at one jump! Being well snubbed for his impudence he gave up the search, and managed to hang out his own shingle. This "*perfect* expert in the art of dentistry" is one of the best evidences we can have of the need for our Act of Incorporation. The curse of the introduction of vulcanite is that such glaring quacks are so easily tempted to become "Dentists:"

"HAPPIEST OF ALL are those getting their aching teeth extracted by ———— new process of nitrous oxide. In this there is no pain or danger, and only fifty cents for the operation of a tooth. This gentleman is a perfect expert in the art of Dentistry. The very best families of the city are availing themselves of his skill and moderate charges. Ten to fifteen dollars guarantees perfect satisfaction or no pay for a set of teeth for which other good operators charge forty. His superior facility enables him to give a perfect set of teeth in less than five hours time.

The large number of happy faces leaving this establishment every day with new teeth, having their deformed features restored, to be met by husbands and admirers of the beautiful, speak of this place in the loudest enconiums. The children all say they will let no one pull their teeth but Mr. ————."

JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON.—Devoted to the advancement of the knowledge of the diseases of women. Edited by Winslow Lewis, M. D., Horatio R. Storer, M. D., George H. Bixby, M. D. Sixty-four pages, octavo, monthly, $3 a year in advance. We have received the above valuable periodical, and have much pleasure in recommending it to the medical fraternity, and those members of our own profession whose inclinations lead them outside of the pale of Dentistry into such specialties as this Journal represents. Undoubtedly it will prove of exceeding great value in its own sphere, and the names of the editors are sufficient guarantee that it will be conducted with ability.

GOLD FOIL ROLLER.—We have to thank Mr. Chandler for a gold foil roller, a very convenient little instrument for bringing foil into shape for filling, without contact with the fingers. We would suggest a piece of fine chamois-skin, however, in place of the rubber.

MISCELLANEOUS.

WEDGING BETWEEN TEETH.

We commend great caution to our brother practitioners in reference to wedging between the centrals. We must always keep in mind that there is a suture between the palatal bones in the median line, and if this is forced open by a little undue violence, or a little hasty action, we have done more mischief than we can repair in a life time. We were never friendly to wedges when we could avoid them, but sometimes the use of them is imperative. At any rate the file has had its day, and we are not shocked by the opening, looking like an ugly V, that we once were accustomed to see between the molars and bicuspids in former days.

When we have a cavity to fill which is cervico-approximal the best plan is to drive a properly fashioned wedge of orange wood in, very near the gum. Next select a wedge a little wider than the first and drive it steadily down between the crowns, and in three or five minutes enter and drive another (get this one of hickory and let it be of the shape best adapted to the purpose), and drive it between the crown wedge and the approximal surface of one of the teeth you intend to fill. This, of course, loosens the cervical wedge and it must be replaced by a thick, narrow wedge which you design to remain in while operating upon the cavity. The great point to be gained is to acquire sufficient knowledge of the amount of force to be used. If too much is used you will cause needless pain and do serious damage. When we have obtained sufficient power over the subject to do all well, we urge upon the experienced operator the necessity of wedging as *rapidly as possible*. We admit that doing the wedging quickly causes a little more pain than when it is done more slowly, but any little soreness left upon the teeth may be removed by tincture of arnica, applied to the cervical portions of the teeth, which places it in contact with the pericementum and the periosteum of the alveolar process. When we have several teeth to fill, operations by wedging may be commenced on those at a distance from the tooth we begin to fill, in this way we allow time for the wedges to swell, and the teeth may part.

And here we urge upon our young friends the strong necessity for making longitudinal and transverse sections of all the teeth that may come into their hands. The odd half hours, so often left to go to waste by the young dentist, cannot be better employed than in

making himself acquainted with the anatomical location of the pulp cavity; the thickness of the walls, and the various processes, horns, etc. A bungling surgeon who would cut the carotid artery, through ignorance of anatomical knowledge, would have permission to retire from the society of gentlemen. And the dentist who from carelessness or ignorance of anatomical laws, should expose a pulp when filling a cavity when the disease has not reached the cavity, or who should expose a pulp when shaping a cavity, should have permission to retire from the profession. Alas! it pains us to think how many bungling acts have been "done in the dark" by thoughtless members of the profession. Know what the arrangement of the building is before you begin to repair it. You may kill the tenant by your mad cutting.—*Dental Office and Laboratory.*

DR. ROBINSON read an essay before the Michigan Dental Association, on "The Best Method of obtaining a Good Reputation as a Dentist," claiming that in dentistry, as in every profession, the first requisite toward establishing reputation or character is true manhood and adaptation—being suited to your calling. The next requisite is humility. I do not mean that we should distrust ourselves and our abilities, and be doubting and timid in our professions, but have humility enough to learn of the weakest person who has any information on any subject we desire to know, and at least be humble enough to be always trying to keep up with every new improvement of the age. The next requisite is courage—not boldness, or impudence, that sometimes passes for courage, but that which will enable us to be patient under discouragements; to give our best efforts to those who employ us; to be clean and neat; to make over a set of teeth that is not fit to be worn; to take out a poor filling and replace it with a better—in fact, to be true to ourselves, and not dishonor our profession through ignorance or carelessness, or vain pretensions of doing what we do not understand. Lastly, we must have singleness of purpose—if we have but one talent, let us concentrate that upon our profession—we must do that to establish a good reputation in any department. Very few persons have arrived at any degree of excellence without a steady and steadfast purpose in a single direction. We must also *love* our profession;—we all follow whatever we really love. We cannot extricate ourselves from our loves. We are absolutely forced to think and talk of what we really love. Then let us love our chosen work; and, without assumption or affectation,

but in humility and with courage, and singleness of purpose, strive form character and reputation as dentists.—*Cosmos.*

DR. DARBY (*Dent. Times*), commends the placing of asbestos moistened with creosote, as a first application when capping exposed pulps. He says, "After preparing cavity, I apply chloroform to exposed part; put in asbestos, slightly moistened with creosote; then my *os artificial*, which I pack enough to allow it to harden before I expose it to the moisture of the mouth. I use enough of the paste to fill the cavity (when I fill with gold), and send patient home for a few days, and when he comes to my chair again, take out about two-thirds of this filling, and fill again with gold. But when I fill with amalgam, I wait two minutes to allow the os-artificial to 'set'." He further says, "in nine cases out of ten this plan is successful." Why do you use the *asbestos*, Dr.? Because it is a non-conductor?—*Dental Office and Laboratory.*

IN the report of Prof. Gross' clinic, *Pacific Med. and Surg. Jour.*, are the notes of a case of excision of the entire inferior dental nerve for neuralgia. The patient, aged 22, suffered most excruciating pain, aggravated by talking, masticating, or swallowing. Every medical measure had been tried in vain. A long incision in the course of the inferior dental nerve was made, the flaps dissected from the bone, and the latter trephined in several places, exposing the nerve, which was removed. Entire relief from the pain ensued. Prof. Gross has performed this operation in a number of cases and always with decided relief.—*Dental Office and Laboratory.*

DR. STERLING relates (*Am. Med. Jour.*) a case of a patient of his, who, being pregnant, was seized with severe tooth-ache, and rapid decay of her teeth. After all other remedies had failed, the idea was suggested to him that there was an absence of the bone and nerve forming elements, and he prescribed the hypo-sulphites of lime, soda, pottassæ and manganese in grain doses each, 3 times a day. He says relief followed immediately, pain ceased, and the teeth ceased to decay.

CHROMIC ACID.—In the *Bulletin General de la Therapeutique*, Dr. E. Magitot recommends *chromic acid* as an application to various

affections of the buccal mucous membrane—such as all forms of stomatitis; and particularly the different kinds of gingivitis from that connected with dentition (as when, for example, it attends the eruption of a wisdom tooth,) to ulcerative stomatitis. Aphthæ, and divers other ulcerations of the buccal mucous membrane, are also, he says, rapidly modified by this agent. But, the affection for which he specially recommends the acid is "alveolo-dental osteo-periostitis."

CARBOLIC ACID AS A PRESERVATIVE.—Allusion was made in the last number of the *Journal* to the use of carbolic acid and glycerine as a substitute for alcohol in preserving animals and morbid anatomical specimens. The remark has led to many inquiries regarding the method of employing it for these purposes. A mixture of equal parts of good commercial glycerine and water, to every gallon of which is added one ounce of the crystals of carbolic acid, constitutes a good preserving liquid for all animal substances. The use of pure glycerine, with about one half-pint of alcohol, and half an ounce of carbolic acid added to each gallon, makes an excellent mixture for preserving the tissues of soft animals, where it is important to preserve the *color*, as well as the tissues. Glycerine is now afforded by manufacturers at very reasonable rates: we can furnish a most excellent condensed glycerine suitable for these purposes by the barrel, or in carboys, at fifty cents the pound. Since the decline in alcohol, in consequence of the modification of the excise duties, it is sold at a price which will enable naturalists and physicians to use it as a preserving agent without too severe tax upon their resources.—*Boston Journal of Chemistry.*

ERGOT OF RYE IN NEURALGIA.

EDITORS MED. AND SURG. REPORTER:

Case 1. *Tic Douleureux.* Mrs. M., aged 28, was attacked Nov. 24, 1868, with tic of a very severe nature, on left side of face, extending down the neck. Catamenia had not made its appearance for two months. Ordered her to take infusi ergotæ, a tablespoonful every hour. The pain began to abate before the elapse of four hours, and at the end of eight, all pain had disappeared. Catamenia appeared at proper time, and since she has had no symptoms of neuralgia.

Case 2. *Tic.* Was called to see Mrs. H., half a mile in the

country. Found her suffering extensively from pain in the region of inferior dental nerve, extending down into shoulder and arm. Administered infusion of ergot in tablespoonful doses at intervals of an hour. Relief partial at end of four hours, complete at end of twelve.

Case 3. Mrs. D., age about 35; attacked Jan. 4th, 1869, with tic in left side of face, extending downward and upward into the temple. Administered ergot as in above cases, with similar results.

So far we have used ergot of rye in no case of neuralgia where it has not had the desired effect. It was suggested to us by an article in your excellent journal of Nov. 7th, 1868. We report these cases, thinking that such statements may induce others of the profession to more thoroughly test the remedy.

DUFFIELD & PICKENS,
Bowling Green, Ind. Physicians and Surgeons.

A SOLID STETHOSCOPE.

BY HENRY N. AVERY, M. D., OF NEW YORK.

The following simple stethoscope has been used by me for some time past, with the most happy results.

I selected a piece of hard wood twenty inches long, cut in the direction of the grain, and two inches in diameter. At a point six inches from one end I placed a band of iron. Then the long end was introduced into a steam chamber. When sufficiently steamed, it was divided in the centre down to the iron band. The two pieces thus separated at a point five inches from the band, were bent in the shape of an ordinary stethoscope. At a point four inches from the band, a second band was secured with a key, so that the ear-pieces can be contracted or expanded.

The advantages of this simple stethoscope are, that the sound is transmitted through the solid wood and continuous fibres more audibly than by any other means; and, secondly, the cheapness at which it can be afforded.

The shape and size may be according to individual taste. Some kind of soft wood, for instance pine, if it can be bent, might answer a better purpose than hard wood.—*Philadelphia Medical and Surgical Reporter.*