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# DOMINION DENTAL JOURNAL.

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## Original Communications.

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### Dental Dots Distilled.

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By D. V. BEACOCK, L.D.S., Brockville, Ont.

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Any dentist can draw the temper of his separating files by passing them through the flame of a spirit lamp till blue; they will then be nearly equal to the new flexible files lately brought out, and can be bent into almost any curve desired.

Get three or four pieces of hard wood turned to fit your lathes; have one round like a marble, the others cone-shaped, size to suit yourself; give them a thin coat of Spaulding's glue; sprinkle emery all over them while wet; lay by till thoroughly dry. These, made with different grades of emery and used dry, last a long time, and are easily renewed; they cut a plate down rapidly, and are much safer than burrs.

Celluloid disks, used at the back of sandpaper disks, serve to stiffen and keep them in shape, and adds to their cutting qualities. Any dentist can make them out of thin celluloid sheets, to be had at any milliner's store. Strips of the same material, used with fine corundum powder, make the strongest polishing strip I have ever used; the celluloid should be the rough or unglossed kind, as it holds the powder much better than the glazed or highly glossed.

A piece of aluminum wire makes a very handy carrier for convey-

ing iodine, aromatic acid or any corrosive agent, except muriatic acid. It answers the same purpose as gold or platinum, being non-corrosive, soft, pliable and clean; can be bent or formed into any shape and only costs a trifle.

Aluminum wire is very useful for many other purposes in the dental office, such as strengthening rubber plates, pinless teeth, making canal points, etc. I have lately had made to order, some aluminum wire gauze for strengthening rubber plates—it works nicely; by covering the model with gauze and packing rubber over it we can make much stronger plates, the rubber is tougher and more evenly vulcanized, and what is better, it is not such a non-conductor as an all rubber plate. This gauze is so soft and pliable that it can be easily fitted on any model by merely pressing it with the fingers.

### What Is a Man To Do?

By "XENO," Ont.

At the graduating exercises of the class of which I was a member, I was particularly struck with a few sentences used by the Dean of the Faculty, viz.: "There will come times of discouragement, times when everything seems to go wrong, times when receipts are small and expenses are large. *These are the times that try men's souls.*"

"But keep right along, and do not let yourself be tempted during these trying times to do anything unbecoming a dentist; do not condescend to do unprofessional things in order to gain practice."

The advice was timely, and I have no doubt every member of that class has had more or less of "the times that try men's souls."

I don't suppose I meet more of such things than other practitioners, but I sometimes feel like "boiling over." A case or two will illustrate:

1. A short time ago a lady brought a little girl to me, about four years old. The child's upper lip was badly swollen. The mother said that the lip had been swollen for about ten months. The usual "gum-boil" was there. She had taken the child to a "Doctor" some months before; he gave her something to rub on, to take the

"gum-boil" away. But, strange to relate, it did not go away. Some hard substance appeared through the gum under the lip; this, the Doctor told her, was a new tooth. When I saw the little patient I noticed that the crowns were off both centrals. Alveolar abscess, with fistulous opening, had resulted. Some pressure had probably forced the root up into the alveolus, and the apex came out through the opening. The end of the root had entered the lip, and was gradually working its way through, causing excessive pain and swelling. With an excavator I removed the root, and the trouble disappeared.

2. A young lady, sixteen years of age, was troubled with a lower molar. She went to a Doctor, who, on examination, saw that the tooth was badly decayed. There was some slight swelling. He advised her to poultice it, and she did so. The abscess broke externally in the region of the sub-maxillary gland, and to-day there is a large cicatrix, which looks very bad.

Such cases as these cause a man to ask himself, "When will medical men learn that there is a profession called Dentistry?" Can medical men not afford to say, "We don't know very much about teeth, you had better go to a dentist?" If medical students were advised by their lecturers and professors to leave teeth alone altogether, much of the injury done might be averted.

Of course, in such cases, a poor dentist dare not criticise the action of a general practitioner, and any advice he gives contrary to that already received from the Doctor is accepted with a good deal of suspicion. It would not be *professional* to tell a patient, "I'm supposed to know more about teeth than a general practitioner." Oh, no! we must just sit and listen, and give a patient (who says Dr. — told her this, that, or the other thing) to understand (by our silence) that Dr. — is all right, and we are all wrong. Mr. Editor, what is a man to do? The action of medical men is taking hundreds of dollars out of the pockets of the dentists of this country, making "receipts small," and almost forcing many young men to advertise "cheap extracting," in order to save themselves (from bankruptcy) and the people's teeth.

Do not say, "Time will remedy all these things," for "Life is too short, and time too precious."

## Compound Fracture of the Alveolus and Maxillary.

Read before the Odontological Society of Quebec.

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By C. H. WELLS, L.D.S., Huntingdon, Que.

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In attempting to bring forward this subject this evening, I feel very much like the man that was shipping coal to Newcastle, but, from what I see from different parts of the country, I feel encouraged to think that I may say something that will be of use to some one, and, if so, I shall feel that my object is attained.

The first case to which I will invite your attention is that of Robert Lumsden, of Athelstan, P.Q., at that time eight years old.

This is a compound fracture of the lower jaw, from the effects of a blow of a club, which struck the jaw to the left of the centre, coming end-wise, the centre of the blow being just in front of the canine, and causing a complete fracture between the second temporary molar and the six-year molar, on the left side; also another at the canine, or between the canine and the first molar; and another, between the right canine and the lateral incisor; and the fourth, between the second molar on the right and the first molar. Then there was another fracture, extending from one of the fractures at the canines to the other, thus breaking the alveolus with one canine and four centrals completely out, which the mother brought me in her hand. After examining the case carefully, I consulted the physician who had brought them to my office, and he proposed that we disjoint the lower jaw entirely, and take it out, as he did not think it possible to save it. I thought that I could make an improvement on that. I gave the patient æther, got the fractures reduced as near as possible to their proper places, and had them held in place by assistants until I took a wax impression, when I made a capping plate to fit over all the lower teeth, which, you will remember, were all knocked out but the two permanent molars. I replaced them all but one lateral incisor, where the socket was gone altogether, and I left it out, which I much regret, as I saved all that I put in, and I believe might have saved that one also. I then riveted a V-shaped piece of plated steel to the capping plate, passed a bolt down through the head of the V, soldered it fast there, and carried it down through an iron

plate well padded underneath the jaw. On this bolt I put a thumb-nut, that could be loosened or removed at will; this I allowed to remain three days, rinsing the mouth with antiseptic washes. I then removed it carefully, and rinsed the mouth well with antiseptics, and at the end of the first week the patient was living on fairly solid food. After this I only removed the plate once a week. At the end of the fifth week I removed the plate altogether, and discharged the patient. Strange to say, he has since erupted his bicuspid and canines, and they all came all right; also the second molars are in their proper place and position. The enlargement of the bone at the fractures is very slight, so slight that you would not notice there had been anything wrong.

The second case is that of Archie McEwan, of Ormstown, P.Q., who came to me on the 8th of April last; he had been kicked by a horse five weeks before, and had been attended by two eminent surgeons. The only teeth he could make meet together were the lower right canine on the outside of the first superior bicuspid, the molars and bicuspid of both sides of the mouth being outside those of the upper jaw, and on the left side; when the right were touching, they lacked more than one-fourth of an inch of coming up to the upper ones. I found the union so strong that I did not dare to break it again for fear of not getting a union, and so decided to draw them into place with pressure. I first passed a strong rubber round the two bicuspid on the right and the canine, also another over the second bicuspid on the right and the first molar on the left. At the same time I passed a very strong one round the central and lateral on the left, and the two bicuspid, on the same side. The patient wore this arrangement from 9 a.m. until 6 p.m., when I had the spaces nearly closed on the right, and completely on the left. I then took an impression, and made a capping plate similar to Lumsden's, but cutting the plaster teeth short on the right, and padding heavily under the left side, thus giving it a constant twisting pressure. This the patient wore for five days, and then returned with the articulation much improved, and in the condition shown in the plaster cast, having taken it off twenty-four hours before. You will observe that the molars and bicuspid of the right side were again springing out. I then passed another strong rubber band round the bicuspid on the right, and the first molar on the left, and in four hours had them again in

their proper position. I then tied the two bicuspids firmly to the canine and lateral, and left this ligature there two weeks. The patient objecting to wear the plate and pads, on account of its inconvenience, I then fixed a bandage, cutting out a three-inch piece from the centre, and sewing to either end of this two six-inch pieces of the strongest elastic that I could get; then sewed the other pieces to this. My arrangement was complete. I then put the centre between the elastics under the chin, brought them up the side of the face over the top of the head, crossed them around to the back, passed them forward to the point of the chin, and sewed the ends together, and attached the bandages together at the side of the face, thus holding the whole bandage in position. The patient wore this about two weeks, which left his articulation the same as before the fracture. Everything was then taken off, and all remained in position, the patient being a little weak for a time.

The third case is that of David Armstrong, of Front River, N.Y. This is a case of a man thirty-eight years of age, and was caused by the kick of a horse. There were three fractures, although only two went completely through; the one on the left, as indicated by the pencil marks, united in fairly good position, but the one on the right was bad, as shown by the cast. The front end of the right side was thrown out and up so much, so that the only teeth that would meet at all were the lower canine and the first superior bicuspids; this is the position in which I first found it eleven weeks after the accident, and firmly united in this position. This case I treated with the capping plate, combined with the same apparatus as Lumsden's, moving the teeth inward on an inclined plane, and padding heavily on the left side, and keeping the screw well tightened. In ten days I had them in perfect position, and kept them there afterwards with dental floss ligatures, holding them this way for about three weeks, which proved a perfect success.

[Dr. Wells exhibited casts and photographs of the cases.]

## Extracting Teeth.

By W. H. SUTTON, L.D.S., Magog, Que.

While condemning, as a rule, the extraction of teeth which prevails to such an extent in larger cities, it is not possible that their extraction will ever become out of place, and it is important to make this matter as easy as possible, with as little pain to the patient and as little labor to the operator. Some of our oldest operators still adhere to the use of the key and the elevators, and in spite of our objections to them, very skilful operations have been performed by them. My late father for nearly half a century used these instruments, and he never had an accident; and I believe there are enough operators to-day using the elevator to make it worth the while of the depots to add new forms and keep old forms in stock.

In my practice in the country with my late father for over ten years, I used only a few forceps for all cases, as I found that I could accomplish all I needed with four or five.

1. The bayonet forcep.—This is one of the most important of our extracting instruments, and can be made to do good work as well in the lower jaw as in the upper. It should not be too long in the handle, and should have both ends of handle bent or curved so as to make it easy of adaptation to the palm of the hand.

If the patient is placed on a stool, or if the dentist stands on one, this forcep can be used for roots of lower bicuspid and molars; sometimes, too, when the jaws are partially closed by inflammation. When the *denta sapientia* are developing, the easiest way to reach them often is by the bayonet forcep, when by slow movement they can be extracted.

2. Many dentists find the ordinary forcep badly adapted for the hand, and it is a common thing to see dentists placing a ball of cotton in the hollow of the hand to get a solid grip of the forcep handle. I am bothered with this difficulty myself, and I beg respectfully to present my means of overcoming the trouble. I place on one of the handles a rubber bulb, which adapts itself to the hollow of the hand and gives me a steady hold, and takes away the spring which is found in many handles of American forceps.

3. It is often a useful thing to place a cork gag between the teeth



before extracting a difficult lower tooth. The movement of the lower jaw is frequently so pliable that it is not easy to control it, and a steady gag assists the operator, and prevents accidents by striking the upper teeth in the last action of extraction. It seems to be a relief to the patient, as he has not that sense of fracturing a part which so many people feel in having difficult teeth extracted.

4. After extracting abscessed roots and teeth associated with large gum-boils, it is a good precaution to rinse the mouth immediately with a hot solution of water and salt, or water and carbolic acid; and in deep-seated abscesses it is wise to syringe the sockets with peroxide of hydrogen, to cleanse the pus away. The instruments should be thoroughly disinfected by cleansing them in a five per cent. carbolic acid solution. There is a great danger of infection from dirty forceps. Blood poisoning may occur from unclean instruments.

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## Proceedings of Dental Societies.

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### Ontario Dental Society — Annual Meeting.

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The third annual meeting of the Ontario Dental Society will be held in the Council Chamber, Barrie, on Tuesday, Wednesday and Thursday, July 21st, 22nd and 23rd, 1891, commencing on Tuesday, at 2 p.m.

All licentiates who sign the constitution and code of ethics of the Society are eligible for membership, and are cordially invited to be present.

*Officers* : President, N. Pearson, Toronto ; Vice-President, C. V. Snelgrove, Toronto ; Secretary, C. H. Bosanko, Barrie ; Treasurer, A. W. Spaulding, Toronto.

*Committee of Management* : J. W. Oakley, J. B. Willmott, R. B. Burt, C. V. Snelgrove, A. W. Spaulding, N. Pearson, C. H. Bosanko, R. G. McLaughlin, *Secretary*.

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### PROGRAMME.

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TUESDAY AFTERNOON, 2 O'CLOCK.

1. Reading of the Minutes.
2. Enrolling of Members and Payment of Fees.
3. Election of Officers and Reports of Committees.
4. Adoption of Constitution and other General Business.



place by ballot, forwarded by mail on a plan similar to that adopted by the medical profession.

"2. *Also resolved*, That a member of the Faculty of the Royal College of Dental Surgeons at Toronto shall not be eligible for membership on the Board of Directors.

"3. *Further resolved*, That no medical graduate be appointed examiner in the Royal College of Dental Surgeons, unless he is in actual practice as a dentist.

"It is the duty of all dental practitioners in the Province to use every legitimate means possible to procure legislation which would ensure better government for the School of Dentistry at Toronto, consequently you are earnestly requested to be present at this meeting, when the subject will be fully discussed."

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### Dental Associations, Province of Quebec Board of Examiners.

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"Still they come! And where are they all to settle?" That seems to be the question year after year as the Board sends new men into the field of labor. It is a suggestive fact that from Quebec city to Gaspé, a stretch of 450 miles by sea—Gaspé district alone having a population of about 40,000—there is not a single dentist, and no such demand for other services than extraction, as to justify a dentist even in going there as an itinerant. The peasantry are not only in pagan darkness as to the advantages of modern dentistry, but they are mostly too poor to encourage more than the local physicians, who do all the dentistry they require. So, of course, our new-fledged licentiates flock to the cities. When the first dental journal was issued in Montreal, there were just eleven dentists in the city, and they flourished financially. To-day, the list is creeping up to sixty, and only strong constitutions keep several of them from perishing of starvation. It is a credit to our humanity, that so many people are moved to enter a profession, solely for the love they bear their fellow-men, not at all from love of lucre. If they cannot obtain a palace, or even a good stone-front on earth, they feel they are assured of a mansion in the skies.

The annual meeting of the Dental Board was held on the 13th and 14th of May, in Laval University, the full Board being present. W. Geo. Beers, President; Ed. Casgrain (Quebec), Vice-President; J. H. Bourdon, Secretary; S. Globensky, Treasurer; S. J. Andres, Registrar; A. W. Hyndman (Sherbrooke), C. H. Wells (Huntingdon). The examinations were divided as follows: Anatomy, Ed. Casgrain; Physiology, W. G. Beers; Chemistry and Metallurgy, A. W. Hyndman; Operative Dentistry, S. J. Andres, and C. H. Wells; Mechanical Dentistry, S. Globensky; Anæsthetics and

Hygiene, J. H. Bourdon ; Orthodontia, Ed. Casgrain ; Pathology and Therapeutics, W. G. Beers. The preliminary practical examinations had been conducted for several weeks previously. The result of the examinations were as follows : Passed as Licentiates of Dental Surgery, Arthur H. Beers, M.D.C.M. (McGill), D.D.S. (University of Pennsylvania), Montreal ; J. G. Globensky (Montreal), W. H. Sutton (Magog). Passed in all the primary branches, E. T. Cleavland, D.D.S. (New York Dental College), Danville ; J. H. Symons (Waterloo), L. J. Franchere (Montreal). In Physiology and Chemistry, O. Pichette, A. W. Gelinas (Montreal). In Physiology, Jos. G. Lemarche (Montreal). In Anatomy, Robt. L. Watson, C. Hepburn (Montreal). The primary students were permitted to appear for one or more of the primary branches, as they preferred ; but in future students must present themselves for the full primary.

The final students were, for the first time, obliged to make the following declaration :

I, ———, Licentiate in Dental Surgery, do solemnly promise and swear, that I will, to the best of my ability, uphold the honor and dignity of the profession, and adhere to the by-laws and rules of the Dental Association of the Province of Quebec.

The registration fee for students was made \$10.

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### The Odontological Society of Quebec.

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The last meeting of the Association was held at the Balmoral Hotel, when Mr. Lanthier, of Three Rivers, read a paper on "Reflex Neuralgia," chiefly confined to a description of the anatomy of the fifth pair of nerves.

The members then adjourned to the annual dinner, the following members being present : Messrs. Berwick, Barton, Gendreau, S. Globensky, Brosseau, Kerr, Fitzpatrick, E. B. Ibbotson, J. Ibbotson, Bourbonnais, Lovejoy, Pepin, Brown, Bazin, Franchere, Gentles, Bourdon, Maufette, Lanthier, Hyndman, Beers and Geo. Weagant (of Cornwall). After the toast of "The Queen" was honored, Mr. Lanthier proposed that of the "Board of Examiners," to which the President of the Board replied. Responses were also made by the Secretary, J. H. Bourdon, S. Globensky, and S. J. Andres. The latter referred very aptly to the misapprehensions of the dental law, and the necessity of Licentiates familiarizing themselves with its provisions. More discrimination was needed in the selection of students. The speaker then proposed the toast of the "Odontological Society." Dr. Berwick made an excellent address in reply, from which we make the following extract :

"As members of the Dental Association of the Province of Quebec, in this Society, we have a great work to do. We have to maintain the dignity of the profession which we have chosen, and to which we are devoting our energy and strength, now we are assailed by many foes; foes who sacrifice their profession for individual gain, who have entered the profession with the expectation not of making it a better profession, and having it occupy a place as it should, as a specialty in medicine, but have entered it to get as much as they can out of the profession and their patients. They are like the barbers and charlatans of old, who were not satisfied in extracting their victims' money, but took from them their very life's blood, and sprinkled it on their white door posts, so as to make their ghastly work more conspicuous, and thus attract more victims.

"I was in hopes that this had all passed away, but in our profession and in our time, 'to-day,' we see not barbers, if they do stand beside a chair, but quacks, resorting to much the same thing. They take from their victims those organs we all prize so much, whose function in part is to prepare the food that we eat that it may become blood, and then, as the barbers of old, they hang them about their doors so they will be more conspicuous, and thus attract more victims, or they even get pictures of them printed on cards and hire innocent children to distribute them about our streets.

"Gentlemen, we who love and respect our profession must look to it closely, and see that none such sneak under the banner of this Society."

Messrs. Hyndman, Weagant and others, also replied. J. A. Bazin made the following remarks: "Mixed with the great pleasure of being present at this large gathering of the members and friends at our first banquet, I feel a deep regret at not having with us my two most truly co-workers and fellows in years, Drs. Trestler and Brewster. We thus unite, in a marked degree, the Present with the Past. I am reminded, as I recall the circumstances of our early professional life and the worthies that were then in the fulness of their labors, of that notable group of Hiram Powers, the 'Picket Guard.' Their figures in uniform in the forefront, alert, watchful, and determined, in various attitude, but all ready for the call of duty. And, sir, it seemed fit that, as the 'elder brother,' I might take the liberty and privilege of being garrulous and prolix, and recall that little vanguard that we found 'on call' in those days of the 'fifties.' Scripture, a good name and of excellent repute. Spooner, whose name is in all the text-books as the discoverer of the use of arsenic as a pulp destroyer, and whose work may still be found in the mouths of our older citizens. These had just passed to their reward when we began our professional life. But these others—Paine, Elliot, Dickinson, who succeeded Spooner, Bernard, Webster, Webb, Jourdain, Bowker, Van Buskirk—we knew in the flesh. I recall with tender memory my friend, as I can truly call him,

Elliot, whose remarkable genius as an inventor, and whose skill as an operator made him a peer with any. I remember one mouth in which his skill was displayed with smooth points and 'Abbeys' soft gold; when as good contour work was done as is done to-day. You will also find in journals, away back in the 'forties,' articles from his pen that prove his ability in theory. He left Montreal in '56 to engage in invention, and his name is not infrequent in the Patent Office at Washington. Time will not permit me to enlarge upon all those earnest and faithful ones, but I cannot close without a word in praise of Jourdain the 'neat,' a gentleman of the ancient sort, gentle and kind, whose office, workroom and person were as a lady's *boudoir*. With such noble examples as pioneers, may not those now on guard look to you who are present, and to all who are in or are about to enter the profession, to be true men, worthy of such examples and the heritage left us? May I not call upon you to take higher ground and more advanced position than they or we have? Consider that it is within my time that Dental Depots originated. Those older dentists will tell you how they had to make many of their own instruments and supplies. Now, a post-card sent and in a few hours all the needs and fancies of the most exacting dentist are within his hands. Then, 'close communion' was the rule, and if one did not keep his talent in a napkin, he took pains that he alone got the increase. And so, Mr. President and gentlemen, standing on the outer line, and through experience on a higher plane, I look upon a broader expanse and see a future for the profession of Dentistry in the city and Province, pregnant with a richer and more abundant fruitage for conscientious toilers for the best thought and deed. See to it that your sons can rise up in the days to come and give you praise. Let there be no going back, but ever forward, emulating in professional, public and private life the noblest qualities of our predecessors. Wishing you all a larger prosperity and an abundant field of usefulness, I thank you for your patience."

Songs were contributed by Messrs. Bourdon, Bazin and Franchere, and the meeting closed with "Auld Lang Syne" in English and French, and "God Save the Queen."

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### Connecticut Valley Dental Society.

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The twenty-seventh annual meeting was held in Holyoke, Mass., on the 10th, 11th and 12th of last month, and was not only large but lively. Dr. E. S. Gaylord in the chair, and his active officers in attendance. After the usual routine business, on Wednesday evening, some objections were made to the advertised clinics of Dr. C. H. Land, and a resolution passed to withdraw the countenance

of the Society strictly within the code of ethics; the proposed clinic was an error on the part of the committee, but codes of ethics while invaluable and necessary, may, on an occasion like this, become ridiculous as well as tyrannical, and it was evident that the meeting would become as hot as the weather if the resolution was not rescinded. The following day this was done, though a resolution was passed objecting to Dr. Land's methods of doing business. However, objection might as reasonably be made to the "methods of the depots." Dr. Land has spent \$16,000 perfecting his inventions, and does not pose either as a fool or a philanthropist, and while freely exhibiting and teaching his methods, he expects to be recouped.

The Dental Society sat in the forenoon at Holyoke, attending the clinics in charge of Dr. L. D. Shepard, of Boston. The operations consisted of rapid gold filling, gold filling, using soft and cohesive, plastic gold filling, porcelain inlays, crowning teeth with living pulps, bridge-work, enamel work, and others interesting to the profession. The afternoon session had a good attendance, many having arrived from surrounding places during the forenoon. Drs. F. J. Wilder, of Adams, and Henry McManus, of Hartford, were elected to membership.

The annual election of officers followed with this result: President, Dr. George F. Harwood, of Worcester; Vice-Presidents, Drs. F. W. Williams, of Greenfield, W. H. Rider, of Danbury, Ct.; Secretary, Dr. G. A. Maxfield, of Holyoke; Assistant-Secretary, Dr. A. J. Cutting, of Southington, Ct.; Treasurer, Dr. W. F. Andrews, of this city.

Dr. L. F. Shepard, of Boston, then presented to the Society the mallet which the late Dr. Flavius Searle, of this city, used all his life in his office operations, to be used as the gavel of the Society. It was accepted by President Gaylord, and a vote of thanks was given to the donor, Miss Searle. Dr. E. A. Stebbins, of Shelburne Falls, then presented a paper on "What value has *argenti nitras* as a therapeutic agent in dentistry?" The paper treated of the effect of nitrate of silver on organic matter, and the doctor gave the results of his experience with instructions how to apply the nitrate. Dr. Stebbins had several young patients before the Society, and their mouths were examined by those present. Dr. Land, of Detroit, made an interesting statement of his experiments in the same direction. Dr. Stebbins was kept busy for half an hour answering the questions of the members. Dr. Shepard, speaking of the morning clinics, thought an improvement had been made on former methods. The next half-hour was consumed in miscellaneous discussion.

The members were richly rewarded by Dr. Land's clinics. One patient, aged twenty-one, was a most interesting case. On the superior jaw the four incisors had crumbled away to within one-

fourth of the gum, no enamel on the labial surface, but partially covered on the lingual. The canines were deformed, and the enamel full of pits and depressions, the right and left second bicuspids, also the left first molar had been extracted. The right first molar was devoid of enamel. On the inferior jaw, the labial surface of the incisors were only partially covered with enamel; the canines, same as the superior, large cavities in second bicuspids and molars, pulps dead in right second bicuspid and second molar, and left second bicuspid and first molar. The bite was very short, lower incisors sticking on the ends of the superior. Dr. Land "jacketed" the six anterior teeth of both jaws with enamel jackets, increasing the width of the bite in order to make room. Gold caps, compound porcelain bridges, porcelain filling, amalgamated porcelain sections, gold sections, etc., combined in the hand of the Doctor to make a useful and fine looking denture out of a broken-down condition in both of jaws. Dr. Land was assisted by Dr. Capon, of Philadelphia.

The clinics under the charge of Dr. L. D. Shepard, of Boston, were made particularly valuable by the splendid way in which the Doctor organized and marshalled the members. Everybody in turn saw everything, and Dr. Shepard personally drew attention to the leading features of such clinics. Dr. Geo. Young, of Concord, N.H., gave an illustration of rapid gold filling, inserting the gold in a large crown cavity without the rubber dam, in less than seven minutes. Dr. W. R. Blackstone, Manchester, N.H., did some very fine operations with soft and cohesive gold. Dr. W. L. Roberts, Weymouth, Mass., with plastic gold. Dr. B. C. Russell, Keene, N.H., exhibited his method of inserting porcelain inlays; also Dr. G. F. Harwood, Worcester, Mass.; Dr. P. T. O'Reilly, Holyoke, showed some excellent bridge-work in the mouth of a patient. Dr. F. Bliven, Worcester, Mass., bending piano wire, also amalgam restorations; Dr. C. A. Timms, New York, enamel inlays; Dr. J. F. Adams, Worcester, Mass., demonstrated the use of the matrix in filling large buccal cavities. Dr. S. S. Stowell, Rittsfield, Mass., gave interesting demonstrations of his method of inserting porcelain crowns, etc. We hope to give extracts at another time from the papers read. Dr. Geo. A. Maxfield, the Secretary, and the Committee may congratulate themselves on the success of the meeting.

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### Legislation in Nova Scotia.

Dr. A. C. Cogswell has, with the assistance of his *confreres*, consummated his long efforts to secure legislative protection for the profession and public of Nova Scotia. The Act was assented to on the 19th of May last.



The following are appointed Trustees: Alfred Chipman Cogswell, William Clark Delaney, Hibbert Woodbury, Frank Woodbury, James Albert Merrill, Arthur Wellesley Cogswell, Robert William McDonald, Raymond Hays Mulloney, Charles Henry Fluck, Clarence Ulysses Smith, Cyrus Kingsbury Fisk, of Halifax; C. S. Marshall, of Liverpool; George Hyde, M. K. Langille, of Truro; A. J. McKenna, John Edward Mulloney, of Kentville; J. R. Fritz, of Digby; Charles E. Wolf, of New Glasgow; Frederick William Stevens, of Dartmouth; W. A. Payzant, of Wolfville; A. C. Harding, of Yarmouth; James Primrose, of Annapolis; E. L. Fuller, of Amherst; Charles Wilson Muir, of Shelburne; S. W. Eaton, of Canning; F. H. Parker, of Harborville; Henry Fraser, of Pictou; George A. Polly, of Lunenburg; Frederick Primrose, of Bridgetown; Horace E. Eaton, of Parrsboro'; M. P. Harrington, of Liverpool.

The Board hold office for two years. Four form a quorum. The following Matriculation Examination is required:

Standard of Matriculation or Preliminary Examination established under this Chapter;

*Compulsory*.—English language, including grammar, composition and writing, and decimal fractions and the extraction of the square root. Algebra, to the end of simple equations. Geometry, first three books of Euclid. Latin, one book—translation and grammar. Elementary mechanics of solids and fluids.

And one of the following *Optional* subjects: History of England, with questions in modern geography, French translation, one Greek book, History of Nova Scotia, History of the Dominion of Canada.

#### REGISTRATION IS COMPULSORY.

“No person shall be entitled to have his name entered in the Register of the Provincial Dental Board or to receive a license to practise from such Board unless he shall satisfy the Board that he has passed the Matriculation or Preliminary Examination; and after passing such examination he has followed his studies during a period of not less than three years (twelve months of which may be under the direction of one or more regularly qualified dental practitioners) that during such three years he has attended at some University, College or Incorporated School of Dentistry in good standing, courses of lectures, amounting together to not less than twelve months on General and Practical Anatomy, Physiology, Chemistry, Operative Dentistry, Mechanical Dentistry, and Dental Therapeutics; and that he has attended the clinics, both in Operative and Mechanical Dentistry, in some University or Dental College, recognized by the Board, for a period of not less than two years; that he has, after examination in the subjects of the course, obtained a degree or diploma from such University, College or

Incorporated School of Dentistry, or for want of such degree or diploma that he has satisfactorily passed an examination in the various branches hereinbefore specified, before examiners to be appointed by the Provincial Dental Board ; that he is not less than twenty-one years of age, and that he has paid to the Registrar of the Board a fee of Twenty (\$20) Dollars ; provided that the Provincial Dental Board shall have power, with the approval of the Dental Association, to make such alterations in the foregoing curriculum as may from time to time be required, subject to the approval of the Governor in Council."

Persons in actual practice in Nova Scotia previous to the passing of the Act are exempt from the last preceding section, but they must register and obtain a license to practice. Any one producing evidence that he has passed the Matriculation, that before graduating or taking a diploma he has studied for three years, or pursued what the Board consider an *equivalent* course of study, and has passed a final examination in the subjects of such course, etc., shall be entitled to be registered.

"The Provincial Dental Board shall hold a meeting every year, at which annual meeting they shall have power to appoint examiners, fix time of examinations, and transact all business arising out of this chapter."

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## Correspondence.

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*Editor* DOMINION DENTAL JOURNAL :

The Dental Bill, incorporating the Dental Society of the Province of Nova Scotia, with power to form a Board of Examiners, consisting of seven properly qualified practising dentists of not less than three years' standing, became law by Act of last Assembly, and was placed on the Statutes of the Province May 19, 1891, the Government assuming the right to name four of the seven who are to constitute the Board of Examiners. After ten days' notice a meeting of those whose names were embodied in the Act was called in the city of Halifax, and held on the second day of June. Quite a large number were present. The business resulted in appointing as President of the Association J. J. McKenna, D.D.S., of Kentville ; A. C. Cogswell, D.D.S., President of Board ; T. G. Merrill, D.D.S., and C. A. Fisk, D.D.S., as members of the Board of Examiners ; H. Woodbury, D.D.S., as Secretary ; and Treasurer, W. C. Delaney, of Halifax. The four gentlemen to be named on the Board of Examiners by the Government will be selected from the profession, and their names handed in to

the Society in a few days, and will have much pleasure in forwarding their names and places of residence.

The next meeting of the Society will be held on the third Wednesday in September, at which we are in hopes to have a good attendance, and as we have some fifty practising the profession of dentistry in this Province, we feel confident of making our meeting not only pleasant and interesting, but hope to profit by mutual intercourse and clinics, as well as from papers on subjects to be read at the Society's meeting, as proposed.

The Dental Society voted to make the DOMINION DENTAL JOURNAL our medium of communication, and desired all the members to subscribe for the Journal.

A. C. COGSWELL.

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### The New Brunswick Act,

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*To the Editor of DOMINION DENTAL JOURNAL :*

DEAR SIR,—There has just been a copy of your article on the New Brunswick Dental Act handed me, copied from the DOMINION DENTAL JOURNAL, and, I must confess, I was very much surprised at its aggressive tone and also its entire lack of argument.

It appears to me, Mr. Editor, that you have not given the Act, *as it is*, careful reading, and also, when the entire body of dentists of New Brunswick are satisfied with the present Act, rather unnecessary and intrusive for one who is in Quebec, and who confesses that the only dental school in Canada is solely for local purposes, to endeavor, by articles in his journal and writing to the legislative member who presented the Bill, to remodel it to suit his ideas of what is best for New Brunswick dentists and people; for while New Brunswickers are always willing to emulate the better Acts and doings of other provinces, they must really be excused from copying everything in its entirety that the Province of Quebec or Ontario may do. We believe we have an Act which suits both the people and the dentists of New Brunswick, for I think the man would be a *rara avis* who, wishing his son to have a profession the perfect knowledge of which could not be obtained in New Brunswick, would not send his son or daughter outside his own home, or county, or province, or even country, to obtain it. If we followed in the steps of the medical profession, we would have a Board of Examiners who would compel all those who have a degree of M.D. (McGill excepted) to pass an examination before they can legally practise; but we consider it unnecessary work, at present, when the person has spent *three terms* of study at college, and, in most cases, practise in a dental office in the intervals, to compel him to have the additional expense of paying examination fees and passing another

examination before a local board of examiners. If men in New Brunswick desire to become dentists, having no Dental Colleges in our own Province, I think them few indeed, so extremely patriotic but that they are willing to give their time and money to obtain it in other provinces or countries; and I contend, that a student cannot get as thorough knowledge of dentistry in its theory and practice in a dental office, when the instructor has to give his attention to patients and student, as he can in a college equipped for the sole purpose of imparting knowledge to the student, and where he has the advantage of both lectures and clinics. There are few people who would allow a student to do the work they intended a competent dentist to do, whereas, in a college the student has every facility for operating, persons going there with the intention of allowing the student, in most cases, to do the operating. Everybody knows that, as it is to-day, the degree of Doctor of Dental Surgery is a criterion of not a classical, but a professional, education, for the matriculation and *three years' course* now required by the colleges everywhere, and those colleges coming under the supervision of the National Associations of Dental Faculties, a student can surely get more knowledge of theory and practice in the time required under the professor's tuition than in four years required by a licentiate, who spends the greater portion of his time in the laboratory of a dental office, scraping plates, mixing plaster, and other light work of the laboratory. In Ontario and Quebec a student in a dental office has to attend anatomy, physiology, and chemistry in a medical university, and any "student wishing to avail himself of the facilities for operative work, is allowed to attend the recognized United States Colleges one term of his four years." Now, Mr. Editor, if one term is good, three is better; and I hold, a student attending three terms at an efficient dental college, graduating and taking his degree and diploma from that institution, will be more proficient and stand higher in his profession, than he would by picking it up part in a dental office and part at a medical university, and finally taking one term at a dental college in the United States, and in the end have no degree of any consequence conferred on him. As regards the cost, I don't suppose a dentist is going to give his instructions for nothing, and with this studying at a medical college and the allowing to go to the "United States for a term," will, in the end, I think, cost as much as though he had spent three years in an efficient dental college, particularly if the student is not a resident of the place where his instructor lives.

Every one knows that these sons or daughters have to be sent away from home to receive their education, either classical or professional, unless they happen to live in the city or town where the schools are located, and it is with no compunction after they have learned all they can on any one branch at home and wish to be more proficient in it, that they send them abroad to spend as much

time as is necessary, or they can afford, to become proficient doctors, lawyers, ministers, artists, etc. ; and as for the moral side of the question, I have yet to learn that dental colleges are more immoral than any other college of our land, and I think "a youth of seventeen" can be as safely left there as in any other educational institution. "A youth who assists in a dental office, and who is not allowed to practise outside his employer's office," to which you do not object, instead of losing his time spent in the office, can utilize the instructions received thereat college. We are told by scientists, that there is not an atom of anything lost in nature, and so we believe in knowledge. The student is better able to enter into his work, and will learn more quickly to accomplish perfect results for his previous knowledge, and the remuneration which a youth generally gets by assisting in an office, may help him to get a college training, which should be the ambition of every young man wishing to take a profession. Those States which formerly required a subsequent examination, before being allowed to practise therein, since the forming of the National Association of Dental Faculties, are doing away with the Board of Examiners ; besides, that is really no argument in favor of licentiate rather than college training, as it only shows they are more particular, as the Medical Act of New Brunswick.

Now, Mr. Editor, it will be seen by carefully and impartially reading our Act, that we have not legislated for the United States, as you tried to make it appear, but for the benefit of the people of New Brunswick, and to raise the standard of the profession ; and we hope, and expect in time, to have an efficient Dental College in Lower Canada, where students can get the desired training ; but until then we, to get a proper dental education, will have to go from home to obtain it. We are sorry, Mr. Editor, that you cannot approve of our Act ; but you know that we cannot all see alike ; and while we respect your views, we think you should do the same by us, as we live in the age of liberty and thought, and I have no doubt when our legislators, in their wisdom, see it is detrimental to the interests of our Province, they will remodel it without interference from outside.

Trusting you will find room in your valuable journal for these few remarks,

I remain, yours truly,

C. A. MURRAY, D.D.S.

MONCTON, N.B., *March 20, 1891.*

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### The New Brunswick Act.

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SIR,—A good deal of indignation has been naturally aroused by the action of the New Brunswick Dentists, in forcing New Brun-

wickers out of the Province, if they desire to study dentistry to practise in it ; and as it ought to be in the interest of the Dominion for Provinces to harmonize the various Acts, Medical and Dental, as much as possible, with a view to united action and Dominion registration at some future day, the legislation in New Brunswick is most unwise, and to some extent intensely selfish. The gentlemen who projected the Act, would resent the imputation that they are personally less competent than the founders of dental legislation in Ontario, Quebec, Manitoba, the North-West Territories, British Columbia, and now of Nova Scotia, to constitute a Board of Examiners, and provide a course of study. If they ask from the Legislature special privileges and exemptions, they should not attempt to force residents of the Province to a foreign country, or even to another Province, to qualify them to practise in their own. As a New Brunswick M.D., I feel it my duty to enter a protest, and fully to second your sentiments in the March number. I have nothing whatever to say against foreign colleges, but as a New Brunswicker, I feel humiliated, that our Province has not men sufficiently alive to the provincial importance of developing some system of local dental education for those who, unlike the privileged few, are not able to go to the great expense of a course in Philadelphia. One of my friends here has put into my hands the list of Canadian students attending American dental colleges, and I am sure I heartily approve of their action. Naturally, richly endowed institutions, like the dental colleges in Philadelphia, New York, Chicago and elsewhere, afford certain facilities, which a country of smaller population, like Canada, cannot yet possess. But that is not the question. Let our young men use these institutions *if they choose*, as aids or as supplements, but let them rely upon some local education.

Look at the poorest of our Provinces—Quebec. Supposing the Quebecers had said: "We cannot do as well in medical teaching as New York," where would McGill University have been? But they bravely resolved to try, and see where McGill is now.

Had Nova Scotia said the same, where would the Dalhousie University have been. Even Manitoba has had the pluck to organize the Manitoba Medical College. It seems to me there is a nigger on the fence in New Brunswick. Do the projectors of the New Brunswick Dental Act want to monopolize the Province? Are they unfit to educate? If so, are they fit to operate?

Again, I say, I have the utmost respect for the dental colleges of our cousins, but I have self-respect, too ; and I don't want to see New Brunswick play second fiddle, even to Ontario, and certainly not to Quebec.

Yours,

M.D.

### Personal.

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Some one desired to know who was the oldest practising dentist in the Dominion in the last issue of our JOURNAL. I may say, for Nova Scotia I think I may claim the precedent, so far as I am aware of present names. I practised in Boston, Portland and Wakefield, Mass., six years before coming to Halifax, and since 1858 in this city, making thirty-three years in Halifax and six years in the United States of America; total, thirty-nine years' practice, and I am now in my fifty-seventh year. No doubt, others may be older and longer in the profession in Ontario—possibly in New Brunswick—perhaps we may hear from some others later on. Old Father Time, though, is working his changes. No less than five who have been associated with me since I commenced in this city have gone to their long home. Dr. Van Buskirk died of heart disease, Dr. MacKay became insane, Dr. E. R. Cogswell was shot accidentally in Mexico, Dr. Mack was killed in South America—the two latter were students and one a partner of mine—and last, Dr. O. P. MacAllaster died in Lynn, Mass.

A. C. COGSWELL.

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### Editorial.

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#### The New Brunswick Act Again.

If anything official was needed to add force to our condemnation of the New Brunswick Act, it would be the remarkable letter of Dr. Murray, on another page. Over a year and a half ago our correspondent, personally, by letter, solicited the advice and opinion of the Editor on the subject of dental legislation for New Brunswick. When this opinion, based upon a daily intimacy with dental legislation in Ontario and Quebec for over twenty years, did not coincide with the plans of the promoters, it is considered "aggressive and intrusive," and this by the parties who did not think it "aggressive and intrusive" when they tried to legislate men out of business as well as out of New Brunswick who did not come up to their standard of professional qualification. The assumption held that merely because a man held a D.D.S. he was a better dentist than one who did not, was neither more nor less than arrant nonsense, based, no doubt, upon ignorance of the fact, that scores of quacks and impostors to-day possess that degree, by virtue of a few months spent in one of the colleges which the New

Brunswick Act recognizes. Our correspondent opens himself unwittingly to so much criticism that we shall only briefly refer to a few points.

Why cannot a knowledge of dentistry be given by dentists in New Brunswick as well as by those in Quebec, Nova Scotia, Manitoba and British Columbia? Most of our most successful men never saw the inside of a college. Why should a Board of Examiners not compel all those who have a degree of D.D.S. to prove by examination that they are qualified men, when it is so well known that the D.D.S. is not as yet a proof of qualification? Our correspondent trifles with fact when he writes of persons who have "spent three years of study at college," etc. He knows very well that the colleges have only exacted two years, that medical graduates have been exempt from one; and that the "three years" course does not begin until next October. Why should not New Brunswick copy anything good in the legislation of Quebec or Ontario? It was not humiliating for Nova Scotia to do so. It is a fact that New Brunswick, perhaps more than any other Province in the Dominion, has a dearth of dentists. We are personally aware of patients in places like Edmundston, and other important railway centres, obliged to travel over two hundred miles to St. John's, or nearly as far to Quebec city, to get ordinary operations performed; and we have repeatedly been consulted by letter by parties in that Province wishing to study dentistry, and who complained that even the office facilities which existed so freely in Quebec seemed to be closed in New Brunswick.

Any one who is at all familiar with the best thoughts of the best men in the profession in the United States, must know that they have deplored most seriously the low standard of preparatory, as well as of professional, education. So apparent is this, that hardly a man of mark, and certainly not a journal, has failed to draw attention to the fact for successive years, and within the last twelve months some of the most remarkable articles read before our societies have dealt with the subject in a very trenchant manner.

The advantages of previous office teaching, as well as the importance of increasing the qualifications, have been dawning upon our cousins over the border for some years; while in England, France, Germany and Canada the apprenticeship system has never been ignored. Our correspondent writes, with much positiveness, in



defence of a system abroad which rarely finds a defender in its own home, and we must do him the justice of believing that his enthusiasm for the system which gave him a degree, has blinded him to the possibilities of its improvement. Dr. Chas. B. Atkinson, in a valuable paper before the New York Odontological Society, lays it down as a fundamental principle of dental teaching that "previous private pupilage is of great importance to a proper candidate for dental education." In the discussion which followed, Dr. Kingsley said, "I feel that private pupilage is one of the best ways of learning dentistry. If you add to that a college course, that is so much clear gain; *but no amount of college education in the world can take the place of the practical training of the pupil in a dental office, if thorough and under a competent instructor.*" We could fill volumes with just such extracts from the writings and speeches of the recognized *teachers* of dentistry in the United States, and it is rather a presumption to say that these men do not speak from experience. Our correspondent could not have a weaker link in his exceedingly weak chain of defence than to slight office pupilage.

It may, perhaps, surprise our New Brunswick friends—for, in spite of difference of opinion, we hope we may so remain—to know that we submitted the New Brunswick Act to several of the best legal authorities in the Dominion before we expressed final opinion upon it, and that the section of the statute to which we objected was considered by them so unwise, that we were advised to make representations to the Legislature for its remodelling. Whether or not this is within the jurisdiction of the only dental journal in the Dominion remains to be seen, but we must reiterate the opinion that the promoters of the Act in that clause very sensibly humiliated a Canadian Province, and did no honor to their own claims to disinterestedness.

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### Contributions.

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Many good fellows frequently tell us or write us what we ought to do to improve this JOURNAL, but it is curious how few of them ever think of contributing some specimen ideas. It would be very monotonous if the editor did all the writing. The educational status of the Canadian profession is infinitely ahead of what it was

even twenty years ago, and we should have a host of ready thinkers and writers, especially among the younger generation. The JOURNAL will welcome every effort to fill its pages with practical ideas. We commend as a capital illustration, the pithy and practical contributions of Dr. Beacock, of Brockville. There is not a dentist in the Dominion that could not jot down some of his experiences in this way, and so help along the cause of dental journalism in Canada. It will be good practice, too, for the editors of the future.

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### Quack!

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It is one of the curious phases of professional morality—or, rather, immorality—that while there are men who zealously and unselfishly labor for the professional good, and a majority who desire progress, but who do not care to put their shoulders to the wheel, there are also a small minority of men who deliberately put themselves in the ranks of the quack, simply because they believe that honesty does not pay. For this reason they cast aside all the decencies and ethics of professional life, exclude themselves from membership in respectable societies, and fasten the stigma of “Quack” to their reputation, trusting to the gullibility of the public for what they call “success.” Our Canadian cities have never yet given long life to this class of fraudulent practitioners, but on matters of medical and dental treatment the public are easily deceived.

“A lie,” said Thackeray, “once set agoing, having the breath of life breathed into it by the father of lying, and ordered to run its diabolical little course, lives with a prodigious vitality. You may say, ‘Magna est veritas, et prævalebit.’ Pshaw! Great lies are as great as great truths, and prevail constantly, and day after day.”

When a man thus deliberately blackens his own professional character and ambition, he need not wonder that respectable practitioners take him at his own value. There has never yet been a single instance on record, of a truly worthy professional man using false and boasting methods of advertising. A man who resorts to this degrading system has all the instincts of a quack.

## Selections.

### Porcelain Dental Art.

By W. A. CAPON, D.D.S., Philadelphia, Pa.

The advantage of porcelain as a means of making artistic dental operations has long been known, but the difficulties attending its successful manipulation have been so various and discouraging that not many dentists have pursued such seemingly profitless and necessarily expensive experimenting. A few, however, have persevered, and their efforts have been rewarded with success. No improvement in dentistry during the past decade will compare with this. By its use painful and difficult operations are reduced to the minimum, and are artistic in a wonderful degree. In illustration of this the following case of extensive erosion is presented.

Miss C., of Philadelphia, aged twenty-two, nervo-lymphatico-sanguine temperament, of good health, had suffered from gradual loss of tooth-structure, which commenced about five years ago, resulting in the condition shown in Fig. 1.

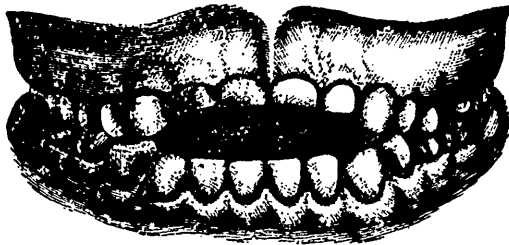


Figure 1.

The deformity was very unfortunate for appearance, and the speech was very much affected. Biting and masticating were difficult, and often painful from the close proximity of the pulp to the surface. To overcome this one of the many devices as suggested by Dr. C. H. Land, called the "jacket" crown, was employed, and made as follows: After reducing the teeth with engine corundum wheel as much as possible without producing pain, a tube of platinum, gauge thirty-two, was closely fitted to the necks of the teeth, then soldered as in ordinary band-work. The palatine portion was then ground flat or slightly concave, and another piece of platinum soldered to it to give a natural palatine contour. The labial surface was then ground in a similar manner, which reduced the tube to a wedge shape. After fitting and burnishing closely to the teeth, a thin porcelain veneer was placed in position by adding porcelain body and baking in a small gas furnacc. The crown was

once more put in place, and occlusion noted, more body being added where indicated. After baking from five to seven minutes, it was ready for attachment by cement, as in other crown-work. When finished it presented the appearance shown in Fig. 2.

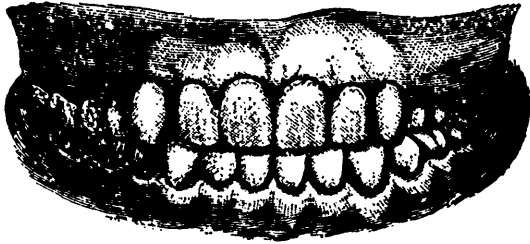


Figure 2.

Thus six superior oral teeth with live pulps were incased in a durable and artistic manner, the operation causing no pain nor inconvenience. For anchorage we have the natural teeth themselves, with the great advantage of easy entrance should pulp-trouble occur. The palatine surface being platinum, offers a means of easy and quick access. This jacket crown has been used in ever, portion of the mouth successfully in every respect, but is especially indicated for "peg" or "rice" teeth, pitted or "measley" teeth, or any other disfiguring deformity, especially when attended by sensitiveness; also in cases of darkened and devitalized teeth, or where unnatural spaces exist. Such defects are remedied in a manner so satisfactory and so speedily, that all must admit that an operation of this character overcomes in a practical manner what were heretofore insurmountable obstacles in operative dentistry.—*Cosmos*.

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### The New Brunswick Act.

The sooner this Act is amended the better. Several letters on the subject have come to us, commenting severely upon the utter exclusion of young men from the possibility of education in their own Province, and the unfairness of forcing them, even indirectly, to go to the United States, and obtain a foreign degree, before being permitted to practise in a Canadian Province. The following extract from the *Montreal Gazette*, is one of many such press comments, and if our New Brunswick friends are wise, they will trim their sails before the storm of public indignation is upon them. New Brunswick is better able than Manitoba to be independent of any Province in the matter of dental education. If the promoters of the Act openly admit their inability to do as much as Quebec has done for over twenty years, they do not pay much compliment

to the teaching of the Colleges at which they graduated. If they are only unwilling, they should step aside and let those who are willing do it.

"The action of Legislatures in giving the majority in certain callings control over all who follow them for a living has had a curious effect in New Brunswick, where, in order to obtain leave to practise as a dentist, a student is compelled to go out of the country to get his education and his diploma. The DOMINION DENTAL JOURNAL comments somewhat severely on the profession in New Brunswick, who, having obtained the advantages they calculated on from legal incorporation, refuse to assume the duties arising out of the status the law gives them. The Association has, it seems, declined to undertake the task of examining students, and passed a by-law, compelling any one who wishes to practise dentistry in the Province, to satisfy the Registrar that he has fulfilled all the requirements for graduation in any one of the colleges or dental schools in the United States, or in some college or dental school recognized by the council. This practically means that a New Brunswick dentist must go abroad to qualify for his business. It means, also, that this qualification may be in some cases a very poor one—some of the United States institutions granting degrees apparently on the principle that any one who can pay for a sheepskin is good enough to pull teeth. The profession in New Brunswick evidently needs the stirring up it gets from the JOURNAL. Its neglect of its duty also suggests that legislatures should be more than ordinarily careful in granting charters to trade guilds."

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### Scientific vs. Practical Instruction.

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Liebig, writing of his famous school at Giessen, said: "The technical part of an industrial pursuit can be *learned*; principles alone can be *taught*. To learn the trade of husbandry the agriculturist must serve an apprenticeship to it; to inform his mind in the principles of the science, he must frequent a school specially devoted to this object. It is impossible to combine the two; the only practicable way is to take them up successively. I formerly conducted at Giessen a school for practical chemistry, analysis, and other branches connected therewith, and thirty years' experience has taught me that nothing is to be gained by the combination of theoretical with practical instruction. It is only after having gone through a complete course of theoretical instruction in the lecture-hall that the student can, with advantage, enter upon the practical part of chemistry. He must bring with him into the laboratory a

thorough knowledge of the principles of the science, or he cannot possibly understand the practical operations. If he is ignorant of these principles, he has no business in the laboratory. In all industrial pursuits connected with the natural sciences, in fact, in all pursuits not simply dependent on manual dexterity, the development of the intellectual faculties, by what may be termed school learning, constitutes the basis and chief condition of progress and of every improvement.

"A young man, with a mind well-stored with solid scientific acquirements, will, without difficulty or effort, master the technical part of an industrial pursuit; whereas, in general, an individual who is thoroughly master of the technical part may be altogether incapable of seizing upon any new fact that has not previously presented itself to him, or of comprehending a scientific principle and its application."

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## Obituary.

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### Dr. White, Editor of the "Cosmos."

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On Wednesday morning, the 27th of May last, we were on the steps of the S. S. White Dental Company, in Philadelphia, to pay a journalistic visit to Dr. James W. White, when a messenger met us with the news that he had just dropped dead at his residence, from heart failure. The shock to the community in which he had so philanthropically served his generation was apparent to a stranger, and the press of the city, without respect to politics, united in appreciative testimony to his personal and public character. As President of the Company, and Editor of the *Cosmos*, he was best known to the profession. Dr. White received the degree of M.D. at the University of Pennsylvania, and the honorary degree of D.D.S. was conferred on him by the Pennsylvania College of Dental Surgery, but he devoted most of his life to a business career, and a great share of his leisure to works of philanthropy.

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The following resolution by Dr. Allport, in regard to the death of Dr. White, was passed at a meeting of the Chicago Dental Society, held Tuesday evening, June 2nd, 1891 :

Whereas, it hath pleased the Creator and final disposer of all things to remove from this world Dr. James W. White, of Philadelphia; and

Whereas, it is fitting that this Society should make some record of its appreciation of his virtues and of his useful life; therefore,

*Resolved*, That in the death of Dr. White, dental journalism has lost its ablest editor, the business world a member of sterling integrity, the unfortunate and needy a practical philanthropist, and the church an exemplar of the nobility of a liberal Christian religion.

*Resolved*, That in their affliction we extend to his bereaved family our sincere sympathy, and with reverent humility we commend them to Him who has promised to be "the friend of the widow and the fatherless," and "a real present help in the time of trouble."

*Resolved*, That a copy of these resolutions be transmitted to the family of the deceased, and sent to the *Dental Cosmos*, *The Dental Review*, and other dental journals, for publication.

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*Editor* DOMINION DENTAL JOURNAL :

At the meeting of the Chicago Dental Society, Tuesday evening, May 5th, 1891, the following resolutions on the death of Dr. Wm. H. Atkinson, of New York, were adopted :

*Whereas*, The Chicago Dental Society, having learned of the death of Dr. Wm. H. Atkinson, of New York, one of the most eminent, learned, and best known members of the dental profession, therefore, be it

*Resolved*,—That, in the death of Dr. Atkinson, the members of this Society feel a sense of personal bereavement in the loss of a much loved and conspicuously useful member of the profession, and while we bow in humble submission to the Divine will, we desire to express our sorrow in his final exit to the unknown land beyond this world of ours. Be it further

*Resolved*,—That the Secretary transmit to the bereaved family of Dr. Atkinson a copy of these resolutions, and that a copy be furnished the dental journals for publication.

J. N. CROUSE,  
A. W. HARLAN, } *Committee.*  
W. W. ALLPORT, }

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## Abstracts from the Journals.

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### Iodine and Glycerine.

Tincture of iodine, mixed with glycerine, is claimed by Dr. Hammond to be more effective as a local application than the plain tincture. This is due to the retardation of the dissipation of the iodine, or more likely to the skin remaining soft, and, therefore, in a better condition for absorbing the drug.

### Pyorrhœa Alveolaris and Catarrh.

Dr. E. T. Darby says that there are some constitutions in which pyorrhœa is incurable, that no one need expect to cure every case, and that the dentist who succeeds in saving fifty per cent. of the affected teeth is unusually successful. He says, further, that he never knew a bad case which was not accompanied by catarrh.

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### Sensitive Dentine.

Dr. Williams obtunds sensitive dentine by allowing a simple solution of chloride of lime to remain a short time in the cavity. For the general obtunding of sensitive dentine he has the patient rinse the mouth with dilute lime water, not strong enough to be caustic. He claims to have used these before ether was thought of for that purpose, and says he has obtained good results from them.

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### Dark Joints.

Dr. W. W. France says, in the *Items of Interest*, that he packs the joints of his vulcanite plates with about a quarter of a sheet of gold foil, and that he has never had a dark joint since he commenced its use. Where the space is small, one thickness of the gold pressed in with the edge of a penknife blade is quite sufficient. Tin foil will do equally well.

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### Phosphate Fillings.

While valuing phosphate fillings, especially in the preparatory treatment of children's teeth, and as a non-conducting flooring under metallic fillings, I never insert them in deep cavities of living teeth without applying on the region overlying the pulp a protective film of mastic or carbolized resin. Such a proceeding reduces to a minimum the pain often produced by the introduction of the filling, and, I believe, prevents the ill-effects which otherwise may arise from the near contact with the pulp of the cement.  
—*Dr. L. Matheson, in The Items.*

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### What He Thought of It.

One of our practical country practitioners from one of the upper counties of this State was recently on a visit to New York, and, among the other wonders of Gotham, took in one of the gynecological clinics. It was one of the professor's field days, and at the conclusion of a brilliant clinic, he asked Dr. F—— "What he thought of medical matters in the metropolis?" Dr. F—— replied:



"Well, I would rather be a moonshiner down in Tennessee than a uterus up here in the hands of you New York doctors."—*Southern Practitioner*.

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### The Dentist Wins.

It has been held by Judge Knapp, of the Hudson County Court (N.J.), that a dentist may pull the wrong tooth without making himself liable to damages. According to the *New York Times*, that was the decision arrived at in the case of Joseph McManus, of Jersey City, against dentist E. F. Hanks. It appears that one of Mr. Hanks' assistants extracted a wrong molar for the plaintiff, who instituted proceedings to recover \$1,000 damages. It was shown by the evidence that the tooth drawn was defective, and the Judge instructed the jurors that unless it could be shown that the dentist did not use ordinary skill and care in performing the operation, the plaintiff had no right of action against him, even if the wrong tooth had been drawn. The verdict was in the dentist's favor.

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### A Safe Local Anæsthetic.

If we are to believe the statement of Dr. C. T. Meaker, of Carbondale, Pa., in the *Items of Interest*, a few drops of a five per cent. solution of carbolic acid in water, injected under the gum on each side of a tooth to be extracted, makes an excellent and safe local anæsthetic. Its effect, he claims, is almost instantaneous, and is particularly marked when there is swelling and inflammation about the tooth. As only one drop of carbolic acid is contained in twenty drops of the solution, the quantity used is too small to cause any constitutional disturbance.

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### Electricity in Extraction.

The last number of the *Journal of the British Dental Association* contains a letter written by Dr. H. F. Briggs, giving his experience in having a tooth extracted with electricity as an anæsthetic. He says that the sensation during the operation was like being "the central figure" at a miniature execution by electricity, and that he not only felt the pain of the tooth being taken out, but pain about the head, face and arms as well. To this was added the helpless feeling of not being able to let go the handles while the current was on. He informed the dentist that it hurt a good deal; but the dentist replied: "With due deference to you, I must say it didn't." He says that he would much prefer having a tooth extracted without an anæsthetic of any kind than submit again to the electricity.