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Original Communications

ANOMALIES IN DENTISTRY.*

By G. S. MARTIN, D.D.S., L.D.S., Toronto Junction.

When you have heard this paper you may decide that, like Pompey's pillar, it is something of a misnomer. I use the word "anomaly" in its ordinary dictionary sense, signifying a deviation from type or being contrary to analogy. For example, we see certain lines of conduct expected of professional men, and as dentistry is by common consent designated a profession by analogy, we look for the ear marks of professional ethics among its members, and failing this we find an anomaly.

That there are anomalies in dentistry is perhaps not very patent at first glance, but I think that on a more careful scanning of the field we occupy there is much of the irregular that will attract our attention. Perhaps none more loudly make the claim of being professional than those who are daily bringing into the profession that which in the eyes of the educated laity detracts from the force of the contention.

Certain things are expected of a professional man that are not looked for among tradesmen. A medical man, for example, is expected to give his patient such advice as will prevent sickness or the necessity of further treatment, seeking the highest good of his patient, without regarding for one moment his own interests. The physician who would be guilty of treating (or maltreating) his patient so as to prolong the illness and thus increase his bill

* Read before the Toronto Dental Society.

would be counted worthy of ostracism by his confreres and of boycotting by the public.

The lawyer who is proven guilty of a like treason to his clients is, in legal phraseology, "stripped of his gown."

The dentist, professional man though he may claim to be, will too often, I fear, be such a sordid soul as to forget the best interests of his *clientele* and give the advice that will (for the time being at least) increase his bank account. I have for some time been of the opinion that before we can claim to be a profession, without blushing for the shortcomings of many that are continually before the public eye, there should be provided by our statutes machinery by which a licentiate of dentistry could, on proof of having been guilty of glaringly unprofessional or grossly immoral conduct, be deprived of his license. This power, in the hands of our judicious Board, would be a weapon the usefulness of which would soon become apparent.

As things stand at present, a man, once possessed of a license to practice, may defy the powers that be, and degrade the profession to the dust. This provision would be a protection not only to the profession but also to the public, for men such as need this drastic treatment live largely by fleecing and gulling the public. You may say, as is sometimes said, that the public love to be humbugged, yet it is true that they should have protection.

The reactionary effect of this mercenary treatment of the public is seen, I am sure, by every one of us in the distrust of our motives evinced by some of our patients. Perhaps we mildly suggest to some one that presents, that certain teeth should be filled instead of being sacrificed by extraction, when we are met with an incredulous sneer. They know all about that, so-and-so filled their teeth or their neighbor's teeth and it only stayed in a week, and some of it fell out on the way home. How often you are met with the painful reality that your patient does not believe what you are advising is for their good but solely and purely for your own.

Another thing that has struck me as anomalous in dentistry is that so many men lack the spirit of professional courtesy that prompts us to be helpful to each other and render each other any assistance in our power. In the days when the dentist's education was obtained in a few months' apprenticeship in the office of a practitioner, it was not to be wondered at that his laboratory was kept under lock and key, lest another should learn his secrets and outstep him in the race for wealth.

These were transition days, but even then we had noble examples of men who generously gave the results of their skill and researches to their brother dentists. Parenthetically, let it be noted here that these are the men whose names are handed down in the archives of our profession.

Says Dr. Chas. J. Essig in *Cosmos*, "It cannot be denied, however, that *esprit de corps*, which is the 'chivalry' of professional life, is often forgotten, and the code of ethics which should be our guidance in all intercourse, both with patient and professional brother, is as often ignored as observed. Yet we should be far from attributing every violation of the strict interpretation of the code of ethics to a want of honor or to greed; much of it is, no doubt, due to absence of the scientific spirit which should guide the practitioner in the treatment of the dental organs.

"The dental profession cannot hope to gain or to hold the highest respect of the people while its individuals exhibit the ethics of the artisan."

Then there are the men who claim to be professional and yet never attend anything in the way of a convention of dentists, and who belong to no dental society.

Nearly akin to these men are the men who are so busy that they find no time to read the journals, or so penurious as not to subscribe for any. How can these men expect to keep up with the rapid pace set by the leaders in dentistry, and not mingle with their fellows? There may come a time when "there is nothing new under the sun" in dentistry, but the time is not yet.

Someone has said he pitied the dentist who never read the journals, but another put it better when he said he pitied the patients of the man who never reads the journals.

Imagine, if you can, a lawyer who did not read the law reports. The Law Society of Ontario perhaps built more wisely than we when they provided that an annual fee of seventeen dollars be charged each lawyer and the reports be sent to him, and if our Boards could by the same means put into the hands of each dentist a good dental journal it would be missionary work, indeed.

It is to be hoped the raising of the standards of matriculation will bring about a much needed change in these directions, for, other things being equal, surely the man with a liberal preliminary education will be more apt to be a man of breadth of mind and strength of character.

Have you ever wondered where we are drifting?

What will be the dentistry of the next century so near at hand? Will there come a time when our daily papers will not be used to proclaim to the public the "dental parlors," the "teeth with or without a plate," "best teeth five to eight dollars," "vitalized air free with sets until Christmas," or will the time come when we shall all succumb to the pressure and "go and do likewise"?

Has it ever struck you as strange that dentists do more for nothing than any other class of men? You do a little work in the way of filling for a patient and he forthwith suggests that you clean his teeth up a little, never for a moment considering it a

service worth paying for. These demands probably arise in part from the exalted ideas the public seem to have of the vast amounts of money a dentist makes, but I think a great part of it is due to the low estimate we have been placing on our own services. A dentist will attack a severe abscess, and after days, and in some cases weeks, of treating, fill canals and tooth, and charge not for the treating of the abscess, but only the regular fee for filling that particular devitalized tooth.

How frequently do we write a prescription for which we never think of charging. Are we not in danger of being taken at our own valuation by the public, and are we doing right in educating them in this direction? It is the belief of the essayist that the beloved public value professional services, whether in the form of prescription or operation, at just what it costs them, and until we rise in our own estimate of our work we will not rise in the estimation of our *clientele*. It is scarcely necessary for me to more than mention that other anomaly, the using of secret nostrums in the form of local anæsthetics by men who lay claim to being governed by professional ideas. I would not mention it were I not impressed with the need of emphasizing the warning. Right here in our own city nostrums containing cocain are on sale, and find purchasers. Let us hope that the deathblow of this pernicious and dangerous practice has been struck by the S. S. White Co. by the publishing of the formula of their anæsthetic, and the strongly worded editorial in *Cosmos* of February last. I fully and heartily agree with the editor in his opinion that "the time is fully ripe by reason of the known dangers, incident to such practices, for securing a proper legislative control which shall relieve the community of this menace to life and health, and the profession from a blot upon its record.

"There is no excuse," he says, "for the use of cocain nostrums. Where the drug is used it should be with a full knowledge concerning it, and any properly educated practitioner either has such knowledge or has ready access to it.

"The continued use of cocain nostrums in the light of our present knowledge is simply paying high tribute to the greed of the nostrum-vendor, and dallying with a source of danger which, when its logical result in the form of an accident ensues, should deprive the author of it of all sympathy from his colleagues or mercy from a jury."

The thoughtful reviewer of the present status of dentistry is forcibly impressed with the thought that prosthetic dentistry does not, in these later years, occupy the position its importance would merit. There is a tendency to undervalue this branch of our work. How common it is to hear from the practitioner in the city, "Oh, I don't do much plate work, I seldom am called upon

to do so." Granted that it would be more desirable to have a state of things prevail where it would be unnecessary, the fact remains that prosthetic dentistry, to a perhaps increasingly large proportion of our people, is a necessity. I remember, in the graduating class of which I was a member, in our school of dentistry a young man of such aristocratic tendencies, that he declared that he was going to do a practice exclusively operative when he began. I have not followed the career of this young man closely through the years that have passed since, but I venture the opinion that he has since found it profitable to do a little prosthetic dentistry while he waited for the "select practice." I think that you will agree with me that there is a decadence in the prosthetic art, which is to be deplored. Perhaps it is due to the advent of vulcanite, which has to such an extent usurped the place of all other materials as a base. It would seem as though the skill necessary in the days of the gold plate, and the accompanying limited laboratory facilities, has departed, and the hand of the average dentist has lost its cunning.

Though vulcanite may be a blessing in the sense of being "the greatest good to the greatest number," yet it seems to be, in a certain degree, responsible for this state of affairs. Not that less skill, judgment or taste, may not be called into play in the making of the most ordinary denture, for the horrid examples of inartistic arrangement, selection and articulation of artificial teeth may be seen daily in our street cars and on our thoroughfares.

One factor that may help in bringing about this seeming lack of interest in prosthetics is that competition and quackery have been felt to a greater extent here than elsewhere. While it is rare, indeed, to see fees for filling advertised, on the other hand five dollar teeth are to be found advertised in almost every paper in the land. The people again are often less refined and companionable who require this class of service, and try the dentist's patience by "Jewing him down," if possible; but surely our best should be done for all for whom we agree to work. Certainly, to a greater or less extent in all our practices, the replacement of lost dental organs is a necessity, and personal as well as professional pride should demand for this work our best endeavor.

During the period of our student life spent with a preceptor, necessarily the first work given to a green student is in the laboratory, and he naturally, after a time, looks on his duties in the laboratory as "freshman work." Later in life he will discover that there are difficulties to be met in making a simple vulcanite plate which will tax the patience and experience of the veteran. Who of us will not confess that there are cases where the getting a correct articulation or fitting a plate to a flat upper, or a ridgeless lower will call into play every whit of patience and skill we possess?

There is room, I claim, also in the laboratory for the display of taste in the artistic arrangement of teeth in an artificial denture. There is a charm for one with a turn of mind for that sort of thing in taking a set of plain teeth and making a combination that will defy detection by the unpracticed eye. The inspiration that comes to the artistic soul never reaches the five dollar man. These men must turn out a certain number of plates every week, and their highest ideal is, forsooth, the stereotyped picket-fence, whited-sepulchre arrangement, if only the plate will "stick up." To assist this sticking up, and save accuracy, some make deep air chambers and increase the depth by a heavy bead around the edge so that we often find the soft tissues so drawn that a serious congestion and deformity are the result. This soreness is attributed by some to the coloring matter in the plate, and a black one is substituted and the vacuum deepened. In one of these cases lately I ordered the plate left out for a fortnight and advised massage of the palate to reduce an air chamber pattern of fully a sixteenth of an inch deep. After making a denture with no chamber no difficulty was experienced in retaining it, and no further inflammation was noticeable. Is it not strange that metal dentures of different kinds are retained without air chambers, while in vulcanite they are by some considered indispensable?

It seems to me that with very few exceptions all that is necessary to retain a denture after a careful impression and articulation is a bead extending around the margin of plate, following the back part of palate and edge of gum line. A vacuum chamber is, unless the wearer is very careful as to the cleanliness, a breeding spot for all the bacteria that Professor Miller ever dreamed of. If used at all the chamber should be extremely shallow, about half the usual depth.

When a patient puts himself in our hands for treatment, we should feel ourselves bound to do the very best possible for him. The dentist who will insert a filling and dismiss the patient, leaving the mouth and remaining teeth in such an unhealthy condition as to render the "life expectancy" of the filled tooth much lower than is necessary, without warning and advice, has failed in his "whole duty" and shown that he has not reached the highest conception of his responsibilities.

In this rambling paper I have not so much aimed at originality as to "stir you up by putting you in remembrance," and sincerely hope the paper may be accepted with this in mind.

Abstracts.

Edited by G. S. MARTIN, D.D.S., L.D.S., Toronto Junction.

DR. H. C. REGISTER says that in bleaching teeth he uses, after thorough desiccation of the tooth, tincture of iodine, followed by an application of ammonia water.—*Cosmos*.

SENSITIVE DENTINE OBTUNDER.—At a recent meeting of the Stomatological Club of San Francisco, Dr. M. W. Leokowicz made an exhibit of a saturated solution of potassium carbonate in glycerine for correcting sensitivity of the dentine.

ONE of the most useful things for cleansing the hands when they are soiled by laboratory work is Gold Dust washing powder. It will at once remove stains left by vulcanizer flasks, and is widely useful for general laboratory detergent purposes.—*Dental Practitioner and Advertiser*.

THERMOMETERS.—“Before purchasing a thermometer, invert the instrument; the mercury should fall to the end in a solid ‘stick.’ If it separates into several small columns the tube contains air and will not register accurately. Nine persons out of ten think the mercurial column is round, but this is not the case; it is flat, and the opening in the tube is as small as the finest thread.”—*Dental Practitioner and Advertiser*.

THE “busy man” who is your patient, in his rush for dollars, will insist upon visiting his dentist at a time when he cannot do anything else. He wants an hour very early in the morning or late in the afternoon. “Can’t come any other time,” he says. Do not let this man have his way. Have your office hours and keep them, but do not let any man run your business, or get in your office out of office hours, except in an emergency.—*Western Dental Journal*.

CATAPHORESIS FOR OBTUNDING SENSITIVE DENTINE.—Dr. Henry W. Gillett, of Newport, R.I., describes in the February *Cosmos* his method of obtunding sensitive dentine by cataphoresis. A twenty or thirty per cent. solution of cocain is placed in the cavity on cotton, to which the platinum-pointed positive electrode is applied, the negative wet sponge electrode being applied to the surface of the body, such as the neck or face. It has enabled him to say to his patients that he can prevent all pain in preparing sensitive cavities.

TO KEEP THE HANDS CLEAN.—In the warm days that are now before us, when a rubber glove cannot be worn with comfort while engaged in prosthetic work, an ointment with honey for the hands will subserve the same purpose. It holds the dirt in suspension and dissolves very quickly when immersed in the water, leaving the hands soft and clean. Take clarified honey and rosewater, of each one pint, listerine two ounces, mix and bottle. For winter use add two or three ounces of glycerine.—*Dental Digest.*

At the Philadelphia County Medical Society, Prof. Theophilus Parvin demonstrated the new advancement made in the methods of producing deep and extensive local anæsthesia developed by Prof. Schleich, of Germany. The method consists in the injection deep into the tissues of a solution consisting of one quarter part morphine, one part cocain, two parts common salt, and one thousand parts pure water. Prof. Schleich performs capital operations, amputations, removals of tumors, etc., under this local anæsthesia. Prof. Parvin allowed his arm to be deeply cut and sewed up as a demonstration before the Society.—*Southern Dental.*

LOCAL CAUSES OF PYORRHOEA.—Dr. Talbot enumerates as local causes of Riggs' disease, infection from micro-organism, application of the rubber-dam, clamps, wedging the teeth, correcting irregularities, sharp edges of decayed or filled teeth, protruding fillings, spaces between teeth, crown and bridgework, over stimulation in the use of the toothpick, artificial teeth, more particularly ill-fitting plates, injuries, tartar accumulation and decomposition of food, and collections around the necks of teeth, tobacco and everything of a foreign nature, as observed in the mouths of imbeciles, idiots, epileptics, and all individuals who do not take care of the teeth.—*International.*

DR. W. A. MILLS, of Baltimore, in the February *Cosmos* advocates the insertion of span or arch fillings in approximal cavities, to relieve hypersensitiveness and congestion of gum tissue in gingival spaces between bicuspid and molars caused by packing of food during mastication. He prepares the cavities as for separate filling, inserts an orangewood wedge, and binds the teeth firmly together with wire to prevent any spreading during the filling process. He then fills the space with a stiff cement, forcing sufficient over and against the buccal and palatal surfaces of the teeth to form a matrix, removing all cement from the cavities in the teeth, and sufficient from the space to give proper shape to the filling. The filling is then inserted as if in a single cavity. In case of using amalgam instead of gold, he uses gutta-percha instead of cement, leaving binding wire and matrix in position twenty-four hours, after which the filling is polished.

DR. J. N. FARRAR, in the *Dental Digest*, defends the use of ferules upon anchorage teeth in correcting irregularities of the teeth, as being more cleanly and less injurious than plates covering the roof of the mouth. At the same time he is careful not to use a single tooth for anchorage unless the tooth is well supported by contiguous teeth. His plan is to use ferules upon two or three teeth, uniting them by wires soldered to the sides of the ferules. Three teeth may thus be embraced by two ferules, the middle one having no ferule upon it. Dr. Farrar emphasizes the necessity of guarding against the return of teeth to their old position after regulating, which is often the cause of failure and humiliation.

To replace a block of teeth where the pins are broken or have pulled out, take a piece of 22k. gold wire, twelve to fifteen gauge, cut two bits of sufficient length to reach across the thickness of the approximal surfaces of the block, and project into the rubber. Rivet-head both ends; with fine wheel, cut circular notches on either side of the block large enough to allow the pin to pass through between it and adjoining block into space for rubber. Cut these notches near or into border of tooth; and when the work is completed, and the clinching rivet-head finished, it will resemble a neat filling of gold, also the block will be more secure than with the original pins. Sample pinless blocks may be thus used.—*F. E. Battershell, D.D.S., N. Philadelphia, Ohio Dental Journal.*

ELECTRICITY FOR TOOTHACHE.—Whether from inflammation of the pulp or of the peridental membrane, toothache may be arrested at any period before transudation of the leucocytes has reached the point of abscess, by the application of a mild electric current for from ten to twenty minutes. For this purpose the positive current should be divided, one wire fastened to the forceps, and the other with the negative, put into the hand of the patient. Now begin with the mildest current and increase until the sensation begins to be unpleasant, then diminish a little and apply forceps to the tooth. Protect lips by slipping a rubber nipple over beak of forceps, increase current again as much as can be comfortably tolerated, and hold until pain altogether subsides, which is about ten minutes. Remove for a brief space and apply a second time for five minutes; this to counteract the reflux in the capillaries. Watched and waited minutes are long, but on this account do not narrow the prescribed time. After placing forceps with right hand, change to left, and resting forearm on arm-rest, stand at rear of patient, otherwise the operator may experience some inconvenience. These directions carefully followed will quiet toothache and complaint.—*Ohio Dental Journal.*

THE DOSE FOR CHILDREN.—Dr. Griffith gives the following as the best scheme known for ascertaining the dose for children. It obviates all guessing at weight, etc., so objectionable to the other rules :

Adult	1			
Eighteen years	$\frac{3}{4}$			
Twelve "	$\frac{1}{2}$			
Eight to ten years	2-5			
Six years	$\frac{1}{3}$			
Four "	$\frac{1}{4}$			
Three "	1-5			
Two "	1-7			
One "	1-10			
Nine months (9-12)	1-15	$-\frac{2}{3}$	the dose for one year	
Six months (6-12)	1-20	$-\frac{1}{2}$	" " "	
Three months (3-12)	1-30	$-\frac{1}{3}$	" " "	

—*Montreal Pharm. Journal.*

A NEW STYPTIC.—Prof. Roswell Park, of the University of Buffalo, says that he has found very useful as a spray for checking the oozing of blood during operations, a five per cent. solution of antipyrin, made up with sterilized water. This has been tried by many surgeons and found to have no deleterious effect, no matter where it is used. Prof. Park has since found that a combination of antipyrin and tannic acid is still more useful. This mixture precipitates a thick, gummy cohesive substance, which offers the most ideal styptic for certain purposes. An alcoholic solution of tannic acid is used, and antipyrin added in quantity, sufficient to form a precipitate of required consistency. This substance is particularly useful in hemorrhage from bone, for instance, in operations upon the cranium. A small piece of sponge or cotton sopped in it may be forced into a bleeding tooth socket, and in many other ways it may be useful. There is but one attendant difficulty, due to its remarkable cohesiveness, that when the time comes for detachment or separation, it is difficult to remove it. Sometimes it has been necessary to wait for the formation of granulations and separation by natural process.—*The Dental Practitioner and Advertiser.*

DR. BLACK'S EXPERIMENTS. (Abstract of paper in April *Cosmos*.)—In an article bearing on the "practical utility of accurate studies of the physical properties of the teeth and of filling materials," Dr. Black points out wherein his experiments are practical in the sense that they should be of benefit to the profession, and through them to humanity. He points out that facts may be discovered before their time, that is before correlated facts are known that will admit of their utilization. He briefly summarizes

the results of his elaborate experiments on tooth tissues to be these, "The percentage of lime salts in the human teeth is very uniform. The slight variation found bears no relation whatever to caries of the teeth; it has no relation whatever to diseases of the peridental membrane. The percentage of lime salts in the teeth of child-bearing women is not reduced during the period of child-bearing. The percentage of lime salts bears no very constant relation to the strength of the teeth as tested by pressure upon blocks of dentine." While the investigation does not clear up the mystery of the different degrees of susceptibility of teeth in different mouths to the ravages of caries, it should remove from the minds of the profession a grave misconception, viz., that the differences of susceptibility to caries in different patients is directly proportionate to differences of lime salts. It has also, he points out, been the habit of the profession to designate rapidly decaying teeth as soft teeth or poorly calcified teeth, teeth that will eventually be lost, and patients are plainly told that their teeth are poor in quality. By his investigations Dr. Black is convinced that this is an error. Teeth that are rapidly decaying are as apt to be well calcified, strong dense teeth as the teeth in which no decay appears, proving that it is not the difference in the calcification of the teeth that constitutes the basis of difference in their susceptibility, but it is to be found in some outside influence acting primarily on the surface of the tooth. Differences of susceptibility to caries are known to be variable, as for example, in young people with rapidly decaying teeth a marked improvement is often seen as the patient grows older, provided proper efforts are made to limit the damage done. No greater evil exists in the dental profession than the idea that certain teeth are too soft for the use of the best filling materials, causing the dentist to relax his efforts to introduce the most permanent fillings, and causing the patient to despair of saving the teeth. The experiments prove that no teeth are "too soft for gold filling." The hardest gold filling is readily crushed out of all semblance of its original form upon a block of dentine from the weakest human tooth without injury to the dentine. While emphasizing this point Dr. Black utters a note of warning regarding the danger of injuring the peridental membrane by the too severe malleting sometimes indulged in in the endeavor to make a dense gold filling. While it is estimated that in a state of nature the peridental membrane of the human tooth should stand a biting strain of between two and three hundred pounds, yet it is often found that from lack of use, from sensitive exposed dentine or some other cause, the membrane will often stand only one hundred pounds pressure or less. If a tooth thus tender were filled temporarily with some plastic to relieve tenderness, and the patient sent away with the instruction to use

the tooth, in a few months the tooth will bear the mallet with little or no pain or injury to the membrane. The anchorage of bridges with large molars upon roots of bicuspid which are not meant by nature to bear such a strain often results in absorption of the root and destruction of the usefulness of the bridge. Dr. Black's experiments in the density of gold fillings, made in steel dies and in teeth in the mouth, lead him to conclude that few operators make their fillings sufficiently hard to withstand the strain of mastication. Dr. Black thinks that as serum therapy and its mysteries become better understood the reasons why persons differ so much in their susceptibility to caries will be unfolded. No scientist should regard any discovered fact as valueless, but should recognize that when other facts are demonstrated the reason why of that which is at present unknown will be made plain.

Proceedings of Dental Societies.

ILLINOIS STATE DENTAL SOCIETY.

The thirty-second annual meeting of the Illinois State Dental Society was held at Springfield, May 12 to 16, 1896. A good programme was carried out, and a large attendance was present. The following officers were elected: President, C. R. Taylor, Streator; vice-president, E. B. David, Aledo; secretary, Louis Ottofy, Chicago; treasurer, W. D. Swain, Chicago; librarian, J. R. Rayburn, Fairbury. The next annual meeting will be held at Peoria, beginning on the second Tuesday in May, 1897.

LOUIS OTTOFY, Secretary, Masonic Temple, Chicago.

PROGRAMME OF TORONTO DENTAL SOCIETY.

June 9th, at Harold Clark's, 45 King Street West; paper by A. J. McDonagh. September 15th, at H. T. Woods', 3 College Street; paper by Luke Teskey, M.D., L.D.S. October 13th, at A. J. McDonagh's, 274 Spadina Avenue; paper by Harold Clark.

G. S. MARTIN, *Pres.*

H. E. EATON, *Sec.*

EASTERN ONTARIO DENTAL ASSOCIATION.

The seventeenth annual meeting of the Eastern Ontario Dental Association was held this year at Ottawa, on June 9th, 10th and 11th.

Correspondence.

TOO MANY DENTISTS?

YES.

SIR,—Yes. There are too many unethical and unbalanced dentists. A dentist who resorts to unprofessional methods shows that he is either a first-class fool, or a first-rate rascal. Now I think the majority are not rascals, but simply people of unbalanced minds, with a screw loose. If a man goes into dentistry only for what money he may get out of it, he will do any dirty and unprofessional act to make money. If we are more particular as to the class of boys we receive as students, it will go a long way towards remedying the evil.

NO.

SIR,—I do not think there are half enough dentists in any part of Canada. Everybody, you may say, has decayed teeth, and everybody should have attention. There are not too many dentists, but there is too much ignorance among school children and their parents about the teeth. If the dentists would do more impersonally in the press to educate the public, not by advertisements, and if the school teachers would do a little, we wouldn't have half enough dentists. That's what's the matter.

SIR,—I do think there's too many dentists like yourself, who think that a man can't pick up a job wherever he likes, without being called a quack, that's what you call us, because we put cuts of teeth in papers, how can people know to find a dentist if they don't see cut, what difference is it if a shoemaker uses cut of a boot. There's too many dentists who think we can't learn the work without books. A shoemaker doesn't know anything about the anatomy of feet, but he makes a good boot. What do we want with colleges, and journals if we can make a set of teeth. You college chaps should shut up, and leave the work to us.

You ask for know if there be too much dentists. Well, for myself, I think that's so, yest too much for pay me. I do my best for make the people think that I give twenty dollars of work for ten dollars and that I make the teeth in two hours, but do not understand that's lie, for I make myself very fine in the business of making the grand lie. That seems shame for me confess, but can't help, and eef I make one dollar by tell the truth, and two

dollair by tell de lic, dat one dollair in my pocket. I tink too bad make many dentiste, because dat bad for me. I put de grand pecture in the papers, and say I do grand tings for lectle monie, but I find we no get all I want, and eef you make too much dentiste, we will all have to go be priest.

JEAN.

No, there's not too many dentists, but there are decidedly too many students, the Lord help them.

X.

HOW TO DEAL WITH THE "CHEAP" ADVERTISERS.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—There are several ways of meeting the selfish and unprofessional actions of dentists who degrade themselves and their practice by advertising "cheap teeth," and with your permission, I propose to offer these suggestions, and to say that they are not experimental, because they have succeeded beyond my anticipations in this section of Ontario. We have so many more dentists than the intelligence or means of my town require, that instead of looking for new pastures, two young men began a systematic spread-eagleism in the local press, insinuating in their advertisements that the fees which had prevailed here before they were even students, were exorbitant, and that they rendered the same services for half the money. They made startling statements of what they could do, and would do, and rivalled travelling negro troupes in the sensationalism of their headings. I was somewhat surprised, because I knew that they had no superior knowledge, and comparatively recent experience, so I spoke to them on the subject, and the reply I received was that they must get business "somehow or other," and the ethical was not quick enough. So they got several students in their office, and at it they went. I consulted with my respectable confreres. We felt that these young men could not give the public justice, as to time, and care, and work, at the fees they advertised, and we knew they deceived the public, who were not aware that this cheap work was that of unqualified students. We felt the surest way was to fight them with their own weapons, so we refused first of all to recognize them socially or professionally as more than mere tooth-tinkers, and we combined in self-defence, and advertised "loudly" but honestly, that we would give as good services at one half the fees they advertised. The result in a few months was that the public began to suspect their honesty; many of our friends who knew us as good citizens gave them the cut in society, and they were brought to such extremes by the temporary sacrifices we ourselves made, that they finally decamped, and we returned to our former fair and

moderate fees. Of course, in their efforts to depreciate our regular fees, they resorted to the very low device of quoting to their victims the depot prices of artificial teeth, vulcanite, and filling materials. They came from the gutter, and they must needs go back to it. They were never able to rid themselves of the lowest instinct of the meanest mechanic, voluntarily placing themselves, not as gentlemanly practitioners of one of the learned professions, but as vulgar and greedy grubbers in the gutter. That the offers of cheapness in trade and commerce appeal to many pockets, we need not wonder; but if they ever appeal to well-to-do people of common intelligence, in regard to the preservation or replacement of the teeth, it is only because these people are "educated," by what they read in the papers, to believe that the dentist is a mere mechanic, and entitled to no such professional consideration as the physician. The public is not, in one sense, to blame. It gets its knowledge of our qualifications largely from the loud and vulgar advertisers. The decent man of experience and ability, who simply places his name, profession and address in the papers, has no such chance of attracting attention as the scamp or cad who copies his style of advertising from a circus, and trumpets his trickery from the house top. I believe that your whole record in journalism is against my opinion; but if the practice of men who prefer to be ethical and professionally honorable is to be injured, and perhaps ruined, by men whom we know to be a discredit to dentistry, then I see no reason, if nothing else will do, than to meet them with their own weapons, and give that portion of the public who are attracted by their method of advertising, the same, and even better service for still lower fees, and that we should use the press as they use it. If the respectable dentists in a community would form such a fellowship, they could ostracize from recognition the men who have abused the profession. I hold myself responsible for my own opinions, and the experience of our success in dealing with the parties I have referred to, justify me in the belief that it would succeed elsewhere.

L. D. S.

[We admit that this subject presents many difficulties, and that the temptation, as our correspondent puts it, to "meet the cheap advertisers with their own weapons," is very strong, and in some centres might be effective. Of course, if the public get no other dental information in the press than that which the cheap advertisers supply, we must not be surprised if the public opinion of dentistry should decline. Patients who base the value of a dentist's services upon the cost of his materials are better left to the tender mercy of quacks and cheap advertisers. There are people, like the Irish peasant, who, when looking at Rosa Bonheur's "Horse Fair," and learning the immense sum for which it had been sold, exclaimed in contempt that there were not ten francs' worth of paint on it.—ED. D. D. J.]

ONTARIO DENTAL ASSOCIATION.

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—At the last annual meeting of the Ontario Dental Association, it was decided to hold the meeting for 1896 at St. Catharines, on the 14th, 15th and 16th days of July; however, at a recent meeting of the Executive Committee, it was unanimously resolved to make a change in both place and time, namely, to Toronto, on the 1st and 2nd of October.

In view of the fact that the new Dental College at Toronto will be formally opened on the afternoon of Wednesday, 30th September, it has been deemed wise to postpone the annual meeting till the two days following the opening; hoping, thereby, to utilize the outside talent to be secured for that occasion, and thus render our next meeting the most successful in the history of our association.

The Executive is sparing no pains in the effort to ensure an exceptional programme bearing on the burning questions of the day, which should be appreciated by every member of the profession in the Province.

We desire to draw attention particularly to the association meeting, but there is no doubt but that the opening exercises will amply repay the slight inconvenience in being present, as the board of directors is on the alert to make it a brilliant success.

Notices and programmes, with full particulars of the meeting, will be forwarded in due time to the members of the Royal College of Dental Surgeons.

Belleville, May 4th, 1896.

J. A. MARSHALL,

Sec. Ont. Dent. Asso.

IS THE PROFESSION OVERCROWDED ?

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—One who doubts it, should find an answer in the lowness of our fees, and the wretched competition which is driving so many dentists to place themselves on a level with hair-dressers, abandoning the professional privacy of quiet offices for trade-attracting publicity. I do not know what will be the next feature introduced. These men run the lodges, the churches, the clubs, and every possible avenue to pull in business. They resort to the commonest commercial and trade tricks. They "improve" their methods of getting business, but they do not improve themselves, or add anything to our literature or our conventions—and they are deeply envious of those who do—and they carefully keep away from dental meetings, for fear that they might more fully expose their ignorance.

Dentistry is peculiar in this respect—we have so many more sham men in it. Law, medicine, architecture, civil engineering have been more fortunate in attracting a better class, and there is something in these professions which keeps a mean man from getting practice. It is not so in dentistry, and I am sorry to say that it is not alone the quacks who resort to questionable means.

There are many compensating advantages in Canada for whatever disadvantages we possess; but the ignorance and indifference of the people, as a rule, to the importance of scientific treatment of their teeth, handicaps the honest and experienced practitioner. The material development of the country needs capital; but the intellectual development needs only an intelligent press. The suggestion of L.D.S. in a late issue to use the press *impersonally* to inform the public of the value of the teeth, is wise and practicable; but I would add to that, the idea of giving to the extracts the authoritative seal of the Associations. As matters are, the profession is sadly overcrowded. Scores of young men are being educated for dentistry who are doomed to disappointment. It is better for those youths to stop now, and think, "What am I to do? Where am I to go?" I must confess, that a long experience carries my memory back to far more disappointed than successful dentists. It would be a blessing, equally to the public and the profession, if, for the next five years, there was not another dentist added to our number.

Yours, etc., I. L. ROWLITT.

CLEAN OUR SKIRTS.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—At the next general meeting of the profession, would it not be wise and timely to discuss plainly the ethical position of dentistry in Ontario, and try and devise some means to enlighten the public on the present mischievous and quackish use made of the public press by the gutter dentists? As you remarked in the January issue, the press is chiefly the friend of the advertisers, and unless we resort to the use of the press, we cannot get even with those who use it. Would it not pay the association to keep in the press a standing "Public Warning," officially signed, exposing the unreliable character and in many instances, the deliberate falsehoods of the offenders against dental ethics? Inserted as the official expression of the Provincial Association, which has done so much to elevate dentistry in Ontario, and even supported by the official expression of the College, and even, if possible, the authorities of the University to which we are affiliated, it would be a rebuke far

more influential than any amount of individual advertising. The University of Toronto, and I may add now, the University of Bishop's College for Quebec, surely do not want the stigma of association in any way with these parties, and should be willing to help us to get rid of them.

L. T.

STUDENTS PRACTISING DENTISTRY.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—Several students are quite publicly practising dentistry. I have seen the printed cards of two of these gentlemen, bearing their names with the title of "Dentist" on one corner, which they carry in their pockets, and slip to their friends, with the hint that they will do "the work" much cheaper than the regular licentiates. One of these very smart young men recently was several days in an obscure village, where there is no dentist, and not only was busy, but did a lot of irreparable damage. The licentiate to whom this fellow is indentured is responsible, and should have the indentures cancelled. The sooner we let these people and all advertising frauds understand that they are committing breaches of the law, the better. If a regular lawyer should advertise after the manner of some of our regular dentists, he would be deprived of his gown, and the right to practice at the bar. I do not see that there is half the *raison d'etre* for such action, compared to those which can be given for protecting the public from the imposing advertisements of impostors.

L. D. S.

Question Drawer.

Address all correspondence connected with this Department to DR. R. E. SPARKS, Kingston, Ont., Can. Matter for publication should be in the hands of the Editor not later than the 10th of each month, and must have the writers' names attached, not necessarily for publication, but as a guarantee of good faith.

26. Q.—What is the best method of applying cocain for painless extraction of pulps from teeth?

I have occasionally used a strong solution of cocain with crystals of carbolic acid dissolved in chloroform, and applied with a broach, working it carefully and thoroughly into the canal and living tissue. Sometimes this would give me the best of satisfaction. On other occasions it did not seem to give the relief anticipated.

D. V. BEACOCK, Brockville.

Reviews.

Lehrbuch der Conservirenden Zahnheilkunde. Text-book of Conservative Dentistry. VON W. D. MILLER, a. o. Professor at the University of Berlin. Published by Georg Thieme, Leipzig.

The author, Dr. W. D. Miller, is too well known as a writer and practitioner of dentistry to require any commendation. He has presented to his German reading colleagues and students a book of 416 pages, with the above title, and supplied it with 420 illustrations. The book is, in the full sense of the word, a text book for both practitioner and student. The author has kept in mind throughout the whole the conservation of the teeth, and goes minutely into every detail of the object in view. The book is divided into five parts.

Part I. Die Therapie der Defecte der harten Zahnsustanzen. (Therapeutics of the Defects of the hard Toothsubstances.) Chapter 1st.—Die Behandlung der Defecte der harten Zahnsustanzen ohne ausfüllen. (The Treatment of the Defects of the hard Toothsubstances by other means than filling.) Chapter 2nd.—Das füllen der Zähne. (The filling of the teeth.) This chapter treats very exhaustively of the manner of filling teeth; gives in detail a description of all materials employed, the instruments used, and the manner of their manipulation, how to keep them in order, disinfecting them, etc., the examination of the oral cavity, the exclusion of moisture with means and material used, preparing cavities, treatment of hypersensitive dentine, the principles involved in filling with the different forms of cohesive and non-cohesive gold, plastics, porcelain, etc., with a description of the operation peculiar to each. Next is a classification of cavities and the methods employed in each case, the use of the clamp, separators and matrix, treatment of fractured teeth, finishing fillings, treatment of secondary caries; and concludes the chapter with a description of the Herbst rotation method.

Part II. Die Therapie der an der weichen Zahngewebe auftretenden Störungen. (Therapeutics of the Diseases of the Soft Tissues of the Teeth.) Chapter 3rd.—Behandlung der frisch freigelegten gesunden pulpa. (Treatment of the healthy, newly exposed pulps.) A short but very good chapter, giving methods and materials used for capping, and the properties each should possess. Chapter 4th.—Behandlung der erkrankten Zahnpulpa. (Treatment of diseased pulps.) Hyperæmia, pulpitis and their causes; trauma abrasion, fillings, regulating teeth, thermal changes and treatment of the different stages of the condition; devitalization

of the pulp in permanent and deciduous teeth, conditions when and how to proceed. Chapter 5th.—Die Behandlung von zähnen mit nekrotischer pulpa. (Treatment of teeth with necrotic pulps.) This chapter is particularly worthy of note. The author explains the treatment of the different stages of necrosed pulps—not infected, partly infected, totally infected, in first stage of decomposition, decomposed pulp with abscess—following with a description of the treatment and filling of root canals, and the materials best adopted thereto. Chapter 6th.—Die Behandlung der Wurzelhautentzündung. (Treatment of pericementitis.) Gives the causes leading thereto and their treatment. Divides it into two classes, primary and secondary. Primary, from mechanical, chemical or parasitical; secondary, (1) in consequence of local affections, pulpitis, or gingivitis; (2) in consequence of general debility or diathesis; syphilis, diabetes, scarbut, rheumatism, gout, exanthema, influenza, cold, etc. Chapter 7th.—Die Alveolar Pyorrhœa. Chapter 8th.—Zahnschmerzen, odontalgia.

Part III. Das Reinigen und das Bleichen der Zähne. (The Cleaning and Bleaching of the Teeth.) It comprises the removal of salivary calculus and stain from the teeth; how to use the scalers, brushes, rubber cups and wheels, etc., for cleaning. For bleaching, it gives specifics generally used, the action of the same, and strength required.

Part IV. Die Prophylactische Behandlung der Zähne. (The Prophylactic Treatment of the Teeth.)

Part V. Die Behandlung der Milchzähne. (The Treatment of Deciduous Teeth.)

The book is well written, and up to date in all departments. The author has omitted all antiquated methods and theories, and has given only such that have been thoroughly tested and approved of by practice. He has spared no pains in making the book interesting as well as instructive, and deserves great credit for the labor he has expended in writing it, also for his other publications and articles that appear in the dental journals from time to time. On more than one occasion has he shown that he is master of the pen as well as of the excavator. Typographically the book is all that may be desired, and it should be in the library of every dentist who understands the German language.—CARL E. KLOTZ, L.D.S.

Manuel du chirurgien-dentiste, publié sous la direction de CH. GODON, directeur de l'École dentaire de Paris. *Pathologie des dents et de la bouche*, par le Dr. Leon Frey, ancien interne des hopitaux de Paris, professeur à l'École dentaire de Paris. 1 vol. in-18, de 279 pages, avec 32 figures, cartonne. 3 fr.

La loi du 30 Novembre, 1892, en créant un diplôme officiel de

chirurgien-dentiste, oblige ceux qui veulent à l'avenir exercer la profession de chirurgien dentiste, à des études spéciales et à des examens déterminés. M. Godon a pensé répondre à un besoin des élèves autant qu'à un désir des professeurs en réunissant, sous une forme facilement assimilable, toutes les matières qui font officiellement partie de l'enseignement de l'étudiant dentiste et sont exigibles aux examens.

Il a voulu que cet ouvrage put encore être utile aux praticiens, qui retrouveront sous une forme claire et précise les matières qu'ils ont apprises au cours de leurs études, en même temps que les travaux intéressants qui, jusqu'en ces derniers temps, ont paru dans les revues scientifiques ou professionnelles et qui constituent un progrès dans la science ou dans la pratique de la "dentisterie."

Pour rendre ce travail plus complet et plus profitable il y avait avantage à le diviser en plusieurs volumes et à confier chacun d'eux à un collaborateur ayant acquis par des travaux antérieurs une compétence spéciale. M. Godon a suivi, pour la division des matières, le programme des examens tel qu'il a été indiqué dans le décret du 25 juillet, 1893, et tel qu'il est appliqué à la Faculté de médecine de Paris. Le "Manuel du chirurgien-dentiste" a été divisé en cinq volumes: "Anatomie des dents et de la bouche," Dr. E. Sauvez; "Pathologie des dents et de la bouche," Dr. L. Frey; "Thérapeutique dentaire, anesthésie, formulaire," Dr. M. Roy; "Clinique dentaire, Dentisterie opératoire," M. Godon; "Prothèse dentaire, Orthodontie," M. P. Martinier. Les deux premiers volumes viennent de paraître (Prix de chaque volume cartonné, 3 fr.).

Nous recommandons cet ouvrage à nos lecteurs du Canada, dont la langue maternelle est le Français. En effet les séries entreprises par M. Godon, sont bien ajustées pour être ajoutées à la liste des ouvrages dont on se sert à Québec.

Dental Pathology and Practice. By FRANK ABBOTT, M.D., Professor of Dental Histology, Surgery and Therapeutics in the New York College of Dentistry, etc. With ninety-seven illustrations. Philadelphia: The S. S. White Dental Mfg. Co. 1896. Pp. 237. Price \$3.00.

In his preface, Dr. Abbott disavows any intention or desire of exhausting the topics discussed in his volume, and distinctly frees himself from any suspicion of entering into the minute details expected in more comprehensive works. It is natural to expect that in a work of this kind, the conclusions of the professional triumvirate, Bödacker, Heitzmann, and Abbott, would be intensely *en évidence*, which is sufficient to assure the reader that they would be widely disputed, in relation specially to dental histology. The persistence with which these learned writers declare that they have "satisfactorily cleared up" controversial questions regarding development

of the teeth, caries, etc., is praiseworthy enough, were it not in direct contradiction to the careful researches by histologists, whose methods and conclusions are more widely received. The creed of the triumvirate is not as infallibly believed by themselves as it was some years ago. It is but fair to say that the questions are by no means "satisfactorily" cleared up, and that very formidable objections made to their opinions have not been at all satisfactorily answered, much less refuted. In this sphere of investigation the microscope may perhaps find supplementary aid in the Röntgen rays. The author has the courage of his convictions in repudiating certain methods of practice, which, no doubt, will bring dogmatic critics about his ears. Success in any line of operative technique may justify his conclusions, for there is not much more infallibility in one opinion than in another, where success is honestly proven. The reader will have interesting opportunities to reconcile some of the conclusions of the author with the positiveness of most of his contemporaries, who are equally honest and able. Probably many who study the work will be disappointed in its comparative barrenness where fullness was expected, and in a measure of amplification, which possibly might have been omitted. Dr. Abbott, however, makes no pretense to absolute completeness. There is always room for Sir Oracle, but he has not yet appeared.

Legislation.

REQUIREMENTS NECESSARY TO PRACTICE DENTISTRY IN BRITISH COLUMBIA.

1. To be a graduate of some English, Canadian or American College recognized by the American Association of Dental Faculties, and pass a satisfactory examination in the following subjects: Anatomy, Physiology, Operative Dentistry, Dental Pathology and Therapeutics, Chemistry, Materia Medica, Anæsthetics, Oral Surgery and Metallurgy.

Prosthetic Dentistry.—In prosthetic dentistry the applicant will be required to do the following work: One full upper denture on rubber; one partial denture, not less than four teeth on gold or silver; one continuous gum set, not less than four teeth; one porcelain inlay; one gold crown; one bridge, not less than four teeth; one partial rubber, not less than four teeth.

Thirty days' notice, accompanied by the fee, \$30.00, to be sent to the Secretary before the examination will be given.

Box 69, Victoria, B.C.

T. J. JONES, L.D.S., *Pres.*
A. R. BAKER, D.D.S., *Sec.*

Dominion Dental Journal

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VOL. VIII.]

JUNE, 1896.

[No. 6

NEGLECT OF THE TEETH IN COUNTRY DISTRICTS.

It is not generally known to the public, but it is an indisputable fact, that in no part of the Dominion is there more neglect of the human teeth, and more ignorance of their functional importance, than in the country districts of the Province of Quebec, and no less among the English than the French population. Physicians in Ontario, as a rule, avoid interference in the diseases of the teeth, excepting where there is no dentist within their limits, but in Quebec we have known, upon several occasions, young successors to medical men receive as one of the legacies of practice of their predecessor, large jars or bottles full of extracted teeth, ninety per cent. of which a dentist would have saved! We have had many opportunities to observe the serious extent of the various diseases of the teeth in the Eastern Townships especially, and to learn from intelligent country physicians who do not make a business of extracting these organs, that the constitutional and especially the nervous affections due directly to diseased teeth, are alarmingly on the increase. A large number of the affections of the eyes and ears are traced to abnormal conditions in the mouth, and which get no radical cure, excepting through proper dental treatment by experienced dentists. Digestion is impaired on account of the absence of the teeth. Beauty not only loses one of its chief charms, but strength loses one of its

important aids. Sandow once said that he never knew a man of great strength who was a victim of dyspepsia, or who had bad teeth. There is no more common cause of headache, neuralgia, diarrhoea, and various other disorders than diseased conditions of the teeth, and it is astonishing to reflect that in the mouth, the portal of life and health, many people will tolerate filthy conditions, which they would not endure in any other part of the body. A whole train of obscure nervous and sympathetic affections owe their exciting cause to diseased teeth. There may be no decay or pain frequently, but the ears, the eyes, the stomach, the head, etc., suffer. The teeth are not merely mechanical mills to grind food, requiring only mechanical treatment, by mechanically educated men. They are as important and necessary to the mouth as the fingers to the hand; and even were it not so, the suffering following their neglect, and the decline of general health due to their loss or disease, should impel people to pay them more attention. It has been said that it is a wise dentist who knows his own teeth, and it is a fact that no one can faithfully examine his own, or discover the beginnings of decay. The sufferings endured by hundreds of neglected children, due to the silly superstition that the loss of temporary teeth, which should last seven years, is no functional loss, is something appalling in Canada, especially in country districts. Our farmers' families, especially, are martyrs to the effects of bad teeth, and frequently bad dentistry. They wait "until the tooth aches," and foolishly expect then that the dentist can perform a miracle upon an organ which, by the death of the "nerve" has lost its chief nutrition, or they let the physician extract it. It is questionable if the care of the teeth of cattle would not become popular if it could be proved that it would add to their market value, and yet the care of the human teeth, which contribute so much to the health of the entire body, is overlooked! No doubt some of the prejudice entertained by country residents against dentists is due to the quacking and imposture of uneducated-practitioners, who go about seeking teeth to extract and patients to swindle. But there are plenty honest and skilful dentists; and it would be as unreasonable to condemn a whole profession for the iniquity of one, or even a whole practice because of an occasional failure, as to condemn the entire practice of medicine because there are quacks in it, or because death occurred where recovery was expected.

The quack and the "cheap Jack" do not confine their operations to the cities. A short time ago two notorious quacks named Lee and Wright made a raid through Compton County, but escaped before the detective of the Dental Board could catch them. They represent a class who have no licenses to practice in the Province and are law-breakers for whose arrest there is a reward.

They skip and jump from village to village, and farm to farm, without a higher thought or ambition than to bleed the farmers, and it is curious that the more these people lie, the better they seem, for the time being, to succeed. The country districts need well-educated dentists as much as the cities, and almost everywhere there are such qualified men. But if they are expected to remain there, they must have the confidence and intelligent support of their communities. The dentists form a very important addition to the means of preventing and treating several of the most painful and extensive diseases of the age. There is no other disease so prevalent in every country as decay of the teeth. The press of the provinces owe a duty to their readers to arouse interest in this matter.

We may refer in this place to the injustice the public in country places suffer from the periodical raids of travelling quacks, who look upon farmers and village residents as easy subjects for humbug. The mischief these tramps do, under pretence of cheapness, and of possessing wonderful and exclusive remedies, is well known to respectable dentists. But imposture must have its victims in the country as well as in the city, and if the cheap adventurers cannot find sufficient fools in the cities to keep them going, they will endeavor to drum them up in the rural districts. We feel it our duty to *ask the co-operation of the press* and the leading men of these districts, in protecting the people from one of the most bare-faced humbugs of modern times—the “Cheap Jack” in Dentistry.

STUDENTS' MISTAKES.

In presence of students doing their best in a written or oral examination, one is frequently struck with the superficial knowledge they possess of theory, while, probably, having in some measure distinguished themselves in practical work. Gold fillings and gold bridges are exhibited, very much to their credit, showing in many instances ingenuity and skill. It is apparent that what is essentially mechanical is easier of apprehension, as well as of execution, and that the moment pathological conditions arise, involving more knowledge of symptomatology, physical signs, etc., the most of students get into deep water and the empirical treatment to which we are all frequently forced to resort, governs them from start to finish. To an examiner, who in spite of an unswerving determination to do justice, though the heavens should fall, yet who has common sympathy, this condition is pitiful. To witness the mental struggle to explain some of the simplest questions in theory; the frequent ignorance of the fundamental principles without which practice is nothing, but as purely mechanical as laying

one brick upon another; to be obliged to play the detective and watch for cribbing, shows that the average student is too eager to get into practical work, and too anxious to do without theory.

The matter is not one difficult of remedy. The freshmen should not be allowed to divert themselves from their books and dissections. It will take them all their time the first session to do justice to anatomy, physiology and chemistry. Our indentureship system is an excellent one and affords the student the best possible opportunity to get a minute, practical knowledge of laboratory work. But the principle of letting students dabble in operating in any shape or form is wrong. The best dentists have been generally made from the young men who have had a thorough training in theory and laboratory work before they went to the chair. There is no greater nuisance about an office than the youth of one or two seasons' studentship, who flatters himself that he knows it all, with respect to prosthetics, and that nature designed him for an operator. These kids generally discover their mistake when they have got their license.

A TRIP TO EUROPE.

Nothing restores the worn and weary dentist like an ocean voyage, and there is no route from America to Europe to be compared with that by the St. Lawrence. One can spend a day or more in historic Quebec, and embarking there, enjoy an inland journey of three days of the seven through the picturesque scenery of the river and the rugged scenery of the gulf. One has a chance to get accustomed to the surrounding of the vessel; to know the passengers, and brace up generally if he is not a good sailor. And by the St. Lawrence route there is no line as pleasant to go by as the *Dominion*.

We write from a good deal of experience. It is easy to say that one line is no better than another; but take, for instance, railway travelling—will anyone pretend to deny that the entire organization and the conduct of the employees to the public on the Canadian Pacific Railway is superior to that of other lines in Canada? The same management pervades the Dominion line. The new vessel, the *Canada*, which will leave this season, is the largest and finest steamer that ever entered the St. Lawrence.

AN INGENIOUS COAL OIL HEATER.

Mr. Thos. Mason, hardware merchant, 2445 St. Catherine Street, Montreal, showed us recently a neat and convenient arrangement, suitable for the laboratory or office of a dentist where the use of coal oil is necessary. It is a very handsome and solid oil stove, of

three sizes, for one, two or three burners, made in Canada, and each one of which bears a certificate of inspection and trial before sale. The oil cylinder of brass is not in direct contact with the lamps; the wicks are large and circular, and give forth a powerful heat, which will boil water in a minute or two, and raise and regulate the heat in the vulcanizer to perfection. There is no smell or smoke; it is easily kept clean; mounted on solid steel frames; each heater having a little mica-covered door, like a coal-stove, through which the flame can be seen. It can be even used for cooking purposes. The prices vary from \$5.50, \$6.50 and \$8.50, according to the number of heaters.

Post-Card Dots.

“WHOSE teeth do you recommend?” Nature’s.

TO LET.—A dental office in Hamilton; one of the best situations in the city; low rent. Address “Forceps,” Box 34, Hamilton.

“Is the L.D.S. of Ontario of any use to admit to practice in British Columbia?” It is of use in qualifying you to present yourself for examination before the Board of Examiners of British Columbia.

“I AM a victim of insomnia and nervous depression, and after every day’s work at the chair, I am obliged to lie down for an hour before I can get up an appetite to eat my dinner, etc.” Give up dentistry, and go to Manitoba farming.

“WHAT are the qualifications for practice in Bermuda, the Bahamas, and Barbadoes, and Cuba?” No legal qualifications required. There are six dentists in Bermuda, two in the Bahamas, and five in Barbadoes, and five hundred in Cuba.

“ARE there any dentists in England, since the death of Sir John Tomes, possessing titles of knighthood?” Sir Edwin Saunders, dentist to Her Majesty the Queen, is the only one. Montreal enjoys the distinction of having a practising dentist who claims to be the legal heir to the throne of France.

“WHAT is the origin of the word ‘cadaver’?” An abbot, about 1216, conceived himself an etymologist, and as a specimen of his powers left us the word “cadaver,” a corpse, thus dissected: “Ca,” quoth he, is abbreviated for caro; “da,” for data; “ver,” for vermibus. Hence we have “caro data vermibus,” flesh given to the worms. Yet this hardly applies to the cadaver to-day in the dissecting room.

"WHERE can I get 'Dental Caries, and the Prevention of Dental Caries,' by Henry Sewill, M.R.C.S., London, England?" It is out of print. It was published by Balliere, Tindall & Cox. It is, however, embodied in Mr. Sewill's larger work, "Dental Surgery, including Special Anatomy and Pathology," published by the same firm.

IN the warm days that are now before us, when a rubber glove cannot be worn with comfort while engaged in prosthetic work, an anointment of honey for the hands will subserve the same purpose. It holds the dirt in suspension and dissolves very quickly when immersed in water, leaving the hands soft and clean. Take clarified honey and rose-water, of each one pint, listerine, two ounces. Mix and bottle. For winter use add two or three ounces of glycerine.—*Dental Items in The Medical Brief.*

"How do you explain the fact that, as a rule, men of little or no education 'succeed' as dentists and doctors, where educated and capable men frequently fail?" One might give more answers to this query than there are letters in it. "As a rule," educated men have learned humility and modesty the deeper they study and investigate. "As a rule," the other class would starve if they were humble and modest. An educated man rarely resorts to bluff and pretension, and self-applause; he values more the good opinion of a few educated men than the admiration of the masses who are ignorant. The following old story may serve for another answer, which we will paraphrase for our purpose. A dental empiric was asked by a regular and respectable dentist how it was that, without education or skill, he contrived to live in considerable style, while *he* could hardly subsist. "Why," said the other, "how many people do you think have passed us lately?" "Perhaps a hundred." "And how many of them do you think possess common-sense?" "Possibly one." "Why then," said the quack, "that one goes to you, and I get the ninety-nine."

Obituary.

MR. M. P. DUBOIS.

We regret to learn of the death of M. P. Dubois, editor of *L'Odontologie*, President of the Association of Dentists in France, and a Professor in l'Ecole Dentaire. M. Dubois was knocked off his bicycle and run over by a coach in Paris, and died in a few hours. As a distinguished contributor to dental science, and one of the most progressive dentists of France, his loss will be severely felt.