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ORIGINAL COMMUNICATIONS.

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EDITORIAL NOTES ON PRACTICAL SUBJECTS.

ON CARBOLIC ACID IN CONNECTION WITH DEVITALIZATION OF THE  
PULP.

BY W. H. WAITE, D. D. S.

The prime essential, for obtaining painless devitalization, is doubtless, to have complete exposure of the pulp tissue, so that the destroying agent, may come into absolute contact therewith.

If arsenious acid be used, the next point of importance is to combine with it some powerful obtunder of sensibility, hence, the employment of morphia, creosote, &c. The most successful form of this mixture that I have ever tried is that recommended by Dr. Flagg, of Philadelphia, viz :

Arsenious Acid, 1 part.

Acetate of Morphia, 2 parts.

Creosote, q. s., to make a stiff paste.

When there has been but little previous inflammation of the pulp, this paste gives very little pain, if thoroughly applied, but during the past two years, I have found the number of successful *painless* cases largely increased by the use of pure carbolic acid, as follows.

The acid is obtained in a crystalline state and liquified by slightly warming the bottle over a spirit lamp, while liquid add a few drops of spirits of wine, which will keep it liquid in any ordinary temperature. Having exposed the pulp, and dried out the cavity with a little bibulous paper, I take a portion of cotton, on the probe, and dip

it in the carbolic acid, then with a small excavator, smear on the saturated cotton a small bit of the arsenious paste. In applying to the pulp, care should be taken, not to allow the cotton to touch the lips or cheek or gums, and it should be so introduced as that the paste shall come directly in contact with the pulp. These conditions fulfilled, the cavity is sealed with cotton and sandarach, and as a rule, left for a week, before any further operation. I am aware that some operators proceed to extirpation in twenty-four hours after making the arsenious application, but personal experience (in all cases the safest guide) must determine for each individual practitioner, this, among many other matters of practical detail.

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### DENTAL BROTHERHOOD.

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BY H. W. BRANSCOMBE, PICTON, ONT.

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*Read before the Ontario Dental Society, at Bellville, July 21st, 1869.*

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MR. PRESIDENT, AND GENTLEMEN:—There is an old nursery rhyme, familiar, no doubt, to you all, that has been ringing through my head since receiving our Secretary's invitation to prepare something for the general good of our Society. It begins thus:—

“Will you walk into my parlor,  
Said the spider to the fly—”

I feel to sympathise deeply with the poor fly, which found itself placed in such an unfavorable predicament by simply accepting the polite invitation; however, I can only hope that my fate may not prove quite so disastrous, and that I may not be altogether “gobbled up” by your superior talents and experience.

In attempting to address you for the first time, I have chosen the subject of “Dental Brotherhood,” not from necessity, but from choice, as no one of our numbers—to my knowledge—has heretofore touched upon it. I have long felt it necessary that something should be said to draw our attention to this important question. There are many practical subjects which I might have taken up, but am quite willing to leave their notice and discussion to older heads.

Others may not be so unfortunate as I am in composition. I acknowledge it, at any time, an unwelcome task; and I think you will all agree with me, that no one has an idea, but he who has made the trial, what an effort it is to take up, and transfer to paper, the most trifling subjects. But, if we have a proper regard for ourselves,

as dentists, and desire to keep up and give character to these meetings, we must, every one, come with our heads and hands full of Dental Science—unless we do so, our meetings will prove decided failures. I, for one, do not wish to come here to hear myself talk, but I am not going to keep silent because I expect my friend Dr. so and so, or Dr. somebody else, to follow with a better production, or that I fear having my poor attempt criticized and picked to pieces. Exercise of mind is just as necessary for its proper development as that of the muscles, when we wish to become, physically, giants. I know you will endorse, with me, the idea, that if we are ignorant, the sooner we are made aware of it the better; however, I feel quite certain of the charitable sympathy of my Dental Brothers to-day, and that they will make all due allowance for the imperfections of this paper, as *some* of you, at least, must have experienced how much easier it is to work *at* another's mouth than *with* your own.

The remarks I am about to make on Dental Brotherhood, to this Association of Dentists, would not, I think be necessary, could I, by any means, induce you to visit our beautiful town of Picton, and sojourn with us awhile, for there you would get a practical idea of the subject. We have three dental offices, but *often* you would find one office containing the three dentists consulting together, as only good friends can, and from the experience of each other getting better prepared for whatever difficult operations we may be required to perform. This is as it should be, but I am very sorry to find that it is not the case with all the members of our profession, although there is a far better feeling at present than ever existed before. Of course there always have been, and always will be, in every profession, men who imagine themselves Samsons in intellect and ability, seeming to consider it a confession of ignorance, or something like an acknowledgment of inferiority to consult with their brethren.

Believers in the science of Phrenology might say "this cannot be helped, it is all owing to the shape of their *cranniums*." We do not intend to argue this question, being aware that these *bumps*, *protruberances*, or whatever you may call them, are hard pieces of furniture to move. But I imagine the cause of this disagreement lies deeper, though it may be easier remedied. Is it not that we are scarcely careful enough of each other's professional honor, that we think by depreciating a brother's talents or work to enhance our own? Are such instances rare? I fear not! What is there grander, or more



elevated in the universe than this idea of Brotherhood? I think it must be a poor soul, not worthy the name of *man*, whose pulses do not throb with a nobler thrill, at the very thought, *we are brothers all!* Could we but feel this every day, not only when met together in our Association, where, surrounded by animated faces, it seems easy to believe each a brother, working for a brothers weal; but if we could carry this idea with us in the every day work of life, to what far greater heights could we not hope to raise our profession? This we can only accomplish by the continued, *united* effort of each individual member of the society. It is an old saying, but no less true for being old, that "Union is strength." Let us endeavor to prove this by being united as one man in all the interests that pertain to the general good of our professional calling.

To my younger brothers in the profession I would say, do not imagine you know everything yet, nor feel too proud to consult with others. Learn all you can, in every way possible, and then try and impart your knowledge to your brother dentists, believing that you thus lend to the profession that which will be repaid with 100 per cent! And you will thus have the proud assurance of doing something towards the advancement of our noble work. My friends whose heads have grown grey in the profession will bear me witness that we are never too old to learn.

Mr. President, do not think that I imagine myself superior to these natural feelings of human weakness, for I must confess that at the beginning of my professional career I used to think all dentists my enemies; but I am very happy to say things are very different now; and I feel and believe a brother dentist *my best friend*.—Whether the change is in others or myself, I leave you to judge. My impression is that it is because we are all beginning to feel the importance of this subject of Dental Brotherhood; and here I must record my belief in the great good our Society is doing in this respect, as well as others. Associated effort must soon rub the angles from our minds, and show us the boundless advantages of Dental Associations. It will serve to promote friendly intercourse among us, and inspire each with professional pride, a laudable zeal, and earnest desire to press forward, and improve and excel in our dental manipulations. Gentlemen, it deserves, and should receive our hearty co-operation. It has already done much to break down the barriers of selfishness and secret methods of practice among dentists, and is fast doing away with the unwillingness to impart to others in the

profession what knowledge we may possess individually, which was formerly a serious obstacle to the progress of our art, and proficiency in its practice. And who can calculate the great good it is doing to mankind in reforming the low standard of professional competency which formerly existed, and which, we are sorry to be obliged to admit, still exists in too many instances.

"Why are we here? What unseen motives sway?  
 Why darts from eye to eye the electric ray?  
 What moves in unison this associated heart?  
 And why so eager each to get his part?  
 Good angels surely must our minds inspire;  
 How else this ardent wish, this fond desire?  
 To grow in knowledge, and the truth believe,  
 As happy to *impart* us to *receive*;  
 Why are they here, the grey beard and the youth?  
 The unseen motive what? 'Tis only *truth*;  
 The electric fire a joyful message sends,  
 And each and all are eager to be *friends*."

But if we would reap the greatest possible benefit from this, and kindred associations, we must each one work, casting all petty differences and unworthy envyings behind us to the dark past, where they properly belong. I am very sorry our American brethren are not represented here, to whose example in dental progress we are so much indebted. Personally I feel under great obligations to them for the knowledge and experience gained during my four year's practice in one of their principal cities, and would give them a hearty welcome to our young society, in return for the many courtesies received in the pleasant meetings of the Brooklyn Dental Association.

I am sure I am only expressing the wish of each present when I say, in the words of Sacred Writ, "Let brotherly love continue." Then will we see our Association on this side of the water, and on the other, fixed and firm upon a foundation where it must immovably repose until dentistry shall cease to be regarded as a profession.

Honest and untiring efforts for our brother's good, and the success of our common cause, will gain the blessed reward of accomplishing such results as will give our names to be recorded on the corridors of time, where they will be read and honored by all good and true men who pass that way to eternity.

#### THE DUTY OF DENTISTS TOWARDS PARENTS IN REFERENCE TO CHILDREN

BY CHARLES A. MONDELET, L. D. S., OTTAWA, ONT.

To the miserly, skin-flint dentist, who, rather than lose his fee of

fifty cents, will extract a child's tooth two years too early, and thus entail upon the unhappy subject of his malpractice, pain and deformity, these lines will come most obnoxiously ; but to him who, being a dentist, does not forget that he is also a man, and who does not cease to remember that to alleviate pain is the true destiny of his calling, and that his recompense is only secondary, they will perhaps carry something of the intention with which they are written. With this belief, I proceed to examine into the merits of my subject, "The duty of dentists towards parents in reference to children."

It is not only the duty, but the true interest of every dentist to, as far as possible, educate his patients to perform properly their own part in reference to their teeth and those of children placed under their care. Every practicing dentist will bear witness that the profession receives more trouble, and more really laborious and disagreeable tasks, from patients who are entirely and (may I say?) criminally ignorant of the first principles of human physiology and anatomy, than from those who have a good general idea of how they are formed, and know when an operation upon the teeth is really needed, and will not insist upon its performance when not necessary. Such persons having charge of children are careful to watch the formation and growth of their teeth, and at the proper time to bring them before the professional dentist for examination, and, if necessary for operation ; while they have no whims as to the imminent necessity that every tooth should be extracted the moment it aches ; and so they relieve the dentist from all external annoyance, leaving him to use his own judgment and care in the case.

They should be made to understand that the regular and proper development of the permanent teeth depends somewhat upon proper care being taken of the temporary set ; they should be told that of the temporary teeth, there are four incisors, two cuspidati, and four molars in each jaw ; which are finally replaced by the permanent set, beginning at the sixth year and continuing until the fourteenth year, when the permanent set is complete, with the exception of the dentes sapientie which appear between the eighteenth and fortieth year.

It will then become necessary to explain and instruct as to the manner in which the permanent set succeeds the temporary ; they must be told that the germs of the permanent teeth are situated under the temporary, and in the process of their growth constant absorption is taking place, until the roots of the temporary have been entirely absorbed, the permanent teeth meanwhile steadily fol-

lowing the temporary until the latter are finally driven out of the gums, by the process of shedding, as it is called, and their places are taken by the permanent teeth.

The first permanent teeth which appear, are the sixth year molars, which are so frequently mistaken for a portion of the temporary set, and such unhappy consequences sometimes result from this error, that the attention of those having the care of children should be particularly directed to this point. These teeth are very often permitted to go to decay from want of care, and under the impression that they are the temporary teeth, and only following their proper course. Sometimes they are even extracted for some slight cause, when the whole arch of the jaw becomes imperfectly developed, and the most painful and tedious cases of irregularity are often the result. These teeth are the pioneers and guides of the new set, they stand as landmarks in the jaw, and their extraction or loss by any means may be compared to the capture of the outlying picket of a sleeping army, in disastrous consequences. Another point is worth notice: these teeth seem to be placed in the exact position where they are most needed, as the temporary teeth are falling out, and the office of mastication must be performed somehow, and falls naturally upon these powerful grinders, so admirably placed to perform their allotted labour. It will of course be readily seen upon consideration, that the breadth of the jaw which is quite sufficient for ten teeth, would not at all suffice for sixteen; and nature has provided for this important deficiency in the following manner. At about the third year, a change in the form and dimensions of the jaw begins to take place, which affects the appearance and expression of the whole countenance; from that age until the completion of the permanent set, that portion of the jaw finally occupied by the permanent molars gradually lengthens, thus giving room for the increase in number of the permanent over the temporary set.

Let the honest dentist impress upon the minds of the parent, that the first, last and greatest rule for the preservation of the teeth is *cleanliness, cleanliness, cleanliness!!*

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#### INFLAMMATION.

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BX W. C. BARRETT, WARSAW, N. Y.

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(Continued from page 327.)

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I said in my last article, that when inflammation has reached the

point at which lymph is deposited, it is called the adhesive stage. This is the reparative, the building up point. It is only by the action of inflammation that the deposition of lymph is excited, and it is only by, or through this agent, that restoration or healing goes on, for it is out of lymph that tissue cells are formed. There is at this stage of inflammation, an extravasation of lymph as there is in the first stage a flow of mucus or serum, according to whether it be mucus or serous membrane that may be affected. If then it play such an important part in the cure of diseases, how important that its pathology be understood.

Coagulable lymph is poured out in a semi-fluid condition, being mixed more or less with serum, but the fluid parts being soon absorbed it becomes more solid in its character, and not unfrequently seriously embarrasses the physician or surgeon by its too profuse deposition. Thus the central portion of a phlegma in its first stages owes its hardness to the presence of coagulable lymph. So too in hepatization of the lungs, the air cells are filled up with solidified lymph. Unless its depositions be normal in character, and not too profuse in quantity, it may be the cause of a fresh complication of difficulties.

The deposition of lymph, or fibrin, may be prevented either by too great violence or too long continuance of the inflammation, by the impairment of the general health, or by congestion of the part itself. The lymph too, may pass into the fibro-cellular state and development proceed no farther. This fibro-cellular tissue so formed, is that which connects the walls of wounds, and is the tissue of which cicatrices, false membranes, thickenings and adhesions, are composed.

But if all the conditions are favourable and lymph is deposited, it begins to undergo development and by regular gradation reaches the point at which it becomes living tissue. Blood vessels are soon formed in the deposited fibrin, whether by development or extension it matters not, and by regular cellular formation, reparation goes on. It is not possible within the limits of this article to speak at any great length of the supposed manner of the formation of tissue cells, nor would it be advisable if such were the case. Suffice it to say that it is by regular gradation, of the growth or development of one cell added to another, and their successive virification, that the waste places are built up, and the devastation made by disease, obliterated.

When, however, the pouring out of lymph is arrested, that which has already been deposited may be absorbed. We take advantage of

this when we excite local inflammation in any opacity that it may be obliterated.

The deposition of lymph being governed by the inflammation, it is important that the operator be able to control its action, for if it be not stayed in time, but continue, it soon passes that point at which lymph is deposited, and reaches the suppurative stage, which is that form of inflammation that gives rise to the production of pus. This exhibits considerable rarity of appearance, according to the condition of the patient or the part affected. When found in a person of healthy condition, it is usually a creamy fluid, thick, and slightly glutinous, or of a yellowish white color with a greenish tinge. Chemically it is composed of water containing albumen, fibrine, saline, and fatty matters. This is healthy or laudable pus. When tinged with blood, it is called sanious; and when thin watery and acrid, ichorous; when it has floating in it, white flaky matter it is said to be curdy; and when mixed with mucus or serum it is muco or sero-pus. Pus presents many other peculiarities, as being sometimes contagious, sometimes fetid, and sometimes containing animalcules. Under the microscope, pus is found to consist of corpuscles floating in a fluid. These corpuscles seem to be modifications of exudation cells, broken down and disintegrated tissue. The fluid in which they float seems to be a kind of serum. Laudable pus would seem to be an abortive effort of nature to repair a waste. Lymph is deposited but from too great a degree of inflammation, or from its too long continuance, or perhaps not sufficient vitality in the patient, the exudation cells are not completed, or if completed are not virified, but being thrown off are disintegrated, or left to float in the serous humors deposited as the result of the inflammation. More plasma is secreted in which there is the same lack of development, the same disintegration and change into pus corpuscles, and so the work goes on.

When pus is formed upon an exposed surface, it is called a purulent secretion, but when in the substance of tissue it is an *abscess*.

Inflammation from some cause exists in the midst of tissue. It reaches the first stage and all the tissue in the vicinity is infiltrated with a deposition of lymph, forming an opacity of perhaps considerable size. Now if this be caused by a wound that ruptures the tissue, this lymph is needed that it may be developed into tissue cells, and the wound be healed. But perhaps a single cell in the process of development comes in contact with a part of the too highly inflamed tissue. A period is put to the process of development, and it comes

forth an abortive attempt of vitality—a pus-cell. Another cell in immediate contact goes through the same process, and thus a drop of pus is formed in the centre of the matter exuded. Around this drop, lymph is still deposited, and forms a solid mass infiltrating the tissue, and filling up all interstices, and should be made to play an important part in staying the further spread of the suppuration. But if it be not stopped the corpuscles nearest the drop of pus and forming the innermost particles of the mass, in turn degenerate into pus cells, and so the abscess is formed, and always in a healthy system is retained by the wall of consolidated lymph which feeds the abscess and is again reinforced by fresh depositions. This boundary of lymph has been called the “pyogenic membrane” and has been supposed by many to be a membrane secreting pus. It is, however, but the boundary line between pus-corpuscles and lymph, and which may be ever changing. That it is not a secreting surface is proved by the fact that it is not formed in the earlier stages of the disease, and is always wholly wanting in purulent secretions on the surface, and surely if a pus secreting membrane is needed in the one case, it is in the other. The fact seems to be that pus is not a secretion at all. It is broken down, degenerate attempts at the formation of tissue cells.

#### ROYAL COLLEGE OF DENTAL SURGEONS.

The regular meeting of the Board of Directors and Examiners commenced at the Queen's Hotel, on Tuesday, at 10 a.m.

The following members were present: B. W. Day, M. D., L. D. S., President; J. O'Donnell, L. D. S., Secretary; C. S. Chittenden, L. D. S., Treasurer; H. T. Wood, L. D. S., Registrar; G. V. N. Relyea, L. D. S.; J. L. Elliot, L. D. S.; F. G. Callender, L. D. S.; J. B. Meacham, L. D. S.; Chas. Kahn, L. D. S.; A. D. Lalonde, L. D. S.

The minutes of the last meeting were read, and on motion confirmed.

The following Dentists, having furnished proof of having been engaged for five years previous to the passing of the Act, were granted licenses:—J. A. Burns, St. Thomas; D. F. Hayes, Brockville; J. G. Buli, Newburg; J. Yemen, Mitchell; Geo. W. Hale, Toronto; O. Martin, and C. A. Martin, Ottawa; J. D. Cottingham, Borillia.

A number of applications for license under the five years part of the Act were sent for examination. The following gentlemen were

appointed to conduct the examination :—Dr. Day, Anatomy ; Dr. Scott, Chemistry ; Messrs. Callender and Chittenden, Operative Dentistry ; Messrs. Relyea and Meacham, Mechanic Dentistry ; Messrs. O'Donnell and Wood, Surgery ; Messrs. Elliot and Lalonde, Institutes of Dentistry ; Mr. O'Donnell, Dental Physiology.

## EVENING SESSION.

The President in the chair.

The case of A. H. Lacy, of Smithville, a licentiate of the Board, was taken up and discussed, whereon it was resolved,

“That whereas Mr. A. H. Lacy has obtained his license to practice Dentistry by misrepresentation, that his license be cancelled, and that the Secretary be instructed to lay information before a competent tribunal to prosecute for the same.”

Wednesday, July 21st. The President in the chair.

Dr. Scott was present in addition to the members present at yesterday's session.

S. B. Chandler, of Newcastle, and E. D. Greene, of Caledonia, were granted licenses, having furnished proof of five years' practice.

Mr. O'Donnell, a member of the Committee appointed to make enquiries respecting the advisability of opening a Dental College, requested to be allowed to resign in consequence of his duties being so great that he could not attend to it. Granted.

The Committee were allowed till to-morrow to report.

Thursday, July 22nd.—The President in the chair, and the other members, already reported, were present.

W. H. Waite, D. D. S., of Liverpool, England, was granted the degree of L. D. S., he having complied with the rules of the Board.

Mr. O'Donnell gave notice that he would move, at the next session, that the Board apply to the Legislature at its next session, to make an addition to the Act, allowing their Board to grant the degree of Fellow of the Royal College of Dental Surgeons of Ontario to persons qualified by merit, living outside this Province and being subjects of Her Majesty.

The College Committee presented their report, which was received on motion of Mr. O'Donnell, seconded by Mr. Callender.

The Board went into Committee of the Whole on the same, on motion of Mr. Relyea, seconded by Mr. Lalonde. Mr. Lalonde in the chair.

After a good deal of desultory discussion, in which Messrs. Elliot, Kahn, Callender, Relyea, Wood, Chittenden, O'Donnell and others



took part, the following report was received, having been amended on suggestion made by Mr. O'Donnell :

Your Committee, to whom was referred the College question, beg leave to report that they have duly considered the matter and after consultation with Dr. McCaul, President of the Toronto University, and Dr. Rolph, Dean of Victoria University, have concluded to recommend the immediate establishment of a College ; and would advise that an Assistant Secretary be appointed, who shall reside in Toronto, and his duties be defined by the Board before adjourning ; also, that circulars be issued to the profession announcing the same.

(Signed,)

B. W. Day,

Queen's Hotel, July 22, 1869.

Chairman of Committee.

The Committee rose, and, after the President took his chair, reported, which was adopted as amended. The meeting then adjourned.

Friday, July 23rd. Morning session.

Members all present except Dr. Scott, Messrs. Kahn and Bogart.

The following gentlemen having passed successful examination were granted certificates to practice dentistry, viz : Messrs. S. Smiley, J. R. Irish, S. H. Walsh, C. H. Bosanko, S. G. Webster, W. M. Foster, G. S. Thomas, J. W. Coyne, W. C. Jewell, and F. Frank.

The Finance Committee presented their report, showing a balance on hand of \$1,119.19. The Committee also recommended the payment of several accounts.

The Secretary reported the names of about fifty persons who were practicing in the Province without licenses, and recommended the licentiates in each locality to give information to the proper persons, in order that the offenders may be prosecuted. The suggestion was accepted ; and it was hoped that each licentiate would perform his duty in every case.

Mr. O'Donnell moved, seconded by Mr. Wood, "That application be made to the Legislature of Ontario, at its next session, (in accordance with a motion given yesterday,) to add a clause to the Act respecting dentistry, empowering the Board to confer the degree of Fellow of the Royal College of Dental Surgeons of Ontario on dentists entitled to the same by merit, living out of the Province and being subjects of Her Majesty ; also to amend clause 18 of the Act, so that the penalty shall be for the first offence \$50, second and subsequent offences \$100, or in default six months imprisonment ; and that the President, Mr. Callender, and the mover and seconder be a

committee to make further amendments thought necessary, and report to this Board to-morrow morning."—Carried.

Saturday Forenoon.

The Committee appointed to report on the amendments thought necessary in the Act, reported as follows:—"That in clause 3 the word twelve be substituted by seven, so that seven members constitute the Board instead of twelve; that clause six be amended so as to read "every subsequent election shall be held on the Monday following the first Tuesday in the month of May in every second year." In clause 11 the word one be substituted for two, and to have the sitting to commence on the first Tuesday in May in each year; that clause 14 be amended as 11, putting May in the place of January and July, and make one sitting only in each year. They also recommend that the following clause be added:—"For services performed by any licentiate within this Province the same privileges conferred upon physicians and surgeons by the various Acts relating to the practice of medicine and surgery in this Province, be allowed them."

The report was received and adopted.

Mr. O'Donnell moved, seconded by Mr. Meacham, "That this Board appoint the following persons to prosecute parties practising dentistry without license in their respective localities:—Toronto, T. J. Patterson; Hamilton, C. A. Sadlier; Kingston, C. B. Price; Brockville, Joseph Deacon; Ottawa, W. H. Walker; Cobourg, Wm. Kerr; Perth, Mr. Hall; Pembroke, H. H. Loucks; Cornwall, J. Bergin; Picton, Allison & Gibson; Belleville, L. H. Henderson; Peterboro', John Burnham; Seaforth, J. M. Benson; Godfrich, Ira Lewis; London, Mr. Greyden; Guelph, D. Guthrie; Galt, C. A. Durand; Newmarket, A. Boulton; Prescott, McNeil Clarke; Brantford, the County Attorney; Woodstock and Stratford, the County Attorneys."—Carried.

It was also moved that in towns where no persons were appointed, the licentiate forward the name of the person he wished to the Secretary, who would put him on the list.

The Committee appointed to take into consideration the advisability of opening a College, reported in substance as follows: "That they have given the subject every consideration, and have concluded that a College should be opened immediately, and that the following gentlemen be appointed Professors, and that they have power to select or recommend adjuncts, viz: F. G. Callender, operative dentistry; J. O'Donnell, mechanical dentistry; J. O'Donnell, institutes

of dentistry. That the chairs of anatomy, physiology, chemistry, and *materia medica* be given to gentlemen connected with some of the Universities of the city. Arrangements to be made hereafter, and that \$100 be the fee for the course; matriculation fee \$5 extra.

[Signed.]

B. W. DAY.

“Chairman.”

The report was received, and the Board went into Committee of the Whole on the same.

Mr. Callender stated that he had not expected the position offered him, neither did he desire it, and it was only at the almost unanimous desire and urgent solicitation of the Board that he accepted it.

Mr. O'Donnell stated that with respect to mechanical dentistry he occupied the same position, and it was only accepted by him because, after the arguments used he could not help but accept the position.

Mr. R. G. Trotter was appointed an adjunct professor of operative dentistry.

Mr. W. Myers was appointed an adjunct professor of mechanical dentistry.

The Committee rose and reported, after which the report was adopted.

Mr. Meacham moved, seconded by Mr. Lalonde, “That the thanks of this Board are due, and are hereby tendered, to the managers of the Queen's Hotel for the uniform kindness extended to the members during this and former sessions, and that a copy of this resolution be forwarded by the Secretary to Mr. McGaw.”—Carried.

Necessary funds were voted the Professors to furnish the College; also instructions were given them to open it some time during the month of October next.

After the transaction of other preliminary business the Board adjourned.

#### ONTARIO DENTAL SOCIETY.

The annual meeting of this Society was held in Belleville, on Tuesday and Wednesday, July 27th and 28th.

First session, 2 p. m., Wednesday. Thos. Rowe, M. D., President, in the chair.

The following members present:—C. S. Chittenden; D. Pentland; W. C. Adams; H. H. Nelles, D. D. S.; J. B. Willmott; S. B. Chandler; John Bowes; Lyman Wells; J. Yemen; D. A. Bogart; A. D. Lalonde; H. W. Branscombe; J. M. Brimacombe; F. G.

Callender; L. Clements; T. J. Jones; H. McLaren; Robert Reid; H. T. Wood; G. V. N. Relyea; J. L. McDonald; C. H. Dorland; M. D. Ward; J. S. Bowerman; W. K. Graham; D. W. Dulmadge; D. F. Hayes; R. G. Trotter; M. E. Snider.

The following were elected members, and took part in the meeting, viz:—S. T. Clements, John Leggo, and G. L. Elliot.

The minutes of the previous meeting were read and confirmed.

On motion it was resolved to follow the order of business laid down in the printed programme.

The Committee appointed at the last meeting for that purpose presented a draft of Constitution, already published in the June number of the *Journal*.

The clauses were then taken up separately, and adopted with slight amendments, in the first, making the name, "Ontario Dental Society," and in the sixth, making the annual fee two dollars.

On motion of Mr. Chittenden, seconded by Mr. Wood, Drs. Berryman, Richardson, Caniff, Boulter, Dewar, Nichol, Potts, Beers, Whitney, and C. H. Hubbard Esq., were elected honorary members of the Society.

Second session, . . 30 p. m. President in the chair.

Thos. Rowe, M. D., retiring President read a very neat and practical address.

Balloting for the officers for the present year was then proceeded with, resulting in the election of C. S. Chittenden, of Hamilton, President; H. T. Wood, of Picton, Vice President; James B. Willmott, of Milton, Secretary; John Bowes, of Hamilton, Treasurer.

The newly elected officers having taken their seats, on motion of D. A. Bogart, seconded by F. G. Callender, the cordial thanks of the Society were tendered to the retiring officers for their very faithful discharge of their duties during their term of office.

Mr. J. Yemen, of Mitchell, read a paper on "The practicability of extracting and re-inserting the same tooth." A lengthy discussion followed when the Society adjourned till Wednesday morning.

At 8.30 a. m., Mr. Chittenden filled a tooth before the Society, illustrating the use of Dr. Daboll's duct compressor, and of the mallet in filling.

Third session, 10.30 a. m. The President in the chair.

H. W. Branscombe, Picton, read a paper on "Dental Brotherhood," which gave rise to considerable discussion, in which Messrs. Relyea, Wood, Chittenden, Leggo, Nelles, and Callender took part.

A vote of thanks of the Society was tendered to Mr. Branscombe for his paper, and a copy requested for publication in the Journal.

Mr. W. K. Graham, of Brampton, read a paper on "Dental Progress," for which the thanks of the Society were tendered.

The President named as a Committee on Finance, Messrs. W. C. Adams, D. A. Bogart, and W. K. Graham.

As a Committee on Topics for discussion at the next meeting, Messrs. Nelles, Callender, Wood, and Leggo.

As a Committee to make arrangements for next meeting, Messrs. W. C. Adams, J. W. Elliot, R. G. Trotter, M. E. Snider, and F. G. Callender

Thos. Rowe, M. D., read a paper on "The pathology of Inflammation," for which the thanks of the Society were tendered, and a copy requested for publication.

Fourth session, 2.00 p. m. The President in the chair.

Dr. Nicholl, of Belleville read a paper on "Syphilitic affections within the scope of Dental Surgery."

On motion of Mr. Callender, seconded by Mr. Bowes, the thanks of the Society were tendered to Dr. Nicholl for his valuable paper, and a request that he allow it to be published.

On motion, Messrs. Wood and Chittenden stated to the Society the arrangements which had been made by the Royal College of Dental Surgeons, for the establishment of a Dental College at Toronto.

A. L. Bogart, Esq., Master of the Steamer "Prince Edward," having kindly tendered the members of the Society a sail on the Bay, the Society at 3 o'clock adjourned for that purpose.

Fifth session, 7 p. m. The President in the chair.

Moved by Mr. Leggo, seconded by Mr. Bowes, *Resolved* that the cordial thanks of this Society are due, and are hereby given to A. L. Bogart, Esq., for his kindness in giving the members of the Society an excursion on the Steamer "Prince Edward."

J. Bowes, of Hamilton, read a paper on "Our duty towards the public," followed by a lecture by Dr. Potts, of Belleville, on "Dentistry, its relation to Surgery." The thanks of the Society were returned to both gentlemen, and Dr. Potts was requested to allow his name to be published.

The Committee on "Topics" presented the following report, which was adopted, viz :

Your Committee appointed to select topics for discussion at the next meeting, beg to report that they have selected the following

gentlemen to read essays, viz:—H. H. Nelles, D. D. S., London, on Dental Hygiene; C. P. Lennox, Chatham; John Leggo, Ottawa; J. B. Willmott, Milton; the three latter to notify the Secretary of the subject chosen, before the circulars are issued for the next meeting.

The Committee on Finance presented their report, which was adopted.

The Treasurer presented his report, which was also adopted.

A proposition was made to fix a minimum scale of fees, but after discussion, was withdrawn as premature.

At the suggestion of the President the "Code of Ethics" of the "American Dental Association," as published in the May number of the Journal, was unanimously adopted.

On motion of W. C. Adams, seconded by W. K. Graham, *Resolved*, that the next meeting of this Society be held in Toronto, on the day fixed or to be fixed by law, for electing the Examining Board of the "Royal College of Dental Surgeons of Ontario."

Most of the members purposing to leave by the early trains, it was resolved to conclude the business at the present session. In order to do this the reading of a paper on Cleft Palate, by D. A. Bogart, of Hamilton, was postponed till the next meeting.

After the transaction of some routine business, the Society adjourned.

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#### NEW YORK STATE DENTAL SOCIETY.

BY W. C. BARRETT, WARSAW, N. Y.

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The New York State Dental Society met in the Assembly Chamber of the State House at Albany, on the 27th July. Delegates from each of the eight District Societies of the State were present, together with a number of the permanent members of the State Society. It is probably known to most of the readers of the JOURNAL that New York State has a law regulating Dental practice. Not as stringent in its provisions as the Canadian Act, yet a very good law; one which creates a distinction between the worthy and well qualified operator, and the Dental quack; which regularly incorporates our Dental Societies, and gives the profession a status in the eye of the law equally as good and high as the Medical profession. What more could we ask of the Legislature? This law established a Dental Society in each of the eight judicial districts of the State. The State Society is composed of delegates from each District Society, and permanent members

of its own. The Society was called to order by President A. Wescott, of Syracuse; L. W. Rogers, of Utica, Secretary.

The first day was occupied by reports of committees and of District Societies, election of permanent members, proposed changes in the by-laws, together with other business matters. On the second day Dr. J. G. Ambler, of New York, read a paper on the history of the early experiments in making mineral teeth. The Doctor exhibited a case of teeth made by himself, some of which were said to be the first mineral gum teeth ever made in this country. He reviewed the manufacture of mineral teeth, tracing its history from the first crude experiments down to the present day. Other papers were read by different members, of which I have not time to speak.

A committee was appointed to endeavor to obtain of the Legislature a proposed amendment to the law regulating Dentistry, establishing the Degree of "Master of Dental Surgery," to be conferred by the Board of State Censors, on those who were, after due examination, the recipients of its Diploma; and also to urge upon the State Societies of other States the propriety of obtaining like legislation. This will, if discriminatingly conferred, be an honor that should be much sought after, as it will be an evidence of its recipient's being not only theoretically but practically qualified as a Dentist; for the candidate must be a practicing dentist of repute, and must be examined not only in the theory of his profession, but must give proof of a successful practice. Our law already provides that the State Board of Censors may confer Diplomas. It is proposed to add to it the Degree M. D. S.

Ten Dentists who were examined, passed the Board and received their Diplomas, among whom, from Western New York, were Drs. A. P. Southwick, of Buffalo, J. C. Gifford, of Westfield, and W. C. Barrett, of Warsaw. Dr. B. T. Whitney, of Buffalo, was elected president for the ensuing year.

Chancellor Pruyn appeared before and addressed the Society, congratulating it upon its prospects of enlarged usefulness and honor. The Governor of the State was not able to make his promised visit, on account of absence from the city.

After a pleasant and profitable session the Society adjourned, to meet at the same place next year.

PROCEEDINGS OF THE ODONTOGRAPHIC SOCIETY OF  
PENNSYLVANIA.

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BY THOS. C. STELLWAGEN, M. D., D. D. S., PHILADELPHIA.

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The regular monthly meeting was held on Wednesday, June 2d, 1869.

The President in the chair.

The essay of the evening was read by the author, Wm. H. Howard, D. D. S. Subject—"Maxillary Absorption."

Dr. Eisenbrey alluded to the difference of opinion as to whether the absorption of the roots of the deciduous teeth was due to pressure, the action of an acid secretion, or want of material; he inclined to the latter,—that is, disintegration is in excess of integration, hence a gradual disappearance of the roots from want of sufficient assimilation, as sometimes the roots of the temporary teeth are found to be absorbed before the permanent are in close proximity to them. In fact the word temporary explains all. Nature has a demand for them, and while that demand lasts, supports them; and when they are no longer needed, she withdraws that support; they break down, and those teeth that remain in longer than the usual time is proof conclusive that they had not fulfilled their mission yet, and nature held fast to them.

Dr. Truman was disposed to think absorption was the result of pressure, as he had seen the middle of the root sometimes affected when the apex was left in a normal condition; this he considered owing to the presentation of the second tooth to that part of the first.

Again, it is the experience of most dentists that sometimes the milk teeth are retained and do good service until quite late in life, when from some cause the development of the adult teeth has been arrested.

He alluded to an absorption of the second teeth, which he had occasionally met with, around their necks, due as he concluded, to diseased action.

Dr. Breen coincided with Dr. Trueman, especially where he referred to the eruption of the permanent teeth at a late period in the life of the patient, and spoke of several cases, one of which was a child of 10 years of age, with only its permanent central incisors and first molars erupted, the rest of the deciduous teeth being intact.

Dr. Nones took up the consideration of the general alterations met



with after extraction of the permanent teeth, giving hints concerning the preparation of the mouth for artificial teeth mounted on plates.

Dr. Stellwagen, when thinking over the subject-matter of this paper, could not refrain from quoting the words of Gabriel Andral, eminent as a physician, famous as professor of hygiene, and afterwards of pathology and general therapeutics in the Medical School of Paris, who says: "The economy does not appear to be more than a *great whole*, indivisible, in the state of health as in the state of disease."

If this be true—and who will dispute it?—we must look for the cause of this process, not here alone, but throughout the whole system, and the numerous well-known cases of the absorption of superfluous material, or organs rendered useless by the changes of the economy that take place in obedience to physiological as well as pathological laws, will all open to us means for the study of similar actions under various circumstances.

Indeed, many acts of nature, seemingly far more wonderful than this of the exuviation of the deciduous teeth, may be quoted: among which are the great changes which occur to the umbilical vessels at birth, transforming almost immediately the grand channel of fetal life into a mere appendix, much of which is not only useless, but actually offensive, and is consequently wisely removed by the accoucheur.

Pressure may have something to do with the removal of the roots of the milk teeth; but no doubt the same cause that stimulates the development and growth of the adult teeth enables them, as they increase in size and importance, to appropriate to themselves all spare tissue which can be dispensed with in other parts of the economy. What this cause is he felt that we were perfectly ignorant of. As an example of how pressure may cause absorption or interfere with nutrition, he mentioned, as familiar instances, the appearance of a finger upon which a ring has been worn for some time, the mouth after wearing artificial plates, irregularities of the teeth, their causes and corrections.

Dr. Pike gave as his opinion, that pressure might hasten, but was not absolutely necessary to accomplish this action. The absorbed material, he believed, must pass through the general circulation to be purified and invested with all that is required for the forming tooth.

Dr. McQuillen—directing attention to the beautiful and instruct-

ive series of twenty French preparations in the museum of the College, demonstrating the changes occurring in the jaws and teeth from the period of fetal existence until extreme old age—said, that in examining these carefully, one cannot but be impressed with the valuable lesson which they teach of the economy of nature in providing ample room for the development of the deciduous and permanent sets of teeth in the contracted space afforded them in the jaws. When observing the peculiar positions which the crowns of permanent teeth occupy in the jaws, and relations they bear to the roots of the deciduous set, it is a matter of surprise, not that the permanent teeth are occasionally irregular, but that they should ever assume the symmetrical relation which constitutes their normal condition when erupted. This result is due, in the language of Herbert Spencer, to the fact “that development is a change from the incoherent, indefinite homogeneity, to coherent, definite heterogeneity.” The mutations taking place in the jaws and teeth are but typical of the changes occurring in every part of the organism dependent upon waste and repair; and although the two operations vary in their relative rates at different periods of existence, repair is everywhere and always making up for waste. Any explanation of the absorption of the jaws and teeth that ignores the operation of this law is not only unphilosophical, but utterly without foundation.

Dr. Pike had been led to think that there might be some acid secretion around the root of the tooth undergoing absorption, as he had found blue litmus paper respond to it if used quickly, before the blood started, after an extraction.

D. Eisenbrey advised that this experiment be made by applying the paper to the root of the tooth.

Dr. Stellwagen proposed the use of the ether spray producer, which he thought would sufficiently retard the flow to enable one to test both the socket as well as the root of the tooth.

Dr. Howard asked if this acid reaction might not be due to an accidental decomposition of foreign substance, as food, etc., around the necks of the teeth.

Dr. Trueman then exhibited an instrument of an old pattern for condensing a filling by the pressure gained from the patient in biting upon it; he thought it sufficiently useful to warrant its reintroduction to the profession. He also had with him several styles of drills which he recommended; among these were the twist and rose head,

the latter having a prominent edge extending across the top, which greatly facilitated its cutting.—*Dental Cosmos*.

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## SELECTED ARTICLES.

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### ALVEOLAR ABSCESS.

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BY DR. W. H. SHADOAN.

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[Continued from page 307.]

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#### SURGICAL TREATMENT.

The surgical treatment of alveolar abscess is very short and simple. That most commonly resorted to, viz: extraction, is generally successful. There are cases, however, in which it is desirable to avoid the extraction of the tooth, but, there are a great many teeth thus affected that are utterly useless and should be removed; for the irritation which they cause to the surrounding parts, to say nothing of the abscess, is sufficient cause for their removal. Old roots of teeth, and teeth that have lost their antagonists are nearly always a source of irritation, and when that is the case they should be removed. It sometimes happens that an abscess at the root of a tooth, will burrow into the alveolar process, making the cavity containing the abscess larger a short distance beyond the root than at the socket. In such a case the sac will nearly always be retained in the alveolus after the tooth or root is removed; the abscess now acts independent of the cause which produced it, and the extraction of the tooth will rarely effect a cure, and an operation for the removal of the abscess will be necessary.

When the tooth is a valuable one and should be retained, either for ornament or service, and therapeutic treatment does not accomplish the desired result, it may be aided by the trephine, drill or chisel; with either of these instruments an opening may be made through the alveolus opposite the point of the root of the affected tooth, then, with a suitable instrument, cut away or separate the sac from the root.

In some cases of alveolar abscess, the alveolus is largely affected, and in such a diseased condition that it will not heal without first cleansing the parts; this may be done by chiseling or scraping off

all dead particles of bone in and about the cavity, for as long as anything of the kind remains, the chances of success are greatly diminished. Care should be taken in all cases, that unnecessary pain is not inflicted. I have met and treated cases of abscess, where the outer wall of the alveolus was so largely affected as to present a honey-comb appearance; the only speedy and successful treatment in such a case, would be a breaking down of the diseased wall, and the removal of every particle of the diseased bone. Again, in addition to the above, the root of the tooth may be in such a diseased condition, that the removal of the diseased portion of its substance will be necessary to a cure. All diseased bone and tooth substance being removed, a proper therapeutic treatment, and a vigorous constitution, will soon affect a cure. Compresses are necessary to stay the tide of nutritious food to the abscess, together with all other means that assist in the abatement of the disease.

To sum up the whole treatment, in a few words, the forceps and the chisel are the most effective instruments, and will generally be found successful. In the incipient stage of an abscess, if it be at a point where the outer wall of the alveolus is thin, and easily cut through, the knife may be used to advantage, by cutting through the process to the abscess, which will greatly facilitate the escape of the pus, and in this way a cure is sometimes effected. Scarrifying the gums, and thoroughly opening down to the sac with the knife is often successful. These are the surgical means usually employed, and are so plain that the time, and manner need not be misunderstood.

#### EVIL RESULTS.

We wish now to call attention to some of the evil results of alveolar abscess. I desire to call attention first to children's teeth. In these the greatest evil and most to be dreaded is necrosis which may take place, and extend to the sockets of the permanent teeth, causing exfoliation of their walls, as well as those of the temporary teeth. This is of the utmost importance, as by the destruction of the alveolus the permanent teeth are also very often lost. There have been several cases where the disease occasioned by an abscess caused exfoliation of the sockets of two or three teeth. It is frequently the case where the first or second superior molars are effected, their roots being situated immediately beneath the floor of the antrum, and as the roots very closely approximate, and sometimes even penetrate it, an abscess of these teeth often produce a disease in this cavity, that is very troublesome, and may result in Hydatides of the antrum. They

are often very hard to cure, and in some cases are never cured. This is a very serious form of disease, superinduced by abscess. We find about as extensive, and alarming troubles arising from an abscess of the inferior third molars, as in any other of the mouth. Some of the reasons for this are, first, the difficulty of diagnosing the disease. We find physicians, as a general rule, liable to be misled, and even Dentists are not always free from being deceived, in consequence of the opening for the escape of the pus, being at a considerable distance from the seat of the disease, the patient is often treated for a different disease entirely. Such has been, is now, and will continue to be the case, for those who are called in such cases treat their patients for months, and even years, without knowing what is the real cause of the disease, while, in the meantime, the abscess is still progressing, and as the tooth is situated so closely to the fauces, and soft parts, they will soon become largely inflamed, and if the tooth is very much decayed, the evil is increased by the amount of irritation produced by the ragged edges of the tooth, and thus extending to the lungs, may, so seriously effect the lungs as to finally produce *Phthisis Pulmonalis*. Again, the amount of swelling and inflammation in the mastoid muscles may be such as to render them useless, for the time being, and if the disease continues for considerable length of time the muscles become rigid, and finally the jaws can not be used with that freedom they should be.

Exfoliation of the alveolus is another of the evils of alveolar abscess. This was mentioned above, but only in connection with children's teeth. I now recur to it mainly for the purpose of giving it a more extended notice, and relate a case or two to show how far this disease will be carried when all things are favorable. When the inflammation is extreme or very great it may produce necrosis, and exfoliation. In an old work published by "Fox & Harris on the Human Teeth," two or three cases are recorded, in two of which, three teeth, and in the third, all of the anterior teeth were lost by the suppurative process, produced by an abscess.

It is unnecessary to mention other cases to prove the evils of the disease in question, any one will admit that those already mentioned are quite sufficient to show the importance of timely attention. With regard to the treatment of abscess there is yet very much to be learned; in fact very little as compared to what is required is yet thoroughly understood. Yet, enough is known to prove conclusively that very many cases may and can be cured. But the progressive practitioner will not rest contented with what is known on the subject.—*Dental Register*.

## MAXILLARY ABSORPTION.

BY WM. H. HOWARD, D. D. S., PHILADELPHIA.

(See page 19.)

Upon the introduction of this subject to the mind, the question arises, What special absorption is there passing in this portion of the economy that requires consideration? I think to dentists (or to any one interested in nature's works) there are local actions progressing, both physiological and pathological, interesting and valuable to ferret out, and well worth a discussion. I shall start with the deposit of earthy matter in the areolar tissue during fetal life, where we may suppose there exists no special absorption (although there must be the same breaking down and repair that we have in after-life). The calcareous deposits take place in their position in the maxillæ, and the deciduous teeth within, without altering the contour of the soft parts; this process goes on until considerable rigidity is acquired, and, at the same time, the various stages in the formation of the teeth are passed through. When we reach the sacular stage, we have a necessary absorption started in the body of the maxillæ, produced by the elongation of the sac to accommodate a proportionate lengthening of the root of the tooth, which being surrounded on all sides by semi-solid matter, something must give way to the pressure laterally and downwards; the tooth will not, so the bone must, and it does, admitting, at the same time, that the tooth is rising. Yet there are apparent results here which prove to us that there are numerous changes produced by the growth of the dental organs—namely, elongation of the maxillæ, and widening and pointing of the ridges, in the body of the bone, heightened by the addition of material to the processes of absorption. I wish to withhold my theory of the disposition of the material of the *disturbed* cells until another point is reached, at which I can have a more tangible and familiar example to show in proof thereof. We have also at this stage changes throughout the maxillæ at the symphysis, condyloid processes, etc., all tending to symmetry of shape.

At the sacular stage, again, of tooth-formation there is considerable moving and change of position of these sacs, sometimes to accommodate themselves or each other, and at other times again coming into their proper places. In doing this, they are compelled to pass through a semi-solid medium, which must be gotten rid of by

absorption, and the space in the rear filled with a material analogous to that disturbed.

The cells do not separate or condense into smaller space for this accommodation, but are actually taken away by the absorbents—a purely physiological action, I apprehend; but where the pressure is too great, compelling rapid absorption, inflammation supervenes, and here, of course, we have disease.

Now, leaving the saccular stage, either in ease or disease, we come to the eruptive—in which there is an extensive absorption of obstructive material. We soon find the deciduous teeth in position, the permanent set in process of formation, some quite advanced; the child, at the end of two years, having his twenty middle teeth. He lives on, eats soups and sweets, and has pits and caves burrowed into these young organs, not by absorption, truly speaking; although it is an absorption—the same as when we speak of a sponge absorbing water.

Four or five years more pass, and then some more of these perishable members of the human frame show themselves. What a change has taken place before they appear! Something we could not see in the roots; which we have not thought of until the teeth were found loose and annoying the patient. On extracting them we generally find very little of the root left—sometimes none. This latter condition is usually the case with the molars. We fully understand the object of this absorption of the root, and see nothing but wisdom displayed in the result; whereas, non-absorption frequently proves a disaster, showing that there is need for this process.

It now becomes our duty, as investigators, to know what is done with all the material taken from these roots; not why, for this we know, and perhaps the whereabouts of the substance. There is a difference of opinion on this point, and which is the correct theory now comes up for discussion. There were in these roots cementum and dentine which have been removed. My belief is, that they are carried into the venous circulation, back to the arterial circulation, and come again into use in their primitive form, for solidification in the economy. To say that they are taken up by the formative membranes of the tooth seems a presumption which I do not feel willing to support. To suppose that this local use or readaptation of these materials was the case, what would be the result? Perhaps the same as we now find—a beautiful contour formed; but I should fear quite the reverse—indiscriminate growth upon one side, or perfect fusion between the first and second teeth, if not also a fusion with the alve-

olar walls. The cells are not capable of transformation and use from this state directly ; they need resolution. I cannot consider it possible they should obtain this, at or through the formative membrane, any more than old plaster of Paris can be used without recalcination, even admitting the vitality in these cells, which we have not in plaster ; of course the comparison is not a nice one, but it may serve to convey the idea.

We have next an absorption in the alveolar walls to permit the large crown teeth to come into place. Here the same process goes on ; the bone-substance is not used again directly to supply the wants in the progressive increase of the maxillæ ; but is carried into the circulation, and is doubtless used in its circuit to nourish other bones. There are many interesting changes in the maxillæ bearing upon my subject, as those in the lower jaw at the angle, at different periods of life ; those following the extraction of teeth ; from disease, as alveolar abscess, mumps, etc.

The upper jaw is also affected by the absorptive process—sometimes very considerably deformed from diseases of the maxillary sinus or antrum Highmorianum ; in these latter instances accompanying absorption goes on in the soft parts. The same rule in regard to these tissues can be relied upon as that set down for the hard parts.

The causes of absorption seem to be pressure, ichorous fluids or solids, foreign materials, and sometimes it is spontaneous.

The former is most prolific, as in the case of abscess in the maxillary processes after extraction, or from salivary calculus, etc.

The second, viz., ichorous fluids or solids, is from ulcers, fistulous abscesses, etc.

The third, viz., foreign materials, is from decomposed materials, forming mephitic gases, pieces of metal, and necrossed bone, etc.

Fourth, viz., spontaneous—in senility, or in rickety subjects. There are a few exceptions in cases not losing the teeth, where the supply in the system equals the absorptive process up to the point of senility.

—*Dental Cosmos.*

## EDITORIAL.

### THE DENTAL COLLEGE.

The proposition of opening a Dental School under the Act of Parliament was discussed at some length in our columns—the “pro’s and cons having each had their say,” during the last year. The matter



was talked over by quite a number of cliques, and quite a number of plans for the organization of the "Faculty" were drawn up, but as the Board was the only body legally qualified to originate an Institution of the kind, all the schemes and plans, or nearly all, were withdrawn and the originators like good citizens, or at least like good dentists, contented themselves with giving the different members of the Board their advice and opinion as to what should be done.

Well, the Board met on the 20th of last month, and at as early an hour of the session as possible, proceeded to consider the College question in all its bearings. From the very first it was found to be an exceedingly difficult matter to deal with without giving serious offence to some, or rather to a good many who had proffered their counsel and advice. Of course each member went to the meeting with his mind, at least partially, fixed on some plan of organization, which he hoped to see carried out, but when it was found, on discussing the question, that there was such great divergence of opinion, the members almost unanimously abandoned their favorite schemes and decided to look the matter square in the face and fix upon whatever plan of organization seemed *best* under the peculiar circumstances under which the profession stands at the present time. The first thing to be done seemed to be, to get one or both of the Medical Schools in Toronto, to allow the Dental Students to attend lectures in Anatomy, Physiology, and Chemistry, without passing the matriculation examination required of Medical Students. A committee was appointed to wait upon the officers of the Toronto School of Medicine, and the Victoria University, and see what arrangements could be made. That committee reported that the officers of the two Medical Schools were *willing to grant all the privileges which had been asked for*, and more than that, that they had manifested a great deal of interest in our undertaking. The next thing to be arranged was the securing of a first-rate man for the chair of Operative Dentistry. Mr. F. G. Callender, of Cobourg, was the gentleman whom all thought should receive the appointment, but he seemed unwilling to undertake the duties, but finally consented after the most urgent solicitation. The chair of Mechanical Dentistry was filled by the appointment of Mr. J. O'Donnell, the Secretary of the Board, and it was decided not to appoint any one to fill the other chairs, but when, however, the two Professors met and consulted with the gentlemen of the Medical Schools, it was thought best to add the names of Dr. Day and Mr. Chittenden, to the Faculty, which was accordingly done, and the announcement

published in the Toronto papers. It will also be found in our advertising columns.

We congratulate "our brotherhood" on the establishment of this, the last thing needed for the advancement and elevation of our loved profession. Some of us may not feel quite satisfied with the basis on which it has been erected, but we feel sure if we all, as one man, rally around the College as it now stands, that success will attend the efforts of those appointed to attend to the duties of teaching. If mistakes have been or shall be made, they can be corrected before another year rolls around.

We would most earnestly urge those about to enter the profession not to neglect the opportunity now afforded them, as more of the real knowledge of Dentistry can be gained in one session at this College, than in years of private tuition.

C. S. C.

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#### PERSONAL.

We enjoyed a pleasant trip to Philadelphia, and New York, last month, and spent a very profitable time in both cities, among our American cousins. A visit to S. S. White's magnificent establishment in the former city, was worth the visit ten times over; and the personal pleasure we enjoyed from the acquaintance of a gentleman so deservedly respected for his private worth and business enterprise, as the proprietor, will ever be remembered. We must confess to great surprise at his splendid and varied display of dental stock. A visit to Justi & Co., the Philadelphia Dental Manufacturing Company, and others was very profitable; and last but not least, to Dr. J. H. McQuillen, editor of the *Cosmos*, to whom we are indebted for much kindness.

In New York we visited all the Depots, and a number of the household names in operative and mechanical dentistry. The pleasure of meeting such men as W. H. Atkinson, C. P. Fitch, W. H. Dwinelle, etc., can only be appreciated by one who loves his profession, and can reverence men who have done so much for its social and practical elevation.

Dr. Atkinson kindly permitted us to witness his operations in his own office, and nothing that we can at present say, will express the benefit we received. We have to thank Dr. A., for a present of some instruments, which, we assure him, will be treasured and well used.

We think we are justified in promising our subscribers to Volume Second of this Journal, some good contributions from the friends we met.

W. G. B.

REMOVAL TO TORONTO.—In consequence of his appointment to the Professorship of Operative Dentistry, in the Dental College about to be opened, our old friend Mr. Callender is about to remove to Toronto, and asks us to offer his practice for sale. We most heartily congratulate the citizens of Toronto, in that they are to have a man of his professional standing take up his residence there, and our Dental Brethren because they will have the pleasure of having him for a member of the City Dental Society which we hear they intend to inaugurate this winter. To a first-rate operative dentist (it would be useless to any other), Cobourg is a most desirable opening. For particulars concerning the place, see advertisement.

PAROTID DUCT COMPRESSOR.—We have been using for some months, a neat little instrument for shutting off the saliva from the Parotid gland, the invention of Dr. G. C. Daboll, of Buffalo, which, with Dr. Southwick's duct buttons, puts an effectual stop to the flow of moisture from that direction. We have found it perfectly invaluable. Mr. Hubbard tells us that he has a supply of them for sale.

### MISCELLANEOUS.

#### METHOD FOR DETERMINING THE SIZE OF THE ROOTS OF TEETH PREVIOUS TO EXTRACTION.

BY MR. O. SALOMON.

Before the educated dentist attempts the extraction of a tooth, he examines the form of the crown, which enables him to determine with certainty the direction of the roots. For young practitioners and students some indications will be of importance, therefore I give here, those communicated by Dr. B. Whener :

I.—If the crown is large and short we may expect that the roots are long, while with a long and narrow crown, the roots are small and slender.

II.—If the neck of a posterior tooth, is much thinner than its crown, the roots will diverge.

III.—If the neck of a posterior tooth is as large as its crown, we

may conclude that the roots run down parallel with the sides of the crown.

IV.—In case the neck of a posterior tooth, should be larger than the grinding surfaces, the roots will be found converging.

V.—When we observe one of the sides of the crown inclining to the middle of the tooth, so we will find the corresponding root bent in the same direction, while the other roots are found parallel with the perpendicular line of the tooth.

In the wisdom teeth the abnormal direction of roots is the most common.—*American Journal Dental Science.*

DISEASE OF THE LIVER.—From a notice in the *Dublin Medical Press and Circular* of Dr. Murchinson's new book of Diseases of the Liver, &c., we extract the following:—

“Take, for instance, the question of the action of mercury on which Dr. Hughes Bennett has been engaged in experiments for the British Medical Association, and whose conclusions thereon so surprised the great body of practitioners. Dr. Murchinson has evidently carefully weighed the evidence, and he has come to the conclusion which is likely at present to receive the assent of the majority. He thinks “mercury and allied purgatives probably produce bilious stools by irritating the upper part of the bowel, and sweeping on the bile before there is time for its absorption.” He recognized the fact that articles of food frequently give rise to similar effects, and thinks that their action is precisely similar. From this we might suppose that other purgatives should be substituted more frequently than they are, and assuredly this view supports the American preference for podophyllin, or as it is called sometimes in the States, “vegetable calomel.” We could certainly say much in its favor. Dr. Murchinson considers calomel of great use for congestion of the liver, but if it increased the secretion of the bile, it would have an injurious effect. He thinks it is likely “irritation of the duodenum by purgatives, may be reflected, to the gall-bladder, and cause it to contract, and that the evacuation of the viscus may account in part for this increased quantity of bile in the stools.” Dr. Murchinson's is a handy sized volume. The former half treats of enlargements of the liver, under the division of painful and painless enlargements. The latter includes gall-stones, jaundice, hepatic pain, contractions, and abdominal dropsy. The cases upon which the lectures are founded are well selected and carefully related. Their study is likely to lead to more careful diagnosis and treatment.”—*Boston Med. and Surg. Journal.*

## NOTES FROM L'UNION MEDICALE

*Salivary Calculi.*—M. Paulet, at the Imperial Society of Surgery, exhibited two salivary calculi which he found in Wharton's duct, in a patient affected with a purulent discharge issuing from the floor of the mouth. The calculi were in the duct of the left side, and M. Paulet extracted them by excision. He ascertained that the sub-maxillary glands of both sides were stuffed with calculi. These stones are not rare in Wharton's duct; as M. Paulet has collected 65 cases of them, while the foregoing is the only instance in which he is cognizant of their presence in the sub-maxillary glands themselves. M. Panar, however, presented a salivary calculus, which he had extracted by excision from the sub-maxillary gland. In this case pus was seen issuing from the open orifice of Wharton's duct. M. Desormeaux remarked that he had once extracted a stone *from Stenon's duct.*—*Boston Med. and Surg. Journal.*

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EARLY DENTITION.—M. Guenoit related to the Societe de Chirurgie the case of an infant which, when nine days old, exhibited a spontaneous expulsion of the two middle upper incisor teeth, together with the destruction and expulsion of the dental bulb. There was some gingival stomatitis, but no abscess of any kind. The teeth resembled two solid shells, covered with a thin layer of enamel. These cases are rare. In connection with this subject M. Guenoit enumerated several celebrated persons who are said to have been born with teeth, such as Mirabeau, Mazarin, Louis XIV., to which he would have added that of M. Broca had not this gentleman disclaimed any right to such a distinction. Believing the fact generally admitted, that infants are occasionally born with teeth ready cut, we are greatly surprised to find such an experienced accoucheur as M. Blot utterly denying its accuracy. He says he has never met with an instance of its occurrence in 30,000 infants that have come under his observation, and the experience of his colleagues is just as negative. However, that unfailing repertory of information, M. Giraldes, was enabled to refer to numbers of cases of children born with one or more teeth; and he has met with similar cases in his own practice. M. Besneir observes that such cases are familiar enough to matrons, who are in the habit of at once extracting the teeth. We suspect that this operation must have been already performed in cases that otherwise would have attracted M. Blot's attention.—*Med. Times and Gazette.*