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DOMINION DENTAL JOURNAL.

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Original Communications.

Dental Dots.

By D. V. BEACOCK, Brockville, Ont.

Don't leave the cover off your vulcanizer when not in use.

Don't mix plaster to pour into a flask or impression cup, and when partially full mix a little salt or potassium with the remainder in the bowl, to make it set; this will spoil all. Put it in just before commencing to pour.

Don't refuse to take a good dental journal. That community is to be more than pitied, whose dentist is too mean to read or subscribe for one or more dental journals.

Don't be too eager to take out six-year molars for children; you may live to regret it. Save all you can, except when common sense combined with dental knowledge otherwise dictates.

Don't use any copper amalgam in any of the teeth near the front of the mouth, no matter how small the cavity. If the patient is young it is sure to stain the tooth. I have seen several beautiful bicuspid's ruined or otherwise disfigured for life with it.

Don't forget that kindness shown to children may, when they grow up, bring you many dollars.

Don't yield to the whim of every crank of a patient that may come along, by doing just whatever they may suggest, because they tell you that some other dentist does. Have an individuality of your own ; be sure you are right, then stand by your convictions.

Don't refuse to give a hint in the dental journal whenever you happen to have such a thing. Freely have ye received, now freely give.

Don't lower your prices, because some one tells you that Mr. So-and-so will do the same work for so much ; it often happens that they are not telling the exact truth, but trying to beat you down—in other words, shopping.

Don't be in too great a hurry to find fault with some filling you may happen to find in the mouth not very well put in. It may be that the patient will calmly listen till you are through, then look you in the face, and say, "Why, sir, you put that filling in yourself!"

Don't make a funnel of your throat, to pour nauseous drugs and patent nostrums into your already over-jaded stomach, should you unfortunately be the victim of dyspepsia, hepatic or nephritic troubles, with their usual accompaniments, insomnia and neurasthenia, or any of the numerous diseases that dentists are so liable to. It would be much wiser to take a vacation, plenty of fresh-air exercise, using carefully prepared and easily digested food, with a judicious use of dumb-bells and the Indian clubs. These latter will materially assist the metabolism and blood formation by accelerating the cell changes, and this too without the injurious effects of benumbing drugs, such as so-called tonics, nervines, sedatives and drastic purgatives, which too often paralyze instead of strengthen the very organs they are supposed to aid. In fact, try and lead a life more in harmony with nature's law, and less vexing to both body and mind.

A Convenient Method of Making an Articulating Plate.

By R. E. SPARKS, D.D.S., Kingston, Ont.

After making the impression, take a little moulding compound, which has been softening while the impression has been taken, put it in a partial impression tray, and take a second impression. Cool and remove from tray. You are now prepared to proceed as in any ordinary case.

Combination Metal and Cement Fillings.

By B.

It can hardly be denied but that the metals we use in filling teeth, are neither compatible with the tooth structure, nor as perfectly adapted to the marginal edges as the average cement preparations. If the ordinary cements were perfectly insoluble they would oust gold and amalgam from the market. We are so accustomed to extolling the various forms of metal fillings, that we perhaps overlook their disadvantages, and, in some cases, their positive injuriousness. If we could insert gold as easily as amalgam, several of the greatest objections to it would be removed. Any filling that demands great pressure, that requires hammering, etc., for condensation, that is difficult to use in inaccessible cavities, that exacts great strain and exhaustion of nervous force on the part of both patient and operator, that must necessarily be for the not-over-full-purse a costly material, has objections which we would, if we could, remove. Amalgam is no substitute under every circumstance for gold; and in itself considered, being a conductor of heat, shares in one of the objections to gold.

For several years past I have consistently practised, except in small cavities, a suggestion made before I was born, but which, like many other good ideas, is lost to the memory of some, and perhaps ignored in the practice of others. It is simply the use of any of the best cement fillings, such as made by White, Justi, Sibley, Johnson and Lund, as the base or bulk, with gold or amalgam as a cover.

Now this seems a very simple, old story, but at a dental meeting which some of your readers may remember, I challenged twenty dentists present to insert this combination filling in dead teeth in plaster-of-Paris settings; and simple as it seemed, only seven of them did it, under those favorable conditions, in a way to make them reliable had the operations been done in the mouth! The faults perpetrated were as follows: margins left thin or untrimmed, overhanging edges of enamel, improper trimming of the bone cement from the margins, starting the metal filling too soon in cases where gold was used as the covering; any one of these would cause inevitable failure in the mouth.

Briefly let me say, that I take care to have no possibility of these contingencies. In frequent cases where gold is used, I insert loose pellets into the bone cement before it hardens, instead of subsequently drilling retaining points or cutting grooves. I then use the hot air syringe rapidly, and it is easy to lay

those mats, or attach ribbons to these pellets. Whether I am to use gold or amalgam, in all cavities over the average size, I insert fully three-fourths of bone cement. It is better than metal in contact with the dentine, because it is a non-conductor, because it is more compatible with the tooth-structure, because it is easier upon the patient. When it is covered by secure gold or amalgam, it is better than an all-metal filling. If it was no more insoluble in the mouth than it is out of it, who would use metal as a filling?

In frail cavities, I am in the habit of imbedding in the cement a platinum or gold screw-post; sometimes bent at an angle so as to sustain the force of mastication, and building gold or amalgam on this strengthener. In dead teeth I have, for experiment, imbedded ordinary safety pin wire into the pulp-cavity, bent from one canal to the other, sometimes soldering a cross piece on top, which seemed to secure the attachment of fillings, and even of a crown.

How to get Clean Joints.

By CHAS. SUTTON, Coaticook, Que.

I have often read statements in the journals that the way to get clean joints is to grind closely, or to insert plaster, cement, etc., between the joints. Yet in spite of instructions, joints do come out with those reproachful dark lines which offend the eye. I do not pretend that I have made an original discovery, but I worked out the matter for myself, and I never have a dark joint, and this is the way I avoid it:

1. I never let wax get between the joints in preparing the set for the flask. I never melt the wax before or behind, where the blocks meet.

2. One of the last things I do when the case is waxed up, is to remove each block, one at a time, rub the joints on a piece of fine and clean sandpaper and replace them, taking care never to melt the wax where the blocks meet.

3. I then flask the set as usual, and when opening it, I avoid heating it so much that the wax will melt and run into the clean joints. I then *pick out* all the wax possible, especially in the vicinity where the blocks meet.

4. Now comes the secret. If you have not melted the wax into the joints before flasking, or when heating it to separate the flask, you have now perfectly clean joints. But you have to pour hot water into the case to melt out wax you cannot pick out, and when you do that, you just run the melted wax into those joints, and

even if you boil for an hour, and pour gallons of boiling water into the case, you can never cleanse them of foreign matter which not even boiling water will remove.

Now after you have picked out all the wax possible, just run into the joints thin plaster of Paris, and wait till it hardens. *Then* you may pour on your boiling water to remove the vestige of the wax ; but neither the wax nor the water can get between the joints, and neither can the rubber. It is not the rubber that dirties the joints. It is the wax, and the foreign matter in the wax which you run into them when you think you are running it out.

Translations.

(From Foreign Dental Journals, etc., etc.)

By CARL E. KLOTZ, St. Catharines.

NITROUS OXIDE WITH A SMALL PERCENTAGE OF OXYGEN ADDED.—In a splendid work on anæsthetics and their administration Dr. Hewitt says: "Generally the admixture of oxygen with nitrous oxide for anæsthetic purposes is not permissible, and the narcosis obtained by the nitrous oxide alone is in most cases sufficient." By experiment and observation in the last few years it has been found that, in a number of cases, better results have been obtained by adding a small percentage of oxygen to the nitrous oxide. Many operators will look with disfavor on this practice. I will therefore give you a table of comparisons between the two methods, the one giving results and effects under anæsthesia with pure nitrous oxide, and the other with the mixture :

Pure Nitrous Oxide.

- 1 Requires a simple apparatus and little practice and experience.
2. Patient quickly under the influence.
3. Face becomes pale and slightly bluish in color.
4. Respiration labored and irregular, mostly snoring and stertorous.

Nitrous Oxide mixed with a small percentage of Oxygen.

1. By using the mixture you require a complicated apparatus, and a great deal of practice in using it.
2. Patient not so quickly under the influence.
3. Face undergoes very little or no change of color.
4. Respiration quiet and regular, slight snoring sometimes, but never stertorous.

- | | |
|---|---|
| 5. Generally twitching of the muscles. | 5. No twitching of the muscles noticeable. |
| 6. Pulse frequently faster, but when fully under the influence of the gas it gets slower. | 6. Pulse always normal. |
| 7. Under complete narcosis generally dilatation of the pupils. | 7. Only slight dilatation of the pupils. |
| 8. Dysphagia and swelling of the tongue and upper air passages. | 8. Only slight swelling. |
| 9. Average time to put patient under the influence of the gas is about 51 seconds. | 9. Average time required is about 110 seconds. |
| 10. Average time of anaesthesia after mouthpiece is taken from the mouth, 30 seconds. | 10. Average time of anaesthesia is 44 seconds. |
| 11. Average quantity required for anaesthesia is about 6 gallons. | 11. Average quantity required from 8 to 10 gallons. |
| 12. Bad after-effects (headache, dizziness, nausea or vomiting) are seldom experienced. | 12. Bad after-effects are a little more frequent. |
| 13. Exciting and sometimes horrible dreams are experienced by the patient. | 13. Dreams are seldom excitable, and very often of a pleasant nature. |

It will be seen by the above table that the symptoms of asphyxia, through the addition of oxygen to the nitrous oxide during inhalation, have been thwarted; its use as an anaesthetic is consequently in many cases less dangerous.

The combination of oxygen and nitrous oxide appears to be principally applicable in the following cases:

1. To narcotize children, in whom you expect a disturbing twitching of the muscles when giving nitrous oxide alone.
2. For anemic and weakly patients, who, like children, frequently have a tendency to contraction of the muscles, and remain but a very short time under the influence of pure nitrous oxide.
3. For all persons who show a remarkable susceptibility for nitrous oxide *per se*. Such patients are frequently difficult to manage, as the anaesthetic effect is of a very short duration.
4. For such patients who have had unpleasant sensations during the inhalation of nitrous oxide.
5. For aged persons.
6. For patients whose tonsils are unusually large.
7. For patients with heart or lung troubles.

—Correspondenz Blatt für Zahnärzte.

Proceedings of Dental Societies.

Dental Association of the Province of Quebec.

The regular meeting for examination of students and other business was held in May. The full Board was present.

The following alterations have been made in the By-laws of the above Board:

By-law 5, Section 1, upon the required course of lectures in the Medical Faculty of McGill or Laval has been expunged, and it now reads after the word attendance on 3rd line, "of two full courses of six months each in the Medical Faculty of any University in this Province."

Section 3 has been expunged, and now reads, "The Primary will comprise Anatomy, Physiology, Chemistry and Metallurgy."

Section 7, Par. 2, the words "except when passed as Primary Examination in McGill or Laval" have been expunged.

Section 15 has been expunged.

Attention is directed to the following resolution passed by the above Board:—

"Any student not complying with the By-laws of this Board by not attending two full courses of six months each, in the Medical Faculty of any University in this Province, the Secretary is hereby ordered to notify him that unless he complies with the same his indenture will be cancelled."

The following gentlemen passed the matriculation examination: Charles Cooper, F. Kent, Maurice Sullivan, D. Bennick.

Primary Examination.—Anatomy. Examiner, Dr. E. Casgrain, Passed: W. Brown, E. Dubeau, C. Morrison, A. Gravelle, J. Shaw, J. Adams, James Boyne, John Delisle, J. Roy, H. Kerr, James Panneton, W. Allen, M. Mercier. Chemistry. Examiner, Dr. Hyndman. Passed: E. Dubeau, W. Brown, H. C. McConnell, J. M. Shaw, C. Morrison, E. J. Adams, J. Roy, J. Boyne. Metallurgy. Examiner, Dr. Hyndman. Passed: H. Kerr, H. C. McConnell, J. Boyne, W. Brown, H. Fortin, E. Dubeau, S. Gaudreau, W. Allen, C. Morrison, P. Vosburg, J. Shaw, J. Riendeau, E. Barnes. Physiology. Examiner, Dr. Venner. Passed: E. Barnes, E. Adams, J. Boyne, W. Brown, G. Oliver, E. Dubeau, H. Kerr, H. C. McConnell, W. Allen, J. Shaw, C. F. Morrison.

Final Examination.—Passed: J. Gardner, A. Dumont, G. Oliver.

Legislation.

Assembly Bill No. 121, Province of Quebec.

An Act to amend the law respecting dentists.

(Sanctioned, January, 1894.)

Her Majesty, by and with the advice and consent of the Legislature of Quebec, enacts as follows:

1. Article 4055 of the Revised Statutes, as replaced by the act 52 Victoria, chapter 40, and amended by the act 55-56 Victoria, chapter 32, section 1, is further amended by adding after the word, "admission," in the fifth line of paragraph 9, the words, "to the study of."

2. Article 4058 of the said Revised Statutes, as enacted by the said act 52 Victoria, chapter 40, and replaced by the act 55-56 Victoria, chapter 32, section 3, is amended:

(a) By replacing the first paragraph by the following:

"4058. Any person desiring to study dentistry in this Province must previously have passed the examination prescribed by the Board of Examiners of the Dental Association of this Province; but all graduates in arts or medicine from any Canadian or English University shall be admitted to study dentistry without such examination.

The said Board shall appoint the necessary examiners and indicate the subjects on which candidates for study shall be examined:

(b) By adding at the end of the said article, the following paragraph:

"5. Every student who changes patron must have his indentures transferred to his new patron by his old patron. Such transfer shall be made before a notary and be afterwards registered by the secretary of the Board of Examiners. This transfer is valid only from the date of the registration of such transfer, and confers upon the student all the privileges granted by law to the study of dentistry. Any period of time elapsed between the day on which the student has left his former patron and the day on which the transfer has been registered shall not count in the term of study of such student."

3. Article 4061 of the said Statutes as replaced by 52 Victoria, chapter 40, is amended by replacing the first paragraph by the following:

"4061. The examination for admission to study shall be held twice in each year, on the first Wednesday of April and the first

Wednesday of October, and for admission to practise on the first Wednesday of April of each year. Nevertheless, supplementary examinations for admission to practise may be held on the first Wednesday of October in each year, in accordance with the by-laws of the said association now in force."

4. Article 4065 of the said Statutes, as replaced by the said act 52 Victoria, chapter 40, and amended by the act 55-56 Victoria, chapter 32, section 6, is further amended as follows:

(a) By striking out from the first paragraph the following words: "for remuneration, or in the hope of being remunerated, rewarded or paid for his services, directly or indirectly."

(b) By striking out from the second paragraph the words: "by exacting payment, reward or remuneration for his services as a dentist, by the sale of drugs or medicines, or by barter, exchange or otherwise."

5. Article 4066 of the said Statutes, as enacted by the act 52 Victoria, chapter 40, is repealed.

6. Article 4981 of the said Statutes, as replaced by the act 52 Victoria, chapter 40, is amended by adding after the word, "Quebec," in the fifth line, the following words, "under penalty of the fine enacted by article 4065 of the said Statutes, as repealed by the said act, which shall be recoverable in the manner indicated by the said article 4067."

7. Article 4058 of the said Statutes, as replaced by the act 52 Victoria, chapter 40, and by the act 55-56 Victoria, chapter 32, is amended by replacing the word, "four," in the third line of the paragraph by the word, "three."

8. This act shall apply to students now under indenture.

Selections.

Mr. Tomes' Inaugural Address.

The following extracts from the Presidential address of Mr. Tomes, at the annual meeting of the British Dental Association, in Newcastle, will be read with interest:

"It seems to me that I cannot better employ the short time which I propose to occupy, than by a short review of the conditions of a dentist's life—of that which conduces to his success or failure, and of the manner in which these conditions react upon the man himself; and in the fulfilment of this task I hope that I shall not be thought to play the part of a too candid friend.

"As a united body—and of this union this Association is the visible sign—we are very young; counted in the years of a man's

life we have not attained to our majority, and what are twenty-one years in the history of a profession? and of youth no one can expect more than promise. And if we venture to think that we show some promise, I also fear that we have many of the faults of youth—faults possessed by youth, however well endowed, faults that pertain to young corporations, and to young nations no less than to individuals. But though there may be excuse for our faults, that is not the less reason that we should try to recognize them, and, so far as may be, correct them. It is in my mind that we expect too much, that we hope to go too fast, and that we are inclined to clamor for a degree of consideration which can only be accorded in the fulness of time, if ever. This consideration may take many forms; it may be more social recognition, it may be a higher scientific status, or it may be the confidence of the Legislature in entrusting us with more power to work out our ideas. But whatever form it is to take, it, in the very nature of things, can only be of slow growth, and by clamoring for it before it is accorded, we run the risk that, is incurred by the pushing youth, of being snubbed for our pains.

“This aspect of things is not confined to our own speciality, it has seldom been better expressed than in the words of Dr. Mitchell Banks, so well known here in the north, and I will read you an extract from his address given last year before the Medical Society of London. Speaking of various medical organizations, he said: ‘To become a gigantic mutual admiration body is a mistake. There can be nothing worse for us than to be ignorant of our weak places, and the man who, like the late Dr. Milner Fothergill, points them out to us, is certain to be a thousand times more alive to the real dignity of our profession than the vulgar persons who boast so much about it and add so little to it. By mere virtue of our profession we do not rank socially with other professions—we have to make our social position for ourselves. So much the more reason why our whole profession, down to its youngest graduate, should be men of such good general culture that their company should be welcomed not merely by the rich (for of these I make but little account), but by all of those whose well-trained minds, whose liberal ideas, and whose refined manners, constitute the true society of our country.’

“So I shall not say much of the great strides that have been made, in the education gone through, in the standard of our professional examinations (our students have to pass the same preliminary examination in general education as the general medical students), nor of the progress which legislation has rendered possible in the hindering of irregular forms of practice—this has all been said before, *usque ad nauseam*; but will pass at once to point out the conditions which it appears to me are called for to make the successful practitioner. It goes without saying that he must

have fully availed himself of his opportunities of study, for which there is now no lack of opportunity, and it would lead me too far afield to discuss the details of that training of hand and brain, but I should like to say a few words on the matter of a training beyond the ordinary routine of dental education; for there is a danger lest, led away by the pride of manipulative dexterity, we underrate directions of study which, to the thoughtless, seem to have little practical outcome.

"We have all of us made acquaintance with the self-styled practical man in all grades of society, from the artisan who poisons us with sewer gas, to the politician whose horizon is bounded by the limits of his personal observation, and that none too accurate. Let us quote to you the words of one of the clearest thinkers of our day, Professor Huxley, who thus delivered himself upon the proper scope of education: 'I often wish that this phrase, applied science, had never been invented, for it suggests that there is a sort of scientific knowledge of direct practical use, which can be studied apart from another sort of scientific knowledge, which is of no practical utility, and which is termed pure science. But there is no greater fallacy than this. What people call applied science is nothing but the application of pure science to particular classes of problems. It consists of deductions from those general principles, established by reasoning and observation, which constitute pure science. No one can safely make these deductions until he has a firm grasp of the principles, and he can obtain that grasp only by personal experience of the operations of observation and of reasoning on which they are founded. Almost all the processes employed in the arts and the manufactures fall within the range either of physics or of chemistry. In order to improve them, one must thoroughly understand them; and no one has a chance of really understanding them unless he has obtained that mastery of principles and that habit of dealing with facts which is given by long-continued and well-directed purely scientific training in the laboratory.'

"I will not weaken these pregnant words by comment, save only to say that every word which I have quoted is applicable to the training of the dentist, but that as yet we are far behind such an ideal as is there propounded. That scientific habit of mind by which we observe correctly and draw conclusions legitimately is essential, but it is fortunately one which can, to a great extent at all events, be cultivated. But do not suppose that I would allow this wider mental culture to at all take the place of that patient acquisition of manipulative, and I may say, empirical skill. To once more quote Professor Huxley: 'Indeed, I am so narrow-minded myself, that if I had to choose between two physicians, one who did not know whether a whale is a fish or not, and could not tell gentian from ginger, but did understand the application of

the institutes of medicine to his art, while the other, like Talleyrand's doctor, "knew a little of everything, even a little physic," with all my love for breadth of culture, I should assuredly consult the latter.'

"But in real life we are not called upon to make this choice; the man who is greedy of learning in his own special line is rarely—I may say, never—content to be ill-informed outside it. But supposing our young aspirant to start fully equipped with such knowledge as the schools can give him, his success is not yet fully assured, and there are certain qualities, like all qualities capable of improvement by cultivation, which will serve him in good stead. He must have nerve; not perhaps the nerve of the surgeon in whose hands lie the issues of life and death, but a certain steadiness of nerve which will enable him in the face of his special difficulties to be fully master of all the skill which he possesses, and this will go far towards securing the confidence of his patients. He must be painstaking, for it is in attention to *minutiæ* that, just as in modern surgery, the difference between success and failure lies; he must be patient, too, in dealing with all the little obstacles which crop up. And he must have tact and a quick judgment of the idiosyncrasies of his patient, which he must be both quick to appreciate, and, within proper limits, to bend to. For the very nature of our work precludes the possibility of the patient being able to judge even of results, except by the test of time, far less of what is best to be done for him, so that the dentist has ample opportunity for the exercise of all his discretion in knowing when to give way to his patient, and when to fight out his little battle in the patient's own interest. And it is very desirable that he should cultivate a thoroughly kind and friendly feeling towards those who honor him with their confidence—I say cultivate, because I believe that such a habit of mind is strengthened by use, and that it is just as easy to entertain a friendly feeling towards those to whom we are able to render service, as it lies deep down in imperfect human nature to dislike those whom we have in any way injured. He must have a good physique; his work is hour after hour exhausting in a degree that no one who has not tried it can appreciate. With busy practice comes another difficulty, and that is to avoid being hurried, and to keep for each patient time enough to do him justice. There is no temptation for the busy dentist to spend one moment more than is absolutely necessary over his work; on the contrary, there is a very strong temptation in the other direction, as it becomes very difficult to satisfy all those who wish to be seen, and who do not realize that dental operations take so long that it is rarely possible for the dentist, as it sometimes may be for the medical man, to squeeze in another patient when his appointment book is full. So that a good deal of moral firmness is needed every day to keep the dentist out of this pitfall. And he has all the more need of

these qualities in that his patient can never know the extent of the difficulties of his work—difficulties that are great enough, though the work be small—and will often be inclined to rate as high, or higher, the practitioner who attempts nothing difficult, but pilots their teeth towards a gradual and painless euthanasia, as he who renders far more real service, but in attempting much more now and again fails in something that the other would never have attempted.

“It may be said that these qualities which I have sketched would have led to success in any calling ; so I believe they would, and I fancy it is generally true that the man who scores a real success in any calling would have done so in a good many others had his career been a different one.

“One more word before I leave this matter of professional success. By success I do not mean merely pecuniary success. I do not call it real success unless a man stands in the opinion of his own professional brethren at least as high, or higher, than he does with the public. It is, unfortunately, the case that in all branches of the medical profession, and very especially in ours, the ear of the public is sometimes to be caught by self-assertion, and the many hydra-headed forms of quackery. It is sometimes asked why, when the manufacturer or the dealer advertises his goods without exciting the smallest adverse comment, should it be considered disgraceful for a barrister, a stock-broker, or a medical man to advertise himself. The difference is not far to seek, though it is often overlooked. The one advertises an article which he wishes to make known to the public, and it is greatly to their convenience that he should do so ; the one extols a thing, the other extols a man—himself. And there is this further difference—the thing may be new, all that is said about it may be true, but this can hardly be the case with the personal advertisement. For all knowledge that is of importance in a professional sense is very soon public property, for each to make use of as his abilities serve ; but it would hardly have the effect he desires were the advertiser to say : ‘I am even as other men are ;’ he must brag in some form, or it would be no good, and when he brags he can hardly be truthful.

“Let us turn from this disagreeable subject to a consideration of the reaction upon the man himself of success in practice. Wealth he can hardly attain—the limits of time preclude it ; and the great income of a surgeon or physician in the front rank is impossible. But ease and comfort and moderate savings are within the reach of a large number. He will have but little leisure ; the large expenditure of time upon his operations in order to do them properly not merely sets a limit upon the amount that he can do, but the number of hours during which a man can do such work without undue exhaustion being soon reached, he has none too

much energy for other things. One day's work very closely resembles the next, and the next, and though I would not be understood to say that there is not more of variety, and more scope for the exercise of sound judgment than any outsider might suppose, nevertheless, it is all exercised upon a strictly limited class of subjects, and so has its special mental dangers. The dentist in large practice may be compared to a man who daily journeys along a deep lane, shut in with hedgerows on either side. In such a lane there will be much for him who has eyes to see it, more, perhaps, than in a lifetime he can possibly exhaust, if he observes its geology, its fauna and flora, and the phenomena of human life and its ways that unfold themselves there; but for all that, our wayfarer will never understand even his little world if he never looks outside it. I came across a passage in one of Stevenson's novels the other day which illustrates what I mean: 'The dull man is made, not by the nature, but by the degree of his immersion in a single business. And all the more if that be sedentary, uneventful, and ingloriously safe. More than one-half of him will then remain unexercised and undeveloped; the rest will be distended and deformed by over-nutrition, over-cerebration, and the heat of rooms.' And, inasmuch as it is easy to see the mote in our brother's eye, I often fancy that I can trace the cramping and narrowing effect of our necessarily limited horizons, which prevents our even seeing what is really well within their limits. There are countless problems lying before us; the etiology of the diseases we have to treat, problems of heredity laid out before us—a rich and varied field for observation, yet how many cultivate it, even making due allowance for the fatigues of our routine work. By all means, then, let the dentist who would keep his mind fresh cultivate a hobby. A hobby is more restful than idleness, and is a joy forever, if it be well chosen. I recollect being struck with the sadness of the end of the life of one of the greatest physicians of recent days, who had no hobbies. He broke down in health, so that he could not practise, and then time hung heavy, even on the hands of a bright intellect, because, with failing health and declining years, it was too late to take up a fresh pursuit. And, as a contrast, the end of the life of a great surgeon, who, when he retired from practice, eagerly turned to the pursuit of art, which he had cultivated with a great measure of success throughout a long and busy life. And I think I can trace the same cramping effect in our relations to outside matters.

“Important to the well-being of the individual are his teeth; yet man is not wholly a complex organism constructed for the purpose of carrying about thirty-two (or fewer) teeth. Useful as I hope we are, we are only a small section of a great community, and while we hope that any legislation which we may be able at any future time to influence, will be upon the lines on which we have

sought to improve the position of our profession, we must always remember that it is only because the advancement of our profession is, broadly speaking, for the public weal, that what has been effected in the past was possible, and that which may be effected in the future can come into the sphere of possibility only upon the same grounds of a general public utility."—*Journal of the British Dental Association*.

How Best to Read and Study and Write Dental Literature.*

By C. N. JOHNSON, L.D.S., D.D.S., Chicago, Ill.

MR. PRESIDENT AND GENTLEMEN,—The phrase "dental literature" in the title given the essayist by your committee probably relates more particularly to the periodical literature of the profession than to books, and it is to this phase of the subject that, with your permission, the writer will chiefly devote himself. Most of the dental literature of the present day is made up of matter appearing either originally or finally in dental journals, for there is very little that is published in books but what has, in one form or another, found utterance in periodicals. It may, therefore, be realized what an important place in the general literature of the profession our journalistic literature is destined to fill, and he who keeps well abreast with his dental journals and watches closely the book reviews contained therein, so that he may avail himself of any special book on a subject of interest to him, need not fear of missing much that is of permanent value.

The division of the subject into three parts, to read, to study and to write, very justly implies that there is a distinction between reading and studying, and yet for the purposes of the present paper it may be well to consider the two in the same connection. At the outset it must be assumed—with the possible risk of taking too much for granted—that all are agreed as to the necessity of a familiarity with our periodical literature in order for a dentist to keep himself fully alive to the best interests of his patrons. The question for our present consideration is, how best may this familiarity be maintained?

To gain a comprehensive idea of what is going on in the profession, a dentist should subscribe for five or six journals at least. No one journal can supply the demands of a progressive man, for each journal has its distinguishing characteristics, and therefore represents a different line of thought from the others.

*Read before the joint meeting of the Iowa and Nebraska State Dental Societies, May, 1894.

In reading and studying dental literature to the best advantage it is necessary to plan some system whereby the work may be pursued in a regular and consecutive manner. The average subscriber to our journals probably falls far short of gaining the greatest possible benefit from his literature on account of aimless methods of reading. To subscribe for a journal and then leave it lying around the office to be picked up in a hap-hazard sort of way whenever chance suggests a spare moment, is to waste, for the most part, the money paid for subscriptions. Such desultory reading as this leaves no lasting impression on the mind, and results at best in a confused idea of what is going on in dentistry. No one method of reading can be laid down as a guide for all subscribers to follow. Individual circumstances and conditions operate to render necessary a separate plan for almost every reader. Each one should study out that plan which, to him, seems the most convenient and profitable, and this method when once arranged, should be rigidly adhered to until a better one presents itself. This may at first require some discipline, and usually dentists are not good disciplinarians (especially when it comes to disciplining themselves), but in the end it will be found that even discipline itself becomes a habit, and if the method pursued be the one best suited to the requirements of the individual, it will soon seem easy to follow.

While, as has been said, no one method can be advanced as suitable for all, yet a few general suggestions may prove of interest. Supposing the subscriber be a young man just starting in practice, the advice is to read carefully every article appearing in the journals. This may at first thought appear like a waste of time, but there are many arguments to favor its observance. The beginner often has considerable time not taken by appointments, and that time may be more profitably spent in making himself familiar with the literature of the profession than in any other manner. No young dentist of a receptive nature can read an article treating on any line of practice without carrying the influence of that article to the operating chair or laboratory. In the early days of practice it may be well to keep the journals at the office for at least the first month of their appearance, where they may be perused at will during any spare time. It is far better to keep the mind fully engaged with topics relating to practice than to read light literature during office hours, or to sit brooding over lack of practice. After the journal has served its purpose at the office, it should be taken to the home and placed in regular order in the library. During the process of reading the journal, careful note should be taken of those articles which will justify a second reading and subsequent study. To keep a list of these, it is well to have an indexed title book in which to record the title of the article, with the name and date of the journal. This title book, or

something to fill its place, should be made a prominent feature in reading and studying dental literature. By its use, the reader may keep year after year a list of those articles to which he may wish to refer at any time, and if he subsequently drifts into a specialty, and becomes interested in any one line of work, he will find in his book on the one page a list of those articles bearing on his specialty, with the date of publication and the name of the journal containing them. Without a title book of this kind, it is necessary to look over the entire index of every journal in the library in order to examine the literature of any one subject. This indexed title book should be in the hands of every reader of dental literature, young or old. Every dentist can select such a one as seems best adapted to his needs. Probably a small one that can be slipped into the pocket, and thus readily carried between the office and the residence, will be the most convenient to the majority, but an extensive reader could so enlarge the scope of the work as to result in a complete index of the periodical literature of the profession. Such a record kept for several years would eventually prove a most valuable work of reference and save the reader a great amount of time.

In addition to the reading done during his office hours, the young practitioner should religiously set aside certain evenings in the week for professional reading and study. At these times he can pursue a certain line of thought without fear of being disturbed, as he often must be in his office, and the concentration of mind possible in the quiet hours of the evening impresses the subject matter upon him to a degree not approached under other circumstances. While reading, whether at the office or the house, careful note should be made of every word whose meaning is not well understood, and the dictionary should be appealed to in every instance, so that the reader becomes familiar with the technical terms used by writers upon dental subjects. As practice increases, and the time is more fully occupied in the office, it becomes necessary to do less and less reading during the day, and eventually the time comes when all reading at the office must be abandoned, and the journals carried home for perusal. This need not necessarily result in extending the number of evenings to be employed in this work, for by this time the practitioner is presumably in a position to discriminate somewhat in his reading. It has just been stated that the recent graduate should read carefully every article appearing in his journals, to the end that he may keep himself occupied and gain a familiarity with the various writers and their theories, but as this familiarity is gained it will impress the discerning and experienced reader that there is much appearing in our periodicals that does not call for verbatim examination on the part of the advanced practitioner. He will soon learn to select those articles which merit his careful attention, and to dismiss the

others with a hasty glance. It will become more necessary each year to exercise good judgment in this respect, so that time—which grows more valuable as age advances—is not wasted on indifferent literature. By careful discrimination and the constant use of the title book, a practitioner may keep himself in touch with the current literature of his profession and still have time for his social and domestic duties, and also for writing dental literature himself.

The time has now arrived when the practitioner should begin to pay back in part the debt he owes the profession by adding something from year to year to its literature. No man should be a drone in the dental hive any more than in the great hive of humanity, and just so soon as his experience justifies it, he should begin to cultivate the habit of writing out the results of his observations gained in practice and by reading, and incorporate them into papers for dental societies or original communications to dental journals.

This brings us to the consideration of the third part of our title—how best to write dental literature. This must be acknowledged a difficult subject to treat in a manner to make it interesting, or of practical value to the average member of a dental society. The suggestions attempted in the present paper are intended to apply for the most part to beginners, and some of the hints given may appear so simple and so patent as not to be worthy of a place in an essay to be read before such a meeting as this. Extenuation is pleaded on the ground that experience has shown how deficient the majority of writers on dental topics prove themselves in many of these minor details.

The first requirement for a paper on any topic, no matter what the age of the author, is for him to have something to say. There should be a distinct idea in his mind that he has a matter of some import to tell the profession. It need not necessarily be—in fact, in the very nature of things it seldom can be—anything strictly original. But it must be something with which he is personally impressed—something which he feels needs more emphasis than has yet been given it. It is possible for some valuable line of practice to be advocated in our periodical literature and remain in print for months, and even years, without the profession generally adopting it or giving it the attention it merits. This is often due to the fact that it has been indifferently presented to the profession by its originator. The man who takes up a subject of this kind and by the very earnestness of his conviction forces the profession to give it due consideration, is often of more practical benefit than the man whose genius originated the idea. If all practitioners cannot be original investigators they can at least be thinkers, and no man should allow himself to be a thinker for any length of time without giving the profession the benefit of his thoughts. In

a calling like dentistry he should not be a thinker "for revenue only." The specious plea made by some of our inventive genii that they are able to think out a problem for themselves but are unable to describe the process on paper, so that the profession may get the benefit of it, should not long obtain in this age. Too much literature of all kinds is appearing every day to leave a man long in ignorance of proper modes of expression, and even if a first, or second, or third attempt fails in a clear statement of his idea, this should not discourage him from repeated effort till he gains his point. It would probably surprise the literary novice to be told how many times the MS. of some of our ablest authors of general literature is rewritten. The fact that an article reads smoothly is no indication that it was written easily—the fact is usually to the contrary. Persistent effort of this kind will prove beneficial to the writer in more ways than one. No man can write out an idea without having that idea made clearer in his mind—he cannot describe a method or an appliance without forcing the details more firmly into his brain, on account of having given concise and accurate expression to them. In no department of our work is the saying "practice makes perfect" more true than in this.

After being assured that he has something of interest to tell the profession, the next point for the practitioner to consider is the proper method of saying it. Here we approach a subject upon which it is difficult to give definite instruction. No man can tell another how to write within the limits of one short paper, and in truth it is not altogether clear just how far one individual can impart this knowledge to another, if given the amplest opportunity. The most that can be done is to offer suggestions and point out defects.

In writing a paper, the first thing to do after having the subject well in hand is to arrange the matter in a systematic manner, so that the line of thought will be carried in the mind of the reader in a logical sequence from title to colophon. In order to do this it will sometimes be necessary to make notes, consisting of a series of headings, before any writing is done on the paper proper. For this purpose it is well to have always at hand a slip of paper for some time before the essay is started, while the general idea of the subject-matter is taking form in the mind, so that any heading may be jotted down as it occurs. Often an idea will suggest itself while working at the chair, or in the laboratory, or riding in the street car, or lying in bed vainly dallying with the sometimes fickle god, Morpheus. If the idea is not caught and trapped on the instant, it is quite likely to slip away never to return, or perhaps to return too late. Armed with adequate notes, the writer may properly arrange the headings in orderly sequence, and when this is done it is safe to say that half the labor of writing that paper is accomplished.

If the paper is started without a properly arranged list of headings, it is often the case that ideas occur to the author as the paper progresses, and in order to get them into their proper places, he must insert them in the subject-matter at some point previous to where he is writing—in doing which he usually destroys that rhythmic harmony that should ring throughout the paper from beginning to end.

The preparation of MS. for the printer is a subject which might appear of such minor importance that its consideration would seem uncalled for in a paper like this, and yet it is a matter which in the aggregate causes no end of worry, and—must it be admitted?—considerable justifiable profanity on the part of editors of dental journals. The first copy of a paper is usually disfigured by frequent interlinings, erasures and corrections of various kinds; and no man of any conscience will read a paper before a society in that condition, much less turn it in to the editor for publication. It is well when the first draft is completed to put away the paper in a pigeonhole and leave it for as long a time as convenient, until the author grows unfamiliar with its phraseology. It should then be read aloud to see how it sounds, and it will usually be found that defects present themselves, which in the first flush of composition had been overlooked. When the paper has been carefully corrected, it should be copied in a clear, plain hand, or, what is preferable, with a typewriter. Typewritten copy is manifestly so much better than the writing of the average professional man, that some societies specify that papers presented for publication must be typewritten. No paper should be read before a society or offered for publication without careful attention to a certain point which is quite frequently entirely ignored by authors. This relates to the title of the paper, the name of the author, his place of residence, etc. Too often are papers handed to the editor without the slightest indication, so far as the MS. is concerned, as to what they are about, or by whom they were written, or where they were read; and the sublime complacency of the authors is epitomized in the remark recently made by one of them, "What are editors for, anyhow?" It may here be modestly intimated that editors are not for the purpose of divining hidden mysteries such as are sometimes presented for their solution, and the sooner writers recognize this, the better it will be for the author's peace of mind and the editor's prospect of heaven. When the typewritten copy is made, it should contain first the title of the paper, then the name of the society before which it is to be read, with date of meeting, the name of the author, with his degrees, and the town and State where he resides.

The question of punctuation is sometimes a matter of importance, but no rules can be given that will benefit the average writer except probably the one rule of common sense. A word of ad-

monition, however, may be deemed admissible for those writers who fall into the abominable habit of punctuating everything with a dash. The dash is a valuable adjunct in the process of punctuation when properly applied, but it can scarcely be advocated for exclusive use in lieu of commas, semicolons, colons and periods. Some of the MSS. that come to an editor call to mind the remark of a lady writer who on being asked her authority for using so many dashes said, "Oh, when I'm in any doubt as to punctuation I throw in a dash." Some of our writers according to this would appear to be in doubt most of the time, and if their MS. was given to the printer as it leaves their hands the proof would make it appear as if more than half of the author's mind was in a blank. A safer precept than the lady's would be—when in doubt do not use anything.

Moderation is also suggested in the use of italics. These innocent little letters have their legitimate place in our literature, but too often they are dragged out to bolster up an argument which contains little strength outside of the emphasis given it by the conspicuous type. It is sometimes as if the author were aiming occasional blows at the reader to compel his attention to the various points he was attempting to make, in the evident conviction that without this method of typical gesticulation the points would be overlooked.

Offensive mannerisms of speech such as too frequently mar the pages of our journals should be avoided. These are mostly matters of habit and few men realize how badly they have this habit till they conduct a critical examination of their own work. An instance of this kind occurs in a recent issue of one of our most pretentious monthlies where on a single page no less than five sentences are started with the word "Now." This word seemed to be the evil genius of that writer for in a short article of a little more than three pages he made it do duty in this respect ten different times. This in face of the fact that in every instance the sentence would have been strengthened by its omission. It was not used in the sense of stating time but simply as a disagreeable excrescence which jarred on the reader at every turn. In giving full sway to this one mannerism the author made an article sound ridiculous which in other respects was a worthy one. A good way to cure one's self of this habit is to read aloud the MS., as has before been advised, previous to having it typewritten, but in case the habit has become so far a second nature that the author is unable to detect his own mannerism he would do well to hand it to some friend for revision. When his defect is once pointed out he should avoid it in his future writing.

A final word of advice directed more particularly to our young writers must conclude what is already too long a paper. The usual tendency with amateur authors, especially if they chance to

be favored with a prolific vocabulary, is to indulge in too much fine writing—in other words to give their work a hisfalutin style which shoots wide of the mark in an essay on any professional topic. High-flown, stilted phraseology is being more and more tabooed in the general literature of the world. It is frowned upon by the purely literary individual everywhere, is being less and less indulged in by the newspaper man of the day, and even the novelist himself—that literary Bohemian whose main stock in trade it has oft-times proved itself to be—is now forced to use it, if use it at all, in the face of ridicule and caricature. How far then should it be removed from a place in the literature of a profession like dentistry. Study simplicity of style, plainness of speech, aptness of phrase and brevity of expression. Think out the thing that you want to tell—think it out clearly in your own mind so that the idea is indelibly engraven there before you attempt to put it on paper. When you begin to write keep the idea firmly fixed as your text and write strictly to that text. Go at once to the heart of your subject, say what you have to say about it in the most concise and direct manner, and when you are through—stop.—*Dental Review*.

American Dentistry in London.*

By FRANK M. WILKINSON, D.M.D., Boston.

The object of this short paper is to throw light upon a subject of which comparatively little is known in America, and doubtless much chagrin has been experienced by the profession at large on account of the action of the General Medical Council in London in regard to the two dental schools recently disqualified for registration in Great Britain.

Yet when the facts have been clearly set before the profession, it will not be so surprising that such action was taken, but rather that it was so long delayed. American dentistry in England is advertised most extensively and traded upon by those who practise, or pretend to practise it, simply because of the general admission in England of the superiority of it as compared with that practised by other nationalities. The easy credulity of the English public in this matter leads them to be duped by that which is called American, although those who practise under this title are not of that nationality or schooling. The consequence is, that the grossest maltreatment, to speak plainly, is perpetuated, both in supposed-to-be swell private practices as well as in the advertising "limited" companies, who carry on a trade in dentistry rather than a respectable practice. It is well known by the English dentists that this

* Read before Harvard Odontological Society, January 25, 1894.

is a great wrong, not only to them, but to the people who are the victims of this avariciousness; they unscrupulously charge the exorbitant fee because it is "American dentistry," while the truth of the matter is, dentists of ability in the States are not guilty of performing operations such as are classed here as American. As a result, the standard of American dentistry in London is anything but what we could wish, and, as seen by most English dentists, is far from being a credit to those who should be representatives of the profession, capable of upholding its high reputation and standard abroad. Why is this? naturally may be asked. The answer is not very hard to find, when it is known that there are several companies in London, with branches throughout England, who claim to be, and advertise as, Americans, and it is certain that many whom they employ are young men from the States. Every dentist who carries on a respectable practice will most emphatically condemn their methods. Some of the work done is not worthy of any American; yet fee enough is charged to command the best obtainable service from the hands of our experts. Their charges are excessive for what is really bad.

With this state of affairs going on for years, it is not surprising that our standard should be looked upon as no improvement upon that of the English. In private practices, there are many at present who for years worked for these firms, and finally established themselves when their time expired for which they were "bound out," for no one can secure a position who will not sign a contract that binds out of London for so many miles and for so many years. Some of these men go on with the same kind of work, and coin money. Even in the aristocratic West End (which one might think would be free from such) they are to be found. Some who never attended college put "Dr." on their door-plate, and "Doctor of Dental Surgery" appears, in so many words, on advertising cards, in defiance of the law restricting them from practising in Great Britain. There are men who charge five hundred dollars (and it has been paid) for a full denture, gold base and rubber attachment, while if a tooth be a trifle off color, it is cut off and a crown put on at large expense. Many of these charlatans place large fillings over putrescent pulps, while the best is being paid for and supposed to be received. There are many working in this way, against whom the more learned and skilful have to compete, the latter in modest and professional manner, while the former class are obtrusive and gain the patronage of the wealthy and nobility, for the reason that, being Americans, better services are supposed necessarily to follow. What wonder that the standard is not being elevated! But some there are who are faithful and conscientious, and the English dentist is fair enough to acknowledge a good production from the land of the Stars and Stripes.

Graduates of American schools have practically no opportunity

of securing good situations in England at the present time. A law has recently been passed by the General Medical Council forbidding dentists, under penalty of having their names removed from the register, to employ unregistered assistants. The only opening for the graduate is to take the examination for the degree of "L.D.S." (Ireland), "sine curriculo," in Dublin. Three Harvard men have passed successfully, and are now registered. Let those who go to practise in London adhere to the principles they have been taught before leaving this country, and there will be a change for the better.

Let all diplomas be disqualified (as the British diplomas are) when graduates are involved with firms of the aforesaid description, and the day will not be far distant when a different state of affairs will be presented, and firms which bring discredit upon the fair name of American dentistry will have little excuse for their existence.—*International Dental Journal*.

The Advantages of Association.

In proposing the toast of the British Dental Association at the annual dinner, in Newcastle, the President, Mr. C. S. Tomes, made the following admirable remarks as to the advantages of association: "For instance, one comes in contact with a number of people whom you are very glad to know, and whom otherwise you would not have known. They are professional in so far as union gives us a degree of influence that we should not otherwise attain. Another thing is that amongst 800 people (and we are somewhat more than 800) there must be at all times differences of opinion. We cannot all think alike, and it is not desirable that we should. These differences of opinion, if we do not meet, if we do not shake one another by the hand, may come to something more than differences of opinion—they may come to differences of action, and that would be very much to be deplored. The first thing that people who meet together in a proper spirit have to do is to sink their little differences and their own individual opinions. I do not mean to say that a man should be invertebrate, that he should have no opinions of his own, or that if he holds an opinion very strongly, and considers it to be a point of vital importance, he should not stick to it with all the power that he has; but one may differ on points that are non-essential and non-vital, and when we do so we should differ in a pleasant, good-humored, and a good-natured way; thresh out our differences, come to an agreement if we can, give way if we can, and go in, generally speaking, for what is comprised under the term of good-fellowship. In this, like every other Association with so many members, there have been differences of opinion. There has been a certain amount of friction as to some points; some people have thought the action

taken has been wrong; some people have even done so wrongly themselves as to segregate themselves from the general body, because the actions of the general body were not precisely and exactly what they liked. But at this meeting, I myself and—what is of more importance—others have noticed that some of our differences are becoming smoothed over. I won't say are becoming smoothed over, but have become smoothed over, and the difference is now quite a thing of the past. In commending to you this toast, I can do no more than say that this is an essentially auspicious occasion for drinking our own health, because I think that some of our difficulties, and some of the differences of opinion that have troubled us for a considerable length of time, have within these last two days disappeared."

Editorial.

"The Only One."

Mr. Charles Tomes, in his inaugural address, which will be found upon another page, makes some apt remarks upon 'the self-styled practical man' in dentistry. While recognizing the importance, and in one sense the pre-eminence of manipulative skill, it is clear that without knowledge of the scientific principles the purely "practical man" is an empirical "surgeon" dentist.

Many of our readers have no doubt frequently been amused with the absurd claims put forth by some of these purely practical men. Any editor can testify to the fact, that it is by no means uncommon to receive as original discoveries, ideas which are perhaps a century old. In every city there are some practitioners who have learned what they know entirely outside of colleges, journals or books, and who have the temerity to tell their patients the most absurd yarns as to their practice. Recently a very well-educated party told us that a certain dentist claimed to be the only one in his city who filled the roots of teeth; the only one who made the "proper bridge-work" (which, by the way, was made entirely by a mechanical assistant); the only one who made contour gold fillings; the only one who treated abscessed teeth; the only one who was "not a mere theorist."

At the same time, when the naked truth was told, he was the only one who had never had any other training than what he received with an obscure third-class dentist; the only one who had never listened to a medical or dental lecture, the only one, in short, who is mean enough to make capital for himself by deliberate falsehood and impertinent assumption, and just as long as the public will swallow the statements of these advertising liars, "the only one" will always get public support, even if he gets professional contempt.

Personal.

Our *confrere* and fellow-countryman, formerly of Quebec city, Dr. W. R. Patton, of Cologne, Germany, writes us that he expects to pay Canada a visit this summer. His old friends will be delighted to see him.

We regret very much to announce the death of Dr. L. W. Dowlin, of Sherbrooke, Que., which occurred last month. The Doctor was one of the first to welcome the organization of the profession in Quebec Province, and always took an active interest in its progress. He served as a member of the Board of Examiners for several years, and won the esteem and respect not only of his confreres, but of the public generally.

One by one the fathers of dentistry are disappearing from the scene of life, but never from memory. Not long ago it was the venerable and loved Dr. Allport. To-day it is Dr. W. H. Eames, of St. Louis, Mo., one of the founders of the *Missouri Dental Journal*, and for many years its editor, and later, editor of its successor, the *Archives of Dentistry*. In college work, journalism, in the societies, as a teacher and ever a student, as a President of Association of Dental College Faculties, and whenever he could say a good word or do a kind deed, he was prominent.

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