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CANADA
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ORIGINAL COMMUNICATIONS.

WHAT IS THE VERDICT?

THE DENTAL ENGINE.

By JAS. A. BAZIN, L.D.S., Montreal.

In propounding this query I shall offer some considerations bearing upon correct judgment in the answering.

Let me first advance the statement that dentists are human beings, and consequently given to lying, cheating, and many other devices of Satan. Also that dentistry, as applying to filling of the teeth, not to speak of the other specialties of its duties, calls for more *unseen and unappreciated* honesty than any other work that is attempted in all the wide, wide world.

The uninformed confiding patient opens wide his mouth, and too often with many dentists try to fulfill the Scripture promise, "that it may be filled," and with this new dispensation of "filling made easy," the patient is not let depart till the utmost farthing has gone into the treasury. These latter days show so many minute fillings, always in a nice place for a drill, that we older members of the profession begin to think that the teeth are not as they were when we were young.

Now such being the truth of the premises, and no one will, I think, deny, what, I again ask, shall be the verdict as to the benefit the Dental Engine has laid upon the profession, and still more important to the confiding public.

That there are dentists with convictions of right and wrong, I would not for a moment deny—men who could not be tempted by any paltry consideration to a dishonest act, whose mainspring of action is the greatest

good to those under their care, regarding money-getting wrongfully as sin of the basest sort. Then there are other dentists who *would* like to be honest, but love of *ease*, as well as money, moves them to see with double eyes, and for the once the step out of the line is taken. And then the third class, and I am afraid the larger, those who are bound to make hay sunshine or not. All is fish that comes to their net, and sufficient to them is it that to-day will not expose to-morrow. They act as if they thought, "Let us pluck this goose to-day, to-morrow we may only have a crow," and with keen prophetic eyes look afar at the may-be and draw the focus to the must-be.

To the first-named, the Engine is a convenient instrument, only in so far as it will, without doubt, do reliable work, or rather assist them to do the possible best for their patients; and it is to these I most earnestly press the question, Has the public been, and will it still be, the gainer by this machine?

Errors of judgment are to be expected, and undesirable results follow the best intentioned efforts, but when the cause is discerned honesty avoids the repetition.

Believing that enamel can only be removed in two ways, either by powdering or clearing, as in splitting wood endways, I fail to see how the forms that must be used in the Engine can speed the preparation of ninety per cent. of cavities that come under our observation, and as in dentine the shaving or slicing being the proper, therefore the best way to shape it, the same objection applies.

Having observed the use of the Engine for a few years, as well as using it myself from time to time, I have had these thoughts forced upon me, and besides have had the evil results of its use in my own office, and outside, painfully brought to my attention.

Retaining point in such nearness to the pulp cavity as in making them the friction has so heated the pulp as to cause death to the pulp, with all its attendant evil. It must be borne in mind that *quantity removed at each revolution, as well as speed, engenders heat*; and if in the old times of pivot teeth and hand work, much stress was put upon the injunction to "keep the files cool and drilling slow" to avoid future ills, how much more is it needful, working near the vital parts of living teeth to keep *our* heads cool, and remember, more haste less speed.

Montreal has been favored in having had dentists of superior skill, some self-taught it may be, but, nevertheless, I venture the assertion that the work done now, with all the appliances to hand, is not equal to that done

previous to the day of the Engine, when hand work alone was the rule. During the past year I have had more than a score of cases come under my care of teeth *lost* by the using of the Engine, not to mention the fillings to be replaced, owing, as I believe, to the *rubbing down* of the softened dentine by the burr, instead of being cut away.

To such an extent has this been the case, I almost always ask, was the whirligig used on this tooth? and as often the reply is, "Yes." Now, if the case is that stated, what shall the verdict be? That it now has a strong leaning against the use of the Engine seems to me to be proved in the many attempts to apply cooling blasts or showers, checks, stop motions and all the paraphernalia of a well furnished machine shop. That it has a place—a small place—near the operating chair, I will not deny; that it is an excellent adjunct to the laboratory is readily proved, and will largely take the place of files and scrapers in finishing plate work.

Finally, should it be given first place in our colleges and schools, will it not tend to dwarf the cultivation of the hand, not to say anything about the readiness with which small and easily filled cavities may be discovered by a new hand, who has his "rent to pay and two small mouths to feed," notably on the lingual face of the superior incisors where the drill will bite so readily.

It was told a person a few weeks since that his teeth were in need of just such, but a most careful examination by another, good light and keen eyes could not find the least defect. The first uses the Engine constantly, it is his "*strong holt*," the other uses it but seldom.

Such cases are not unfrequent here, but how many are snared no one can tell. Unfortunately dental literature is not much sought after by those to whom the Engine is a weapon of evil, and little good may come from the discussion of the question, but I do most earnestly invite the opinion of our elders—those who can look upon fillings of twenty, thirty, and even forty years ago, fresh and bright as the stars. I have some in my own mouth nearly thirty years.

How say you, greyheaded gentlemen, are you ready with the verdict?

THE TURKISH BATH.

As a therapeutic agent I believe the Turkish Bath will yet become one of the popular sheet anchors of the medical profession. I have had a personal experience of it for over seven years, taking it not less than once a week and

frequently three times. I am conscious in my own case, that it is an infallible remedy for nervous headache taken in the early stage. For the last three years I have been led to experiment with it in cases of severe neuralgia associated with the teeth, as well as in periosteal inflammation, where teeth are "ulcerated" and the surrounding parts are in active and swollen sympathy.

The first case was that of a young lady, who had an ulcerated tooth extracted the previous day, with the effect of increasing instead of abating the agony she had endured for three days. At my advice she left my office, anguish expressed in her features, and in about fifteen minutes afterwards was sitting in the warm room of the Windsor Turkish Bath. Temperature 140. To use her own words "I thought I could never undress, my face pained me so much when I lowered or moved my head; I was not three minutes in the warm room till I felt soothed, and in about twenty minutes I was in a dripping perspiration; my face seemed to lose its great sensibility. I could press my cheek without any pain, I stayed there thirty-five minutes: went out and took warm showers: was shampooed, and left after an hour and a half's visit, forgetful of the horrid pain. I took another bath the next day; but really I know that the first one cured me perfectly."

Now since that experience, I have sent as many as thirty persons to try the same treatment, and have found that it hastens cure in severe inflammatory cases. Through the seven million pores of the skin the excretive organs discharge. By favoring perspiration and the free absorption of oxygen from the atmosphere, it does good where no other remedy would avail. I had a case of trismus, from the late and crowded development of a dens sapientiae, which was relieved by two baths, and the muscles relaxed sufficiently to enable me easily to get at and extract the tooth.

In any congestive state of the blood vessels which supply the teeth and face, I am convinced it is a valuable remedy, assisted too, by hot flannel fomentations.

I propose to treat this subject more elaborately at another time, and for the present merely wish to recommend the Turkish Bath to the consideration of dentists in some of the complaints it is our province to treat. We have in Montreal the finest built Bath I have ever seen. Its ventilation and general accessories are unrivalled, and under the care of its present proprietor, a gentleman who has had twenty years experience in England, it ought to become not only a great luxury and a public boon, but a valuable aid to the general physician.

A PLEA FOR AMALGAM.

BY A. W. HYNDMAN L. D. S. SHERBROOKE.

Your article in the last number of the "CANADA JOURNAL OF DENTAL SCIENCE," headed "Are our Dentists lazy fellows" has led me to think, that communications have not been coming in as fast as you would like, and that possibly a few words from, even a beginner, might find their way into your columns, and perhaps be the means of inducing others, better qualified than myself, to give you some assistance in your most important work. I hope Mr. Editor, that you will be flooded with articles, from all quarters, articles too good to be consigned to the flames or the waste basket, and that in consequence you will be obliged to issue the "CANADA JOURNAL OF DENTAL SCIENCE" monthly, instead of quarterly as at present. I think the profession in the Dominion of Canada is well able to support, at least one, real live monthly journal and that too, independently of any college or manufacturing establishment.

The theme I have chosen may be said to be a hackneyed one, be that as it may, I consider amalgam one of the most important subjects of the day both to the profession, and to the public,

What every dentist should strive to do, and the only true system on which to work, is to give to his patients, the greatest possible amount of good, for the least possible amount of money. If we can do this with amalgam, or tin, or any of the cheaper fillings, let us recommend them : but let us first consider, and be certain that we are doing what is *best* for our patients.

I think you will agree with me, when I say, that many of our patients, and in some of our practices, the majority of them, cannot afford to pay for the time and skill employed in making elaborate gold fillings. Now what are we going to do with these? must they suffer with the toothache, and finally be obliged to lose their teeth, because they cannot afford to pay for gold fillings? In a great many instances this is just what will take place, unless we use some of the cheaper fillings. We may use Tin, Hills stopping, or even Oxychloride, in some cases, but on the grinding surfaces of the teeth, gold and amalgam are the only fillings we can rely on to resist the action of the teeth in mastication.

Then the question arises. Will amalgam make durable fillings, for cavities in the back teeth? I contend that teeth *properly* filled with amalgam will last as long as if filled with gold. When we take into consideration

the cavities that are usually filled with amalgam, and the way in which it is often introduced, we are surprised that it preserves the teeth half as long as it does. Is it not a fact, that it is used principally in cavities where it would be impossible to fill with gold, either from the walls being too frail; to withstand the pressure necessary to condense a gold plug; to use the patient's words "not worth filling with gold" or it may be that the cavity is in such a position that it would be impossible (for some of us at least) to properly condense a gold filling. Then again, I think I am warranted in saying, that three fourths of the men in the profession, do not take the time, and the pains, in the preparation of cavities for amalgam that they do for gold. Why? Because they can mix a little amalgam and fill up a cavity of almost any conceivable shape and thus *hide* a multitude of imperfections, in the preparation of the cavity. Another reason, why cavities are not so thoroughly prepared, is on account of their usually much greater size, and consequently greater sensitiveness. Our sympathy for our patients while excavating the extremely sensitive denture so often found in large cavities, is often so strong, that we allow it to interfere with our judgment, and thus we "spare the rod and spoil the child." Now I ask, Is this treating amalgam with any degree of fairness? Of course I am aware of the popular objections to the use of amalgam 1st. That it discolours the teeth. 2nd. The poisonous effects, on the system, from the mercury contained in it. 3rd. Its liability to change its form in the mouth. The first of these objections, can scarcely be said to hold good at the present day, and especially in the back part of the mouth, and I do not think we should use it in the front teeth. The preparations now in use do not stain the substance of the tooth as the other preparations did.

The second objection if, it can be proved it is a very serious one. Tomes says in reference to mercurial poisoning from amalgam fillings. "I have never seen a case in which this result was produced. nor do I know of a well authenticated instance, and I think we may fairly conclude" that the instances are so rare that they need not influence our practice. Now I think if those cases of so called mercurial poisoning were thoroughly investigated, we would find that they all originated in an *incorrect diagnosis of the disease*.

Many of them that I have known have turned out very similar to the case given by "L D S" in the November number of the C. J. D. S. of "Salivation from pregnancy. I have a case now on hand very much the same as this. It had been examined by a Medical man and pronounced

mercurial poisoning, but it has turned out to be nothing more serious than simple inflammation of the periodontal membrane.

The third objection to the use of amalgam. If care is taken in the preparation and introduction of the filling I do not think we will be troubled much with the fillings contracting in the mouth. One great trouble is, we put too much mercury in our fillings. It is a well known law of fluids that they have a tendency to assume a spheroidal form and especially is this the case with mercury. Hence the benefit of using amalgam as dry as possible. This can be better accomplished by mixing in the hand than in a mortar. It should not be allowed to stand after it is mixed. Haste is an important principal in the introduction of amalgam fillings. Then we should burnish down with warm instruments and get rid of the excess of mercury on the top of the filling. I have no faith in the "wet pack." I think the drier we can get the cavity and keep it so the better. Then we should insist upon our patients coming in after the filling has got perfectly hard, and having the oxydized substance removed from the surface, and the filling well burnished down against the walls of the cavity.

As regards the use of instruments for the introduction of the amalgam every man will have to be a law unto himself, to a certain extent. Some like using the angular and some like using the round headed instruments. As for myself, I believe I can make good use of them both, and do not think I could dispense with either, very well. I do not think we can condense the amalgam with any thing so thoroughly as with the ball-headed burnisher but of course there are cavities which cannot be *all* filled with it. There is a tendency among dentists to rush to extremes. The truth usually lies between the two extremities. Let us then strive to strike the "happy medium" in this as well as other things.

FIRST OR SECOND BICUSPIDS?

BY B. S. STACKHOUSE, L.D.S., ST. ANDREWS.

Some recent discussion has revived the question as to whether the first or second bicuspid should be extracted in the treatment of crowded teeth, where the extraction of one or the other is "fore-ordained."

It seems to me that here as everywhere in practice, extremes are dangerous; and after all is said and done, probably the extremists are more deservng of the name in their assertions than in their custom.

The extraction of the first bicuspid has to me one very serious objection. I should want in my own case, to be sure that he who extracts my tooth *knows how to extract a bicuspid*. Any operator can grip it, and not break it: and so too, any one can grip just enough of my alveolus, and get his forcep just near enough to the transverse process of the cuspid and bicuspid, to remind me for years afterwards in the recession of the gum at the cuspid that he has done me an injury. I have carefully noted the appearance of the gum and cuspid, years after a first bicuspid was extracted, and I have seen enough to convince me that *too much haste* is aimed at both in placing the instrument on the tooth as well as in extracting it. *The importance of not damaging the transverse process should be kept in mind*; and especially the process of the cuspid. A tooth so deprived of its partition is always as sensitive as dentine to cold liquids, and is by the very exposure, subject to inflammation of the periosteum.

Whether the first or second bicuspid should be removed, must depend entirely upon

- 1 The antagonism with the lower jaw.
- 2 The manner in which the irregular teeth are to be regulated.
- 3 Perhaps the condition of the teeth themselves—whether a decayed bicuspid is better preserved than a healthy one, and *vice versa*.

TRISMUS ASSOCIATED WITH THE DENS SAPIENTIÆ.

BY B.

When the pulp dies from exposure and inflammation, even where slight suppuration has occurred, the prognosis for filling is so often favorable, that conservative practitioners do not hesitate to give the tooth the benefit of the doubt, and attempt its preservation, especially where it has been free from pain for some time afterwards, and the constitution of the patient is neither debilitated, nor diseased. Of such a class of teeth there are none which oftener disappoint our expectations, and terminate in incurable periodontitis than the dens sapientiæ of the lower jaw. The anatomical situation of the *wise-achers*, often abnormally developed and crowded laterally against the ramus, and almost surrounded with mucous membrane, is very unfavorable. Frequently the masseter muscles overlap the buccal cusps, and the operculum of gum, the posterior part, even when the tooth is fully grown. Decaying early, they are often filled before the complete development of the fangs, or at least, before complete eruption, and before the

irritation in the adjacent structures accompanying their protrusion has had time to subside.

The upper maxillary more commonly affords room for free and normal development of the dens sapientiae, both as to period and proportion: and if as is frequently the case, these teeth erupt before those of the lower jaw, the latter have a still more contracted space in growth, and a more unfavorable anatomical antagonism.

The death of a pulp then in a lower wisdom tooth, under these circumstances may in ten cases out of twelve prognosticate alveolar abscess. The law of gravitation seals the final fate of the tooth. Cases may be temporized by free leeching, lancing close around the neck and down to the roots of the tooth so as to reach the periosteum, and after the bleeding has subsided, washing away the clotted blood, drying the parts, and painting with iodine and aconite, followed by a Turkish Bath. But the disease cannot be eradicated. The soft tissues are too rapidly involved in an inflammation which extends to an intolerable degree of suffering and inconvenience. Extraction has to be resorted to. It is easy to one familiar with the treatment of inflammation in other parts of the body, to theorize largely, and perhaps to practice as largely too: but any tyro in diseases of the teeth and jaws, knows how unlike the periosteal inflammation of the jaws is to periosteal inflammation elsewhere. The very difficulty of access, the trouble and risk of reaching the hidden seat of disease, and above all the little value placed upon the teeth which in ninety-nine per cent of a hundred will impel patients to sacrifice them rather than submit to prolonged operations, meets the conservative operator in the face. It is not at all likely that as the world grows older, people will get any wiser in this matter. When the age is getting too fast for men to care for their bodies at all, it is not likely that the regeneracy will begin at the matter of the teeth.

Exceptions to extraction may be made where the wisdom teeth have had plenty of room for growth, either by reason of the natural size of the jaw or a space once occupied by a second molar. But even in these favorable conditions there are always circumstances of development and situation which foretell and seal the fate of pulpless wisdom teeth of the lower jaw.

Among the serious consequences which may result from neglecting early extraction where it is indicated *Trismus*, or in the vernacular, "locked jaw", a species of tetanus, is certainly to be dreaded by the patient, especially if he be a man of hearty appetite. *Trismus* may occur from wis-

dom teeth before they are decayed or even developed. Indeed the large proportion of cases owe their origin to the efforts of the teeth to get free, by pressure at the tuberosity of the bone on the adjacent cancellous structures, and the extension of the inflammation upon the mucous membrane to the periosteum, and masseter and temporal muscles and the parotid and submaxillary glands. Pivoting a root, has sometimes caused partial trismus ; but this may be treated easier.

Many cases might be prevented by the timely extraction of the second molar in jaws too contracted to contain sixteen teeth. But I look upon this old recommendation with aversion, because, generally, the wisdom teeth are of less use, and when crowded, their calcification is less perfect. If it is at all possible by Turkish Baths and therapeutical treatment to cause the subsidence of the inflammation, I prefer to remove the wisdom teeth. I would not only punish them for the mischief they did, but also for the mischief they may do in their determined effort to assert their right to stand on a level with their neighbours. They are intruders and if their company is made up before they come, they should be put out, whether they come in goodly enamel dress or not.

REMOVAL OF THE PULP BY EXTIRPATION.

BY JASPER.

I am one of those plain-sailing practitioners who have not yet given up the old rule of destroying the exposed and inflamed pulps of teeth, and I am prepared to show from my careful experience and note book, that the proportion of my failures in preserving teeth is greater than that of several of my colleagues who attempt capping and preservation. However I have long ago argued my mind away from the use of arsenic for the destruction of the pulp, and wish to say that since 1874, I have not used a grain. Upon the shoulders of arsenic I put the responsibility for the ultimate loss of so many pulpless teeth. The certainty of the poison being absorbed beyond the particular point for which it is intended, the serious risk of using it at all in the highly vascular teeth of children, or in teeth whose fangs are not fully formed ; the length of time needed and the difficulty of removing the decomposed mass, presented to me strong arguments for its abandonment.

Given a pulp which I think ought to be destroyed. What rhyme or reason is there in delaying it the number of hours necessary when arsenic

is used? What "advantage" is there in producing the local and sympathetic agony and inflammation caused often by arsenic? Is there not every rational and scientific reason why this offending body should be removed as quickly as possible, without introducing a poison which spreads itself to the substance of the tooth, the periosteum and adjacent structures? It seems to me in this age quite as enlightened a thing to introduce arsenic around the gum and roots of a tooth for its gradual displacement, as to use it for the devitalization of the pulp.

What is the substitute for arsenic? Simply an anæsthetic; and this is neither original nor wonderful, but was probably done before the writer of this article was born.

The ease with which the pulp can be destroyed, and in most cases removed under an anæsthetic is at once apparent. The question with many is merely one of manipulation. That involves proper instruments and skill. With many it may be a question of remuneration. That involves education of the patient. I doubt if there is one sane patient alive who would willingly choose arsenic at fifty cents to anæsthetic at two dollars. There are, we know, people who could not pay two dollars. That involves a matter beyond the scope of this article.

Given now a pulp to be extirpated. I open the cavity freely with chisels, remove as much of the decomposed dentine with spoon or other excavatus as the patient will let me. I apply the rubber dam: insert a gag—if nitrous oxide is to be given: have instruments at hand adapted to make one clean surface cut over the pulp, and others barbed to run into the pulp; as well as a strong flexible steel one which will hook out, any detached bits. I now give the anæsthetic; and having good light, good instruments and a dry cavity, *I can operate longer than when extracting, because there is no sort of shock.* In this way the use of nitrous oxide is increased in value.

About remuneration. That is the great hitch now in Canadian dentistry, and may discourage many. Now that people can find dentists who will sell their professional reputation and dishonor their craft by entering the arena of cheap quacks, the old ways of doing a thing will prevail with many, and progress be hampered. But I find no trouble with reasonable people who can pay; and I consider this extirpation of a pulp under an anæsthetic as worth treble the fee charged *to extract* the same tooth.

DENTISTS AS MEN OF BUSINESS.—No. 1.

BY AN OLD DENTIST.

In the early career of almost all respectable Dentists, they are considered legitimate victims for patronage, by that class of patients to be found in every community, who run the gauntlet of all other Dentists in the locality, and whose motto may appropriately be said to be, "Base is the soul that pays." I say all "respectable" Dentists, because the "dead-head" patient will not descend to submit his masticators to a cheap practitioner, or one of questionable fame. You see the work of the leading practitioners only in his mouth; you see large and difficult cavities filled with gold; and without *then* knowing the circumstances, your opinion of one who apparently did not consider previous cost in the care of his teeth, is very much exalted. But when you are numbered with the victims of his patronage, you can then understand the depth of his virtues, and the refreshing impudence which at presentation of your account, grins at you from the grinders you took so much trouble to attend. The bare idea of ever paying for your services, never once entered his head; and you need not be surprised if you learn that your gratuitous patient actually considers he has been of some service to you in your early career, in showing you in your tender years and when you have little to lose, the necessity of having more practical astuteness and more thorough ideas of general business. The race of such patients is sympathetic and they recommend you, one to the other: they scent you out, as the hound finds the fox; and well for you, if your patience and your capital are not exhausted before you discover the systematic cheat. With such patronage most of us have had to contend; and we would certainly be of great assistance to one another, if we could open a Black Book in each locality and for mutual protection, there record the names of these black sheep: and possibly, finding no engagements open in their tour from office to office, the cash might be forthcoming, and they made honest in spite of their teeth.

Professional men, excepting lawyers, of course whom Burton calls "gowned vultures," lose very considerable year after year, through a deficient knowledge of the general details of business, and loose systems of managing their accounts. There is nothing, of course, in the educational curriculum of the College or private tuition, to instruct the dental student in rules of business which he cannot have learned at school; and

indeed there is not much more, saving the bitter experience already referred to, in the professional life of one who is in active practice. Perhaps the education of experience is more enduring and wholesome than that of early training and forethought, but the most of us can well afford to be spared these lessons in our comparatively quiet careers. And in this connection it may be well to refer to the incalculable advantage of having the advice of a friend, possessed of a thorough knowledge of the practical operations of business affairs, for it must, I think, be admitted, that Dentists as a class are not good men of business.

Men who labor honestly in our profession do not labor at ease. True, their nightly rest is undisturbed, and they have more leisure than the physician ; but on the other hand, they have not the open air walks and drives, and the healthy excitements of out-door life which makes life less monotonous to the physician, and without which he could scarcely survive. Working hard then as we do, and feeling that every dollar is well earned, it is natural that we should interest ourselves in the matter of fees, and in creating harmonious systems for our own protection and that of the public. There are one or two practical points to which I propose drawing your attention, and which I trust may provoke some discussion and agreement.

The subject of Professional Fees is now agitating the Canadian profession in all parts of the Dominion, and the depreciation of prices and consequent depreciation of skill, and associative quackery, is a subject demanding consideration by those who desire the elevation of the profession. This question should be looked at in a more practical business way. You and I to-day pay nearly double for everything we need to what we did ten years ago : rents are higher, our necessities for business are greater now in spite of the temporary stagnation in trade and commerce, and the people are better able to pay for dental services than they were ten years ago. In every other profession, trade and business, prices have been raised : our servants demand higher wages. Yet the tendency is to lower dental fees, without any demand from the public for such reduction. The prices in Canada for dental operations are so ridiculously low compared to the fees obtained in the United States : yet it is well to remember that cheap dentistry in all countries is being associated in the public mind with poor dentistry, and in many cases with imposition. There are many excellent reasons why respectable practitioners should sustain professional fees, and not trade prices, and let quackery and cheap dentistry be associated as they are and ever have

been. The cheap charlatans lay before their patients the exact cost of material, and think they thereby show an overcharge on the part of the best class of dentists. I think we ought not to conceal the fact that we do not altogether consider cost of material,—though it is well known, that the cheap charlatans do not use the best teeth or the best filling,—but that we charge professional fees, not trade prices, and that the difference between an honest and a cheap dentist, for I defy any one to prove a cheap dentist to be a strictly honest one—is exactly the difference between an honest physician and a travelling mountebank. Throughout Canada we have most daring quacks, whose dental education extended over a few weeks, and whose whole professional career has been marked by the most arrant imposition. One of our first duties to the public is to expose these charlatans to the uttermost. There are no greater enemies to themselves than these practitioners, because they who respect their profession, and who spend time, money and thought for its progress, would gladly aid them in any way in our Societies, and in our private offices to improve. But it is not surprising if you are told that you cannot teach them anything they do not know! In the matter of fees, a more equitable system might be adopted by classifying practitioners according to their own fee standard. A Dentist who says, “I am a very cheap dentist for any one who wants low fees, and a very dear dentist for any one whom I can make pay” is a rogue at best. With your permission I will continue my observations at a future time, when I propose to give some hints about appointments, the day book, ledger, accounts, &c.

PROCEEDINGS OF DENTAL SOCIETIES.

NEW YORK ODONTOLOGICAL SOCIETY.

DEAR MR. EDITOR,

As the New York Odontological Society has just closed another of its large meetings, I take occasion while events are still fresh in memory, to send you a brief account of the proceedings. Before doing so however, I will recall for the benefit of your readers what this Society is and has been doing. That it is local so far as habitation is concerned I need not say; that it is general so far as membership is concerned will appear whenever its list of members shall be published, as it embraces the very best men in our calling both in this Country and in Europe, so far as they have become known to the Society, and have manifested their

willingness to become associated with it. Of course the standard for membership is high; no associate being accepted unless he is a graduate, and has otherwise approved himself to his professional brethren. Consequently the meetings are attended by a class of dentists seldom if ever brought together at any other time.

The sentiments of this Society are decidedly toward a higher education, and it does not approve of *the disreputable proceedings which have resulted in giving diplomas to multitudes of unworthy men.*

It is strongly given also to hearing both sides of a question; so that as you may have seen, subjects often appear and are enlarged upon before the Society, that are entirely disapproved of by the majority of its membership.

You may imagine therefore that a pretty intelligent company was to be found at this meeting, at which about 150 were present, including representatives from as far west as Buffalo, as far east as Boston, and as far south as Philadelphia, and from many intermediate cities, including Hartford, New Haven, Springfield, Providence, and others as has been the case heretofore, those who have not attended the other large meetings of the Society, pronounced it "marvelous," one of the best gatherings of dentists that they ever saw, &c., &c.

I enclose you a programme of the meetings; the first session of which was held at the house of Dr. A. C. Hawes, who spread a bountiful repast, after the debates of the Society had closed for the evening. I say debates; I should have said monologue, for the whole evening was occupied by Prof. J. Foster Flagg of Philadelphia, in announcing to the Society and its guests, his views on the subject of plastic fillings for carious teeth which he contends, as you will see by what follows are more durable, easier of insertion, less painful, and far less expensive than any other forms of filling material.

But it will be better to give you an abstract, of what Dr. Flagg himself said, which I will supplement by giving you a short sketch of the rest of the proceedings.

Upon taking the floor Dr. Flagg said, that he considered himself "a modern Daniel in a large sized lion's den," or rather, "a small sized David before a big Mr. Goliath," and that he expected to get the better of Goliath, and make him a little sick. He stated that the first article of his creed would strike the giant full in the mouth, but as he was quite used to being in the minority, he still felt happy. Addressing himself to

the audience, he said, "you can scarcely have an idea what an out and out heretic I am." I am a worse one than I was 22 years ago, when Dr. Robert Arthur announced his views about leaving decay in the cavities of carious teeth. He was attacked by J. D. White, whose office doors at that time swung to and fro like an electric fan, while Robert Arthur had to wait for patients. The Faculty of the Pennsylvania College condemned Robert Arthur, but would not interfere with his teachings. Dr Jack and myself alone accepted the views proposed by Robert Arthur, that decayed dentine should be left, when the pulp would uncovered by taking it away, I can't shoot this gun off at once, some one must pull the trigger, and fire it off at me; and it may as well come now as ever. Elisha Townsend (glorious be his memory) told me as a young man, to begin experimenting upon one thing if no more, and that was, to experiment upon his amalgam, to see its relative merits as compared with gold for saving teeth; for he found that he could save teeth with amalgam that he could not save with gold; and if Elisha Townsend could not save teeth with gold, who could? and if gold fillers revere Elisha Townsend, amalgam fillers certainly do.

Now, while I don't agree with any of the gentlemen in this room, perhaps that is no reason why we should not agree to disagree. All that I have to say, I propose to say in perfect kindness, and with due regard and respect to the feeling of others; and I want to beg kindly and considerate treatment for all those who may chance to differ from the usual orthodox views in regard to these matters. It has been very much the habit to speak of those who use amalgam, or other plastic fillings, as plasterers, as men without skill to put in gold filling. Now don't call names any more, don't say plasterers of amalgam; and we don't say "punchers and pounders." Let us talk respectfully to and of each other, and we shall the sooner arrive at a good understanding with each other. Now for the first article of the new departure creed,—I will first give the *accepted* views of modern dentistry.

1st, Gold is the best thing to save, we say and mark well the form of words that I shall use while it has been carefully considered. *We say* that in proportion as teeth need saving, *gold* is the *worst* thing to save teeth. For 15 years I filled with gold and can show many fillings that are as good now as then, but the frail ones failed. The first 250 fillings I ever put in were filled with amalgam at Elisha Townsend's suggestion; the next 250 were filled with gold, and these I set myself to observe. I did not undertake to discriminate nor use judgment, but took them as they came.

In these experiments after 6 years observation, I filled 6 per cent. of all teeth that came into my hands with amalgam. The next year 12 per cent. with plastic fillings, (and I have many gutta percha fillings 20 years old), the next year 18 per cent., the next year 24 per cent. and so on until this 17th year, until I might according to this ratio, to put in 162 plastic fillings out of every 100, but I am not equal to this emergency. So now I use nothing but plastic materials, save a few tin fillings, put in for experimental purposes.

In my practice, gutta percha is A, No. 1, Amalgam, No. 2, Tin, No. 3, in point of numbers. Prof. Morton expressly says, "all chemical action evokes electric disturbance." The presence of any metal which is a good conductor and which is itself unattacked, must tend to disintegrate bone in the presence of an acid. Now tooth substance is sufficiently near bone to have this statement true of it, and I don't want any better authority than Prof. Morton, who is probably one of the best analytical chemists in the United States. But I am met at the outset with an answer that I have heard ever since I was a boy, viz., that if gold is perfectly adapted to the walls of the cavity of decay, there can be no fluid between it and those walls, and there can be therefore no chemical action. In reply to this I ask; If there is no chemical action when the gold is perfectly adapted and don't leak, why don't you put it in so?

Article II.—Teeth must be filled either by contour according to the view of our friend Atkinson here, who has to put on a mansard roof for the spirit of his broken down teeth to occupy; or else they have to be slotted wide apart, after the manner advocated by our friend Bonwill, on my left. Now we don't believe that either has much to do with the result, that is the way we get over that.

Article III.—"Failure in operations is mainly done to defective manipulations." If it is, why don't you manipulate better? Now I have been tabulating for a long time, and my tables include the work of a *great* many first class operators, and here are some of the results. To 100 gold failures last year, 86 have been tabled this month, and that shows how you are going on to make failures more than ever. We say that failure is mainly due to incompatibility of filling material with tooth bone. That is the way we get over that. Now when we take some plaques of ivory and fasten Gold, Tin, Amalgam and Gutta percha to them, and put them into a weak acid solution, we find that the ivory with gold in contact loses notably more than any of the others. Let him who has ears to hear, and eyes to see, let him learn.

Now gold fillers say that, Article II. "any tooth that can be filled at all can be filled with gold." Well a man can walk from here to Broadway, on his hands, but that is not the best way. But there are teeth that can be filled, that cannot be filled with gold. A tooth that can be so treated as to be satisfactorily filled with any thing is worth filling.

Article V.—"Dentists who are unskilled and unscrupulous, fill with tin covered with gold; thus causing galvanic action, pulpitis, loss of pulp, abscess and loss of tooth." 15 years ago, it was the common practice in my office to fill teeth in that way. That was perfectly satisfactory until we learned better. We say, skilful and scrupulous dentists fill with tin covered with gold, thereby saving the teeth, preventing decay, pulpitis, loss of pulp, abscess and loss of teeth.

Article VI.—"A filling to be good must not leak." We say, a filling may be the *best* known for a tooth and yet leak badly. How do we maintain that point? it depends upon what leaks, how, upon what and into what. I have wished to establish the principle if true, that some other material than gold might be better than gold for some classes of teeth. I have never removed; and I have never asked a name of the operator who put them in, and the amalgam and gutta percha that I have put in to replace their gold fillings, have lasted twice or thrice as long as the gold, and are still preserving the teeth. That is my record.

Article VII.—"Gutta percha properly used is good enough for temporary fillings." We say, gutta percha properly used is the best filling material that we possess. Dr. Hawes, saw a patient the other day in my office and found fault because the gutta percha was cupped; but said it was still good enough for the present. That filling had been in 21 or 22 years. I told him I did not regard that filling as permanent, and should not until it had been in about twice as long as it already had. We experimented 26 years ago, on some poor miserable wisdom teeth; they were too poor to fill with gold. 7 small and moderate sized fillings of gold were put into that mouth, but the wisdom teeth were not regarded as being worth filling, and so they were filled with gutta percha and amalgam. Last week I replaced the last gold filling, and the amalgam and gutta percha were all as sound as ever, and the teeth were well preserved. I have obtained the admission from a few dentists that a real good gutta percha filling is better than a poor gold one; but I say, that a poor gutta percha filling is better than a good gold one. The next article is; "Amalgam *"per se"* is a poor filling material." This is the accepted belief. It is good enough for poor patients, poor teeth,

poor workmen and poor places.—*We* say Amalgam “per se” is an excellent filling material. You say, “amalgam has failed,” of course it has ; but in teeth that you have filled with gold failed, and finally filled with amalgam, as a last expedient. I have tabulated 22,000 fillings in the last 15 years, and it was a big work ; took all my heart, out of these 22,000 fillings, 71 per cent. of the gold fillings failed and had to be replaced ; 54 per cent. of the amalgam fillings failed, and many of them were put in by slovenly operators.

The gutta percha fillings were put in in selected cavities where they were not subjected to wear, and only 8 per cent. have failed in eight years. Mainly red gutta percha was used. Now we don't know how to use gutta percha. Read Taft on Operative Dentistry. He says : “Put a cold burnisher on a hot gutta percha filling to prevent contraction.” Think of it ! To *prevent* contraction ; and this is your standard authority on operative dentistry. Gutta percha used in the proper places is the most permanent of all our materials for filling, because it is a poor conductor. Now you see gutta percha is the best filling material, and yet you can't make tight filling with it ; and the truth of this statement you can test at your leisure.

The final article is, viz., that “A plastic material lowers the standard of dentistry, thereby reducing its usefulness.” Yes, it lowers the standard which makes a good gold filling a necessity, but infinitely raises the standard of dentistry that has for its end the saving of teeth. Now about amalgam. Here are a number of specimens, all of them having been worn in the mouth from 12 to 17 years, and showing, as you say, not a particle of discoloration. This shows that you may introduce amalgam so that the same result can be produced that I have found : viz., that in 100 filled teeth, those filled with amalgam are less discolored than those filled with gold. I have a list of over 1300 patients who have been under treatment since childhood, and five teeth are all that have been lost in 22 years, as far as I have been able to discover.

At this point the meeting was adjourned until next day.

The first paper at the morning session was by Dr. Henry Chase, of St. Louis, on “Some Experiments in Plastic Fillings.”

Dr. Bar. sr made a few remarks on the general subject, and he was followed by Dr. M. H. Webb.

The truth of this whole matter seems to be just this : If the operator does not possess the precious material within himself, he cannot produce successful results. If practitioners can so perform operations with gold as to make filling moisture tight, then there is no chemical action, and

no currents, and gold is the best material to use ; but if one does not possess the requisite ability and cannot so perform operations with gold as to make the filling moisture tight, then he had better insert tin foil or even plastic material, such as amalgam, for the reason that oxydation may to a certain extent retard, and in rare instances arrest the progress of caries. If this be true, then the results which follow the use of plastic materials may be better than those which follow the use of gold in the hands of very many.

Dr. Dwinelle—I don't know what you were talking about when I came in, but I have a few remarks to make about the tirade of words that were heard last evening that were as meaningless as they were voluminous. The ideas advanced were abominable. It is an infamous doctrine that we heard last night, that we are doing more harm than good ; and when we are told by the missionary who comes among us to propagate this string of doctrine, that there have been only five teeth lost in 22 years for 1300 patients, I don't believe it.

Although I am the father of contour fillings, yet I use amalgam every day, and am proud of it.

In reference to the leaving the nerve of teeth covered by decomposed stone, (Dr Dwinelle evidently meant the *pulps* of teeth covered by disintegrated dentine), that doctrine was advocated by me 30 years ago, and published, as is shown by the book which I hold in my hand, from which I will read a few passages.

Which he proceeded to do.

Some of the gentlemen present expressed their inability to get good gutta percha now a-days.

Dr. S. B. Palmer says, " We can use gold or amalgam or anything else to save teeth, but similar causes will always produce the same effects. Any agent placed in the teeth while they are immersed in the fluids of the mouth, always increases chemical action. Now the question is, which agent does this the best ?

Dr. L. D. Shephard advocated the adoption of some method whereby the teeth of the multitude could be saved ; and stated that while we take care of 1 per cent. of the teeth of the 10,000, 99 per cent. are left to destruction.

In regard to Dr Flagg's records, of which he told us last evening, I am not able to place the same degree of confidence in them which he does. We all know how liable patients are to make mistakes, even in our own offices, with the records close at hand, how often an operation

that is said to have been performed a year ago, is found to be from three to six years old, how much more liable then if the patient passes into other hands are they to make mistakes, when their memories are less liable to accuracy than in our office, and surrounded by influences tending to refresh the memory. I question, therefore, the accuracy of all Dr. Flagg's records statistics, save those of his own work, and that only so far as he goes by a written record. The information to be obtained by hearsay is not reliable; and the only way to arrive at accurate results is for each one to keep his own records day by day.

Dr. Bronson called attention to the fact, that a battery must be composed of *two* substances connected by a conductor; and then only electrical or rather galvanic action proceeds.

Dr. Baker offered the same resolution substantially that broke up the American Society of Dental Surgeons nearly 30 years ago. Profiting by the experience of the past, the Society declined to consider the resolution.

Dr. Brockway regretted the unfairness of the manner in which the advocate of any doctrine presents their views. He does not undu Dr. Flagg to be so extreme as he has been represented. But he understands, Dr. Flagg to advocate plastic filling for teeth that are so frail that they cannot be filled with any other kind of filling.

Dr. Bogue asked if he might be allowed to propose a few questions to Dr. Flagg. These were, first, whether he correctly understood that out of 1,300 teeth treated by Dr. Flagg, by plastic filling in the last 16 years, not one has been lost? Dr. Flagg replied, that, that was a correct understanding. May we then infer that you consider yourself able to save all teeth? and have been able for 20 years so to do? Practically yes. But have you not changed your mode of practice within 20 years? "Yes, many times. But if you had 20 years ago a mode of practice by which you could save all teeth, why did you change? In hopes every time to get a better material. Dr. Daboll, has not learned from Dental publications that gold is the *worst* material for filling teeth. Dr. Flagg, "I didn't say so," Dr. Daboll, "Well, for saving teeth," Dr. Flagg, "Yes, I said that," Dr. Daboll, "well there is little difference." Dr. Flagg, "there is a big difference;" the statement was that just in proportion as teeth need saving, gold is the worst material for saving teeth, and that the more a tooth needs saving, the less can gold do it.

11.20. Dr. Marion's paper, no debate, followed by Dr. Kingsley. Further remarks by Drs. Louis Elberg, and S. Pearl Andrews.

Steven Pearl Andrews followed out the subject of Dr. Kingsley's paper. His remarks were confined to giving distinctions between the formations of the different vowels and consonants.

A paper by Dr. Farrar, was then read on the subject of the treatment of alveolar abscesses involving necrosis, illustrated by experiments. Dr. Atkinson in discussing the paper said we had a jumble last night, and a worse jumble to-day.

A bone from a beef steak is not a specimen of necrosis. None of these specimens are necrosis; so far these experiments have no value in the paper if only it could be got out of it. What is dead bone? Is it dead simply because it is dry? Is it in the same condition as though in a state of retrograde metamorphosis. How does bone behave in the human body in necrosis, on the dead side chemical, on the living physiological phenomenon occur. The pyogenic membrane is really one of the steps that make transitions between the dead and living.

Dr. Rich regretted that Dr. Farrar had concluded these experiments without sufficient accuracy in the preliminaries, so that he does not care to comment on the experiments.

Dr. Hill followed, detailing the first use of sulphuric acid in St. George's Hospital, in London, in 1870, and published in "Braithwaite's Retrospect." He detailed the case of a young lady who came to him, who moves in the best society. He found a loose bicuspid discharging pus. He treated it to 1 of acid to 4 of water, and he got no effect on the flesh, though he spilled it on her face; but he squirted in these all he could, letting it run all over the mouth and gums. Four days of this treatment, and now not one drop of pus, and to-day he used aromatic acid for its action on the soft parts, but he feels that no matter what the strength of the acid, it is soon neutralized by the lime of the bone. You may soak a piece of necrosed bone in aromatic sulphuric acid a week and you will get no action to speak off.

Dr. Rich then objected to Dr Hill's mode of treatment, and mode of presenting his subject, said that commercial acid contained arsenic and other substances, so that you never could know what produced the effects that supervened. Such a mode of procedure is foolish, as well as unscientific, and he regretted to see such a presentation of it on this floor.

Dr. Hill says, A chemist said to me that the eating qualities of commercial sulphuric acid were just as good as any other kind of acid.

Dr. Rich inquired what he meant by the eating qualities of acid? Considers that a still more foolish presentation than the other.

Dr. Atkinson wished to correct a matter. He stated that between 1836 and 1841, sulphuric acid was used by his father-in-law in a case of necrosed spinal process; but he gave due credit to Dr. Pollock in this last instance, and he never fails to give credit for anything.

Dr. Thomson's paper was next read on the "Wisdom Teeth, in connection with the hypothesis of the ultimate suppression of the teeth in man."

Dr. Kingsley strongly dissented from the views expressed in the paper, and thought it was going a long way too far, because an occasional failure to erupt the wisdom teeth is met, and thereupon to build up a hypothesis like this.

Dr. St. George Elliot read a paper on Chinese Dentistry, interspersed with remarks on Japanese Dentistry from personal experience and knowledge.

After which the meeting adjourned.

EPITOME OF PROCEEDINGS OF DENTAL SOCIETIES.

CONNECTICUT VALLEY DENTAL SOCIETY.—Dr. Haskell read a paper on Mechanical Dentistry from which we make the following extracts:

"Our first anxiety is to have proper plaster for the impression, finely ground.

On examination of the mouth, if we find the ridge is quite hard and no soft part, we take an impression of plaster above if we have a suitable-shaped cup; if we have not quite the shape we desire, we build up with wax, or cut away or bend the cup until it is approximately the shape of the jaw. If we find part of the ridge is absorbed and the process gone, leaving the parts soft and flabby, we take an impression with wax or modeling compound first, then, after with as little plaster as possible.

I know it is the universal practice of some of our best dentists to *always* take first an impression in wax, gutta-percha, or other compound, and then after with plaster. But I consider this practice unnecessary.

The impression taken, the selection of the teeth I believe to be the next important point. If, by mistake we select teeth that are in form, size, color or expression defective, our productions however satisfactory to our patients, are nevertheless failures, and must bring a blush upon the cheek of the true artist, whose perception of harmony detects the frightful incongruities.

A dentist who constructs artificial dentures as they should be, must possess both artistic conceptions and the artisan's skill to execute, in

order to meet the exigencies involved in his operations. In one instance he has to insert short teeth, in another long. The lighter and darker shades, the peculiar tint and tone of the teeth and gums, size, form, position and harmony with the other features of the person for whom they are intended, require the finest powers of discrimination and manly execution, in order to conceal the art employed in forming them.

No set of rules can be given for the selection, arrangement and application of artificial teeth that will apply to every case. Close observation, a careful study of nature—particularly of the temperaments and a well-applied experience, can only make one proficient in this interesting department of our profession.

The various devices for retaining the plate in position, and the various patented "sells" that we have been more or less *bitten* by, I do not propose to discuss in this essay. But for myself, I believe a well-fitting plate, without any chamber-ridge, soft lining, flexible edge or rubber disk to make the mouth sore is best, in most cases for general use."

Out of the discussion which followed we elicit various opinions. A case was mentioned where the patient had nearly all the skin taken from the roof of the mouth, by removal of an impression where the plaster was mixed too dry. Gold for base plates was generally recommended; some found it objectionable. Plates should not be worn day and night, this causes an inflamed condition of the mouth. Air chambers should not always be used. Continuous gum work was highly referred to by some. Large numbers of Dentists of the present day cannot even repair a gold plate. Bad fitting or constantly worn gold plates cause as much inflammation of the mouth as vulcanite, &c.

One of the pleasantest episodes of what was evidently an interesting meeting, was the personal introduction to the Society of one of the most deservedly honoured members of the profession, Dr. S. C. Barnum, the discoverer of the Rubber Dam. The Dr. gave the following history of the discovery of the dam: "At the time when the idea of the rubber dam dawned upon my mind, I was practicing in Monticalls, Sullivan Co., New York. It was the result of much persecution from the inroads of saliva. I had spent many an hour, weary and distracted, battling against its incursions. Many a sleepless night had I over sad failures, chagrined and helpless before the evening, with the one absorbing question ever before me unanswered, "How shall I keep the cavities dry?" The answer came; and I may say that I was led to the discovery in this manner. In plugging cavities near the gums, I had adopted the use of rubber rings or ligatures around the necks of the teeth, crowding them

well up under the free margins, thereby cutting off the *oone* from them. Also in plugging the upper teeth I placed a piece of oil skin beneath the napkin, it preventing the accumulating moisture in the floor of the mouth from being taken up and soaking the napkin. These two things led me to the thought, can I join the ring of rubber to the apron of oil skin?

In the fall of 1863, I procured some sheet or elastic rubber cloth for the same purpose I had been using the oil skin. How soon after that the idea of cutting a hole in the rubber and slipping it over the tooth came to me, I cannot now call to mind; but this I have well fixed, that on the 15th day of March, 1864, a case presented itself of a cavity in a lower molar, standing alone, on the left side, in a mouth as wet—well, as water gushing from every duct could make it. In a sort of half desperate way, and partly to try the new idea, I cut a hole in my napkin protector and over the tooth it went. There I found I had the ring of rubber and apron combined! There was the rubber dam! and from that time until it was presented to the profession the following summer, I developed step by step, many of its important points.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO.

The annual meeting of the Board of Examiners was held in the City of Toronto on the 5th March, and four following days. All the members were present during the Session. No business of importance excepting the Examination was before the meeting. A conversation on the expediency of raising the standard of the Matriculation Examination resulted in the appointment of a Committee to enquire into the matter and report at a special meeting in July. The unusually large number of twenty-five Students presented themselves for examination. In consequence, probably of the large number who failed last year, extra care had been given to study and preparation, so that on an equally severe examination only four failed, as compared with last year. Two others, however, were assigned a special examination in two of the subjects in July next.

At the last meeting of the Board it was decided to offer for competition a College Gold Medal and a College Silver Medal, to be awarded to the candidate making the highest and second highest number of marks respectively.

This offer had the effect of perceptibly stimulating the diligence of several of the candidates who were determined, if possible, to win the honors. The result has been sufficiently satisfactory to induce the Board to offer

similar medals for competition at the next examination. The following are the names of the successful students, viz :—

David Watson, Brussels, College Gold Medallist ; G. H. McMichael, D. D. S., Waterford, College Silver Medallist ; Messrs. W. F. B. Colter, John Robertson, H. May, T. H. Husband, F. A. White, H. Rea, D. D. S., A. Lough, A. W. Spaulding, W. M. Bruce, A. E. Ahrens, S. Southworth, D. D. S., D. McPhee, C. D. Wortman, F. A. Eakins, W. R. Nobbs, R. T. Kenny, and J. H. Parnell.

The Examiners note with satisfaction the high excellence of most of the operations in the mouth, which were submitted by the students for inspection. At the same time they are obliged to express their disappointment at the want of skill, taste and neatness displayed in many of the artificial dentures which came under their notice. With few exceptions there was great room for improvement in this direction. They can only conclude from what they have seen that many of the practitioners throughout the country are very careless in this branch of their profession. Students, as a whole, are just what their perceptors make them. We certainly hope to see a marked improvement in future examinations.

The Board having passed a by-law at the last sitting to provide for an examination of Licentiates of five years standing for a Diploma conferring the title of Master of Dental Surgery, three gentlemen, C. S. Chittenden, D. D. S., of Hamilton ; J. Branston Willmott, D. D. S., of Toronto ; Luke Teskey, M.B., M. C. P. S., of Toronto, presented themselves for examination. The examination, which was written, being satisfactory, they were recommended for the Diploma, which was granted by the Board.

The title of M. D. S., was also conferred upon F. G. Callendar, of Toronto, without examination, in recognition of his high standing in the profession.

The School of Dentistry in Toronto is doing good service for the profession. The Session just closed has been very successful. Thirty students have been in attendance. Of these eleven were juniors and nineteen were before the Board to be examined for license, thirteen of them being successful. The Faculty of the school have established an examination for honors, and also offer for competition among the senior students a "Faculty" Gold Medal. The successful candidates this year are :— David Watson, Faculty Gold Medallist ; G. H. McMichael, D. D. S., and W. F. B. Colter, Honor men.

The next Session of the school will open on the first Tuesday in November. The medals and honor certificates will be formally presented to the recipients during the meeting of the Ontario Dental Society in July next.

EDITORIAL.

THE "COSMOS" RAMPANT.

In noticing the first number of a new journal, which, while being the organ of a dental college claimed to be "independent," we ventured the assertion in our last number, that this unpretentious Canadian bantling "is the only independent journal on the continent." The continent is a big one—this claim is a big *fact*.

The Cosmos, in its December number, takes this up as a sort of personal insult, though we did not mention that journal at all, and bravely claims to be the very quintessence of "independence," from first to last; while it insinuates that an editorial paragraph of our own, which drew attention to "our advertisers," and which we repeat in this issue—"may be the result of influence—may not be inserted in compliment to advertisers—may be paid for directly or indirectly." It points "with satisfaction" —to itself— "to the" absence from its pages of unseemly *puffs of special manufactures*, of which the pages of other and so-called independent journals are *embellished*. *We have not*, as those familiar with the Cosmos are aware, *allowed its pages to be prostituted to encomiums or testimonials of its publishers' manufactures, nor those of any other manufacturer or dealer.*" It wonders "why a journal should be more independent if published by a dentist than by a (dental) dealer or a manufacturer." Its remarks are evidently largely influenced by the article, "Plain Words for Dental Manufacturers," in our last number, in which it seems to have found several caps to fit its head.

When we claimed this journal as "the only independent dental journal on the continent," we made no insinuation that the editors of our contemporaries were under the undue influence of the proprietors. We stated a fact and left the reasons of it to be surmised. We did decidedly mean that the Cosmos as well as older and younger journals were not independent, inasmuch as they were used month after month as the vehicle to puff and praise the special interests of their proprietors, being dental manufacturers. No impartial reader of the Cosmos, for instance, will

pretend to say, that the advertising interest of its proprietor is not closely bound up with the part "devoted to the interests of the profession," and that a monthly Journal of 106 pages, *fifty of which are devoted to the loudest advertising of its proprietor* is independent in the true sense of the word. We scarcely think that even the Cosmos will pretend to say that it would have an existence at all, were it not for the monthly monopoly it secures itself of advertising the business interests of its proprietor. Has not the proprietor acknowledged that it does not pay, except indirectly: that its subscriptions have never paid its expenses? Does this show independance or not? Now we mean to say, that a journal independant of any one manufacturer would pay, because every manufacturer could advertise in it and every depot would have an interest in pushing it. As it is now, no other depot will push a journal which is used as a monopoly like the Cosmos. As we said in our last issue, however, the fact that the proprietors use their Journals as advertising mediums and monopolies is no complaint against the proprietors. It pays. They have a right to use their journals and the profession as best they can to promote their business interests. We do not presume to dictate to these gentlemen how they shall conduct journals ostensibly "devoted to the interests of the profession." What we do propose, and wish earnestly to see is a dental journal in the United States, under the wing of no dental manufacturer or College, but independent, *pur et simple*, of any one business interest it can be used to advertise.

We dislike to measure swords with our contemporary on this point, not because it has the advantage of a more frequent issue, but because we are willing to admit, that in making a fortune out of the profession in a short time, its proprietor has honoured it and himself. We do not say that everything he has done through the Cosmos has been from purely selfish business motives, or that he is illiberal, a monopolist, and does not want to live and let live. We do most emphatically say, however, that from its first to its last number, the Cosmos has forced the fact upon its readers in its fifty pages of advertisements, that while one half of it is "devoted to the interests of the profession," the other half is, with the exception of a few other advertisements, devoted *entirely* to the business interest of its proprietor—a dental manufacturer. We dare to believe that if its proprietor could not use the Cosmos "devoted to the interests of the profession" in this way, that Journal would have no existence. We fail to see any liberality in opening its columns to ordinary communications,

and gathering about it a host of correspondents and friends, every one of whom can become a customer.

To refer *en passant*, to the claim that the Canada Journal is the only independent dental journal on the continent. In the sense in which we meant it, and as clearly expressed it, this Journal is the only one on the continent not published by a dental manufacturer or college, and used for a special business interest. The American Journal of Dental Science, an old-tried solid friend—is the advertising organ of its publishers, Snowden & Cowman, *Dental Depot*, and of the Baltimore College of Dental Surgery. The Register is the advertising organ of its publishers, Spencer & Crocker, *Dental Depot*. Johnston's Miscellany is the advertising organ of Johnston Bros. *Dental Depot*; the Dental Office and Laboratory of Johnson & Lund, *Dental Depot*. The Dental Advertiser, of the Buffalo *Dental Manufacturing Company*; the Cosmos of S. S. White, *Dental Depot*; while the Missouri Journal is the zealous organ of the Missouri Dental College, and the property of A. M. Leslie & Co., *Dental Depot*; and the St. Louis Quarterly of the Western College of Dental Surgeons. And, as if to add further proof to our statements, the last number of the Missouri Journal announces that its publication is to be resumed by A. M. Leslie & Co., *Dental Depot* and the new venture, the *Dental and Oral Science Magazine*, though the organ of the New York Odontological Society, is issued by R. J. Williams, *Dental Depot*. There is only another left; and it is not our fault if this Canadian Journal is really "the only one on the continent independent" of any such business interest, which boosts up and advertises the others. It is a fact, nevertheless, and "the more's the pity."

The Editor of this Journal is its sole proprietor. He makes no use of it to promote his private interests by sending it to the newspapers for review—a custom common with every medical and law journal in the country. He has no interest of any kind in any Dental Depot, and is just as free to say a good word editorially for the proprietor of the Cosmos and anything good he introduces, as he has often done, as he is free to criticize any humbug or do justice to any rival. The insinuation, that the request to deal with our advertisers *generally*, is a "paid puff" is as silly as it is untrue.

An "independent" Journal, appearing monthly, ought to let its subscribers know the best everywhere; its selections ought to be *cosmical*; the good in other Nazareths ought to be prominently noticed. Of late years the Cosmos has narrowed this rule more than ever. It is a

Cosmos so far as the business interests of its proprietor is concerned, but it is not *Cosmos* in the true interests of the profession. Our own journal never made any pretensions to fill the space lacking. It is doing its best. Its rivals in the United States have greater scope for broader work.

The very fact that the *Cosmos* is owned and published by a dental manufacturer, who controls not only its advertising space, but who apparently influences its "selections" is proof positive that it cannot be independent. Each number contains 50 pages of advertisements, forty at least of which are exclusively devoted to the most fulsome puffing of the business interests of its proprietor.

An independent journal ought to be free in its advertising columns to every dental manufacturer who has goods to advertise, which he thinks the profession ought to know about. *The Cosmos has rejected the advertisements of several leading rival depots at any price.* It is certainly independent enough to prevent competitors making known their interests to the profession through its pages.

It is rather amusing at best to read the boast in one breath that our enterprising contemporary has not "prostituted its pages to encomiums or testimonials of its publisher's manufacturers," and then to turn over further to the fifty pages of its advertisements in the very same number, where the first page advertises an article "superior to all others;" the second, a material "the best of its kind," with two "testimonials;" the third, another advertisement puffed with two more "testimonials;" the fifth, more "testimonials," and so on, until the flood of "encomiums and testimonials" about a chair manufactured by the proprietor, culminates in a deluge of no less than thirteen "testimonials." And this is the Journal whose pages have never contained "unseemly puffs of special manufacturers" or "allowed its pages to be prostituted to encomiums or testimonials of its publishers manufactures." It is a very convenient arrangement which Janus-like, can devote itself "to the interests of the profession" ostensibly, and to those of its proprietor actually. It is scarcely likely that the profession generally will admit that the two are, one; that the private business of the proprietor are so interwoven with *our interests*, that they must be as coupled and inseparable as the swans of Juno.

In one point of a paragraph we agree. It is so self-evident. "Nor those of any other manufacturer or dealer." The simplicity of this is refreshing.

Has nothing good and even great been brought out by rival depots? Where in the "independent" *Cosmos* is the profession to find justice done

to the enterprise of Johnston Bros. for first introducing liquefied nitrous oxide to the profession of the United States and Canada? Why was the independent Cosmos so long silent about this valuable introduction? It was used in Europe over two years before it was even noticed in our contemporary. Where is the profession to look in the Cosmos for fair notice of the dental engines, brackets, etc., introduced by other *dealers*—not by private persons—before its proprietor brought copies out? When Johnston Bros. introduced the Dental engine, the Cosmos proprietor cast a slur upon it and called it “the kicking engine.” Where does our independent friend do justice to the merits and superiority of Justi’s teeth? We know where to look in the Cosmos for “unseemly detraction” of other makers wares: we can point out where the proprietor uses his Journal monthly to depreciate and decry the honest claims of his rivals, and to satiate his readers with sickening puffs of his own manufactures. The March number contains twenty-seven pages of a plea in defence of its infringement of Johnston Bros. patent of liquefied nitrous oxide,—a bold-faced infringement, unblushingly defended, with much personal bullying and abuse. The Cosmos is the very last dental journal which can lay claim to honest independence in the sense in which we clearly expressed it. The profession could not find in the “independant” Cosmos, any allusion to Williams’ special forms of gold *until they were copied by the Cosmos proprietor*. The same can be said of engines, brackets, the moveable back of an operating chair—all of which the Cosmos proprietor copied from other makers. With the exception of the Electric mallet, he has not introduced one of the late leading improvements. It may be said that the Cosmos could not be expected to advertise other Depots at the expense of the proprietor of the Cosmos. Yes, it should; or at least, an “independant” journal should.

What we want as a profession is an untrammelled Journal; one as independent of the proprietor of the Cosmos as of the proprietor of any other dental depot, or of any college interest. The medical and legal professions have such periodicals. Why not the dental profession? We should be glad to see such a reformation in dental literature across the lines, and urge our brethren *to dare to speak out*. If they prefer to hang by the skirts of any manufacturing monopoly the worse for themselves. It is only a duty to themselves to possess Journals perfectly independent, published by no manufacturing or college interest. We are confident it will come in time.

"NEXT" !

The *Dental Register* in its December number also devoted to us two pages and a half of rhetorical thunder, with some common sense thrown in for variety. It is suggestive to us that those editors who claim so loudly to be "independent," are so intensely devoted at the same time to the interests of the proprietors of their Journals, dental manufacturers—that they rush to their defense with a zeal so hot as to make their protests questionable. The Editor of the "Register" asks what we mean, and what we want. He will find his answer in our compliments to the "Cosmos." He admits that the "desire for "independent journalism is heard often and from various quarters ; that the wail has become chronic." We thank him for corroboration of our opinions.

"The Editors have nothing to do with the advertising pages and are in no sense responsible for them." We admit that, though friend Taft goes on further to say "This is true of *some* of our dental journals if not all." But where would the Editors be *under the present system* if not for the boost and backing they get from the manufacturers? when and where in history of dental Journalism in the the United States did an "independent" editor criticize the products of his publisher being a dental manufacturer? The policy of silence as to merits or demerits is just the one we want to break up. And it cannot be broken up as long as our Journals are the property and the advertising mediums of dental manufacturers. No editor would care to praise or dispraise his publisher. No publisher would allow an editor to use his journalistic property to depreciate his manufactures.

The Register flings out sarcasm in lieu of argument, and insinuates that "the flagellation business" is ours. We would be glad too to hang, draw and quarter some people we know. But not the editors of any of our journals, with whom we have no sort of quarrel. They do their honest best, and get little thanks for it, but they labor under a false system, which we would rather see them anxious to change than adhere to.

"NEXT" !

This is getting serious. The Missouri Dental Journal in its December number welcomes us to life again—for which we sincerely thank it,—but doubts if our "digestive organs are yet in a healthy condition," recommends stimulants, and good-naturedly banter us generally. We have digestive organs like an ostrich, but we doubt if even an ostrich could swallow the

sort of dental graduates which prompted our remarks in our last issue on dental education in the United States, and to which article our St. Louis friends allude. "A pretty severe tirade against American dental colleges" is very badly wanted, when products such as those mentioned in our last number are sent out as full fledged D. D. S's. Since writing that article we have learned of other cases quite as bad. A young man left Montreal a few months ago after being with a dentist as a student, for *four months*. He immediately entered a Dental college, and before the session is half over he informs the Dean that he "must do a little work for himself to make both ends meet or leave the college." The worthy Dean, to use the party's own words "gave me an examination and said I might open an office in ——— and attend some of the lectures at the same time"! We met our enterprising candidate for a college degree purchasing a chair etc., in a depot.

This same party mentioned the case of an Italian who was unable to speak or understand a word of English, who after attending the Clinics and lectures, *and paying the fees, was handed his Diploma without examination.* An interpreter was used to explain the "concession."

We still maintain that dental college education in the United States is unworthy of the high professional reputation of leading American dentists.

Now in taking sides with the Western college of Dental Surgeons in its new departure to grant its diploma to any one *who can pass* its examinations we saw a real effort to raise the standard of the examinations. It does not follow that its examinations are inferior because it has departed from the orthodox custom of other colleges. The Missouri College friends seem to think with Bishop Warburton that "orthodoxy is my doxy—heterodoxy is another man's doxy." It may follow, as we fully expect it will, that such shining lights as the quack D. D. S. who *after his graduation* thought that saliva was composed of oxygen, water and nitrate of silver, will find that the value of dental education and a dental degree is not what they profess, but what they really know and can really do.

A SERIOUS AND SENSIBLE VIEW.

The *American Journal of Dental Science* reviews our remarks on dental education in a dispassionate and sensible manner, which does credit to the head and heart of its junior editor Dr. Hodgkin. We thank him sincerely for his appreciation of our motives. We cannot state his views better than by using his own words.

"This question of Dental Education, we are glad to see, is making a stir, and no better evidence of progress could be afforded than the signs of dissatisfaction with the existing condition of things. Evidently there is room, vast room, for improvement in the methods of teaching and in the things attempted to be taught. But the question of reforming them is one which presents difficulties only seen by those engaged in the teaching, and it seems almost vain to explain these difficulties to those outside, who are so free in their suggestions as to what is needed.

"To one great difficulty, as it appears to us, in the way of reform in dental education or dental ethics, is a want of unity and organization among the profession. Representing as it does all grades of intellect and all degrees of cultivation, (we speak of the profession as it stands to-day) there seems not the least harmony, or concert of belief or action on their parts. It is dentist arrayed against dentist in practice, and college arrayed against college in teaching, with what should be a generous rivalry perverted into a tradesman-like competition. Colleges which should confer with each other as to a common method of operations, or a mutual understanding as to the grade of studies and of previous acquirements of students, are kept apart by a spirit which seems to be, if it is not, jealousy.

"There is a feature of the case which, while it is humiliating, is worth considering. Supposing, as is most desirable, that a university education were an indispensable pre-requisite to admission to a dental college, as a student; and suppose the course to be at least four years—and this is not only not too long, but hardly long enough to teach a student enough of dentistry to practice profitably to his patients—assuming all this training, will the man who has spent his nine or ten years, with the aims and desires which such training would most likely develop in him,—would such a man be willing to take the place and the pay which nine out of ten of the dentists who now practice are per force compelled to take? For nine out of ten of those now practising dentistry cannot hope, in the districts in which they are obliged to operate, to find either congenial society or adequate pay. There is no demand for advanced men in most localities, either in medicine or dentistry; they would be dissatisfied, cramped and out of place.

"It may seem hazardous to state it, but we feel impelled to the conviction that the average supply to the public of dentists, in point of quality, is equal to the demand. That there are dentists in abundance, as there are M. D's in any quantity, is plain; but the better class of

people who patronize dentists do not intelligently discriminate in favor of those who are competent and educated. This is because they do not appreciate the scientific aspect of dentistry. If the public demand for men of education and scientific attainments was increased, the colleges would not be slow to respond.

"This demand for additional culture does not come from outside the profession,—for the public, who employ the dentists, though complaining of their work, yet seem incapable in the main of making any adequate distinction or discrimination as to the merits of the respective claimants for practice, nor do they indeed as a rule select as the profession themselves would select;—for the dentist, to the dentist is not always the popular operator of the town. The run on a particular office, as is well known, is not due always to the merits of the dentist, and if not fortuitous, is at least not the award of merit.

The pressure,—and it is one of the things that as dentists we should feel proudest of,—comes from within the ranks of the profession. The more cultivated, are the ones who are urging the elevation of the standard of education, and it is they, not the public who urge, entreat, demand reform among those who are by life and act lowering its tone.

"Somewhere in the hazy future we see an endowed institution or possibly more than one, selecting with the nicest care and discrimination students with liberal preliminary training,—such training as would admit them to an English University,—and these students so prepared for an ideal dental curriculum, after at least four years' careful training in the principles and practice of dental surgery, graduated. And further on still, we dream of seeing these Universities taking the place of and swallowing up the dental colleges, which, having filled a useful place in their day, will become things of the past. But these things cannot come to dentistry sooner than for medicine, nor is it more desirable, and how far off indeed does it seem to be for the last-named profession! Still, the tide sets slowly that way, and the good and wise of the profession are unfeignedly glad to see it"

H.

DRIFTING.—No one can doubt the improvement in the practical standard of the profession in Canada. We were never better supplied with good operators. But is the professional tone being elevated? [As we increase in numbers, and grow in knowledge, is there a corresponding pride in making the profession a liberal and cultivated body of gentlemen, whose social and

professional *status* rank with that of any other profession in the land? Is there a more general repudiation of the old low tricks of advertising, the poking of cards into every hole and corner, the personal solicitation of patients, the "cheap Jack" traps and hotel dodges, current among Bowery dentists of New York, but utterly abhorrent to the respectable American dentist?

Competition will drive some good men to great extremes. One man advertises "reduction of *prices* to meet the times", "artificial teeth from 75 cents upwards", and some respectable men take it as a dead weight which is to upset their balance, and draw them down to the same low level. Let the respectable part of the profession treat these quacks—for quacks they make themselves—with the contempt of silence. Competition in vulgarity or dishonesty is the worst kind of competition. This greedy quackery always works its own cure, and those who practice it meet their reward in the loss of the confidence of the public, and the loss of the respect of the profession. A man can steal cash, but he cannot steal a reputation.

HARD TIMES IN ONTARIO.—Our Ontario friends need not feel disappointed at the lack of matter from Ontario. We have asked for matter from the Upper Province personally and by letter, until importunity is almost exhausted. Do the "hard times" affect the pen, ink and paper there?

DR. B. W. DAY, formerly President of the R. C. D. S. and father of the Dental reform movement in Ontario, after several years residence in Chicago, has returned to his old home in Kingston. As everywhere else in Canada, he finds the population of Dentists has increased, though the supply is more than equal to the demand.

SOCIETY WORK.—The hard times in Canada have had a depressing effect upon our Associations. We hope our Ontario pioneer will be well to the fore at the next meeting. Quebec intends making another desperate rally. The last three years has been marked by a falling off both in attendance and work. They were good old times in the first years of our Societies. Let us put our shoulders to the wheel again. It is stuck in the mud. "Dental Societies to the dental profession, have almost become as prayer meetings to the churches."

· OUR ADVERTISERS.--We wish to direct attention to the gentlemen who have favoured us with advertisements. It is only fair reciprocity to ask our subscribers to give them the preference of their patronage. Manufacturers who come to Canada to get everything and to give nothing, are helpful to themselves only. Those who give as well as get are the best friends of Canadian dentists who want a home Journal to succeed.

SAMPLE COPIES.—Among the very unreasonable people with whom proprietors of Journals like this are brought into contact the "sample copy" man is *la creme de la creme*. We have had over two hundred requests from the United States for specimen copies. It would be unjust to those who subscribe regularly, to accede to these requests; and equally unjust to ourselves, as we have no manufacturing or other business interest of our own to advertise. Those who have are justified—no doubt are anxious—to pick up new acquaintances' in this way. We are not.

It is very easy for any one over the border wanting a sample copy, to send with their request a sample of United States Currency.

We knew an old miser in Montreal who secured his supply of wines for New-Year's Day, by getting samples from various wholesale and retail grocers. We fancy there are dentists who would like to furnish their libraries on the same principle.

VOLUME FIVE.—The next number will complete Vol. 4. Is Vol. 5, to continue a Quarterly or to become a Monthly? We could easily increase our subscription list outside of Canada to secure us against loss; but we want to issue this Journal in the special interests of the Canadian profession. We have hosts of friends over the lines, who always came to the front to help us. But we want to know the wishes of our confreres in Canada. As we said in Vol. 1 we repeat, "We have no personal interest to serve. If our subscribers prefer that the Journal shall be published and printed in Ontario, we will transfer it there. We will be glad to receive hints, hits, grumbles, and other generous advice, and will think none the worse of it, especially if it comes from our subscribers."

BOOK NOTICES.

THE DENTAL AND ORAL SCIENCE MAGAZINE, DEVOTED TO PROFESSIONAL INTERESTS AND THE TRANSACTIONS OF THE NEW YORK ODONTOLOGICAL SOCIETY. Edited by Jas. E. Dexter. No. 1, Vol. I. February, 1878. Published quarterly, by R. S. Williams, New York. Terms, \$2.00 a year, in advance.

The New York Odontological Society needs no introduction to the profession outside its membership. Its active and serious work has been among the most valuable contributions to dental literature, and now that it has an organ of its own where it will *exclusively* publish its transactions, we will get fuller and better reports than heretofore. It is unfortunate that the large bulk of the original communications in our journals meet no such criticism as do papers read before an Association, and undoubtedly the plan proposed by the N. Y. O. S. will be likely to make the matter far more interesting, and be the means of, bringing many "originals" under the healthy analysis of the Society's meetings.

The publisher proposes to exclude much of the matter generally published, which, "possessing merely local or temporary value, makes no mark on the permanent record of professional excellence." Evidently it is a great step forward and will command *the leading place* among the journals on this Continent. Though it is published by a dental manufacturer, and therein meets our disapproval, it shows no signs of becoming a large monthly advertising medium where the subscribers have to pay extra postage and subscription for the benefit of a monopolist.

We recommend it heartily to the profession as the best we have. The New York Odontological Society will through it *increase largely* its usefulness.

THE HOME JOURNAL. WEEKLY, \$2.00 a year. Morris, Phillips & Co. 3 Park Place, New York. A high class society paper, unique in its treatment of social questions, giving the latest tit-bits about Art and Artists, Books and Authors, Music and Musicians. Recent fashionable weddings, approaching marriages, private entertainments in New York, Boston, and other American Society, Hotel Notes, Balls, etc etc, in profuse and pleasant print. It has a great field of favor, and gives a wider circle of people every week, peeps into American—and sometimes Canadian Society, than the very large bulk of them can ever hope to get otherwise.

A DICTIONARY OF MEDICINE AND DENTAL SURGERY AND THE COL-
LATERAL SCIENCES. *By Chapin A. Harris, M.D., D.D.S. Fourth*
edition, carefully Revised and Enlarged, by F. S. Gorgas, M.D., D.D.S.,
Professor of Dental Surgery in the Baltimore College of Dental Surgery.
Philadelphia, Lindsay & Blakiston, 1878. Cloth, \$6.50; sheep, \$7.50.

A charm like a romance lingers about the name and memory of Chapin Harris. He was one of the true and noble pioneers of Dental reform, the latches of whose shoes we would have been proud to unloose. His works were the first love of many a Dental student; and, indeed, many a heart old in error as well as in years, was warmed into new life by the "Principles and Practice of Dental Surgery," which cast Maury, Bell, and most of the authorities of the time into oblivion. What volumes it speaks for Dental progress, that now Harris is only kept up to an authoritative standard by new editions and old friends. Prof. Gorgas, formerly a pupil of Dr. Harris, and now Dean of the College which he founded, labors for love in the revision of the Dictionary, and has given us the work just when it is wanted. It is neither verbose nor too curtailed: it is printed in clear type, on good paper, and put into the good binding for which Lindsay & Blakiston are famed. We have no heart to criticize the few faults, and barely like to tell our readers how it took away our breath when we read that filling teeth is now to be called *Odontoplerosis*; that Lycoperdon, the best possible styptic for alveolar Hæmorrhage is dismissed with the remark, "The Puff Ball, also a genus of fungi." A hundred improvements show themselves; the old prejudice of Harris against Amalgam, and the cry of "poison" he so sincerely, but unscientifically believed, is cast out for common sense and modern knowledge. Altogether the "Dictionary" is a book which every student, as well as those in practice, should own. It is a decided want—a decided improvement upon its predecessors, and a decided credit to editor and publishers.

CORRESPONDENCE.

THE ONTARIO BOARD EXAMINATIONS.

SIR,—I have only lately read an attack upon the Dental Board of Ontario, for the severity of its examinations last year, and as the article in question was written by a brother of one of the rejected candidates, and, of course, prompted by the opinions and feelings of the latter, I think it fair to state my opinions also, being also a rejected applicant.

1. I was very nervous during the time—a little sick—I fancy most of us were. At the time I felt very sore, and, of course, thought any questions I was unable to answer were questions that should not have been asked. To make a long story short, I was “plucked,” though I had spent one session at a Dental College in the United States, studied hard at home, using the best of materials, etc. Of course I thought of my wife and five youngsters at home, and of the grief it would be to my wife.

2. My conviction now is that I got my deserts, and that I deserved to be “plucked.” It does seem to me very hard that such useless questions (to a dentist) should be given on chemistry, but upon the anatomy of the head—my hardest difficulty to overcome—etc., I think it very right that a student should be well grounded.

3. The result to me has been that I have gained twelve months more good knowledge, which will last me my life; makes me enjoy conversation or reading on professional subjects: increases my respect for the profession and for the Ontario Board, who are being abused, but who are doing a great work to elevate Dentistry and to make it worthy of the name of a profession.

Whether I will really appear again I do not know, but this I say, to me personally, my rejection has stirred me to deeper study. I have made ten times the progress I would have made had I been passed, and have more confidence in my own skill. I confess I felt it hard and having spent a great deal of money, and being oppressed with difficulties, wish I had my license, but I am fixed in my resolve to succeed, and have been made by my rejection a better student and practical Dentist.

Having attended College in the United States I can testify that there many young men are taught to run before they are taught to creep—that is, they are taught to fill teeth and operate generally, as the first thing, and no ambition created to enforce theory. The Ontario examination begins at the right end.

Yours, &c.,

A REJECTED ONE.

Memo.—We are obliged to hold over two promised contributions for the next number. We give our subscribers *eight pages* more in this number than we agreed to.