

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

Coloured covers/
Couverture de couleur

Coloured pages/
Pages de couleur

Covers damaged/
Couverture endommagée

Pages damaged/
Pages endommagées

Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée

Pages restored and/or laminated/
Pages restaurées et/ou pelliculées

Cover title missing/
Le titre de couverture manque

Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées

Coloured maps/
Cartes géographiques en couleur

Pages detached/
Pages détachées

Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire)

Showthrough/
Transparence

Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur

Quality of print varies/
Qualité inégale de l'impression

Bound with other material/
Relié avec d'autres documents

Continuous pagination/
Pagination continue

Tight binding may cause shadows or distortion along interior margin/
La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure

Includes index(es)/
Comprend un (des) index

Title on header taken from: /
Le titre de l'en-tête provient:

Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/
Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.

Title page of issue/
Page de titre de la livraison

Caption of issue/
Titre de départ de la livraison

Masthead/
Générique (périodiques) de la livraison

Additional comments: /
Commentaires supplémentaires:

This item is filmed at the reduction ratio checked below /
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	14X	18X	22X	26X	30X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12X	16X	20X	24X	28X	32X

DOMINION DENTAL JOURNAL.

VOL. VII.]

TORONTO, NOVEMBER, 1895.

[No. 11.]

Original Communications.

Some Elements of Success in a Dental Practice.*

By H. E. EATON, D.D.S., L.D.S.

We find men in all vocations of life striving eagerly for success ; and we ask ourselves the question, Why do not all succeed ?

The answer in the majority of cases is, that their energies are spent in the wrong direction, or that they have a false conception of the true meaning of success. In a large number of cases, for instance, success is measured by financial gains. Making this the sole object of their striving, they sacrifice everything—even their own honor—if they can for the time turn it to account in the accomplishment of their object.

Pope says, "Worth makes the man ;" but this has been revised for the modern man and reads, "Money makes the man." What a shameful compromise of the standard. It is unnecessary to enumerate the many evils that arise from this state of affairs ; our daily papers are filled with proofs. Let us then turn for a few moments from this popular and mistaken view of success and consider the course by which the true success may be attained. I need not take up your time in presenting arguments and illustrations to prove that success may be attained along other lines than selfish enrichment, for it must be evident to you that a man's life work may be a success even though he attain a minimum of material prosperity. History furnishes abundant proofs of this in some of the world's greatest men—men who have reached the highest positions as leaders of reforms, statesmen, masters of art and science, etc.

The dental profession may be divided into two great classes. In the first may be included those who regard the profession only as

*Read before Toronto Dental Society.

a commercial institution—they enter it for the purpose of becoming rich, and exert every effort to this end—while in the second are included those who look upon the profession as a means through which their efforts may be exerted for the benefit of mankind; and these are the men who have made the profession what it is to-day. It follows, then, that those of the first class who make material enrichment their only aim will be in sympathy with the profession just so far as their own pocketbooks are affected, and while the others are working to raise the standard of the profession to a position of usefulness and power, and to gain the confidence and respect of the public, they are in various ways pulling down the work that is being so carefully built up. We see examples of this in their misleading advertisements, whereby they make claims that are neither carried out nor intended to be, but used merely as a bait to catch the unwary, and thus their ambition is satisfied. Let the following suffice as a specific example: the wholesale sacrifice of the natural teeth, rather than aiming to preserve them.

When we read of the poor people of France years ago selling their natural teeth to the dentists to be used in the manufacture of artificial dentures, we shudder at the barbarism. Yet how far in advance of this are those who, by their inducements in the way of advertising painless extraction and extremely low priced plates, are practically placing a premium upon the sacrifice of the natural teeth?

It needs no argument to convince us that this line of action, while it may temporarily enrich the individual who carries it on, must necessarily have a weakening and disastrous effect upon the profession as a whole, dragging it down to a mere trading institution. These men, from their lack of high ideals, being blinded and absorbed by their one aim, and not being connected or in sympathy with dental organizations or literature, their conversation at the chair, their advice and instruction to their patients, must of necessity be of inferior type, damaging to the profession and misleading to the public.

My subject calls for some elements of success in a dental practice. Thus far I have been speaking of the profession as a whole. I have done this because I feel that what affects a single dental practice affects the profession as a whole, and conversely. Would that every member of the profession could see his own practice, not as an independent isolated practice, but as a part of the great whole, and feel this responsibility resting upon him, that in conducting his practice along certain lines he is carrying with him just that much of the profession; that his teaching has its influence not only upon his own practice, but upon the profession. I believe, with this in mind continually, our thoughts and ideas

would be based on a broader foundation. In order then to build a successful practice, let us consider the financial part of it as one result only, and not the thing to be directly aimed at; let us have ideas more ennobling and less selfish; let us spend ourselves for the benefit of others. Are not these principles of true manhood? Then why set them aside when it comes to a dental practice? Do not understand me to ignore the financial part of it altogether, for we must be paid for our services rendered, but there is such a thing as a man becoming so engrossed by this feature of it as to entirely lose sight of the real and true object, the striving for which entitles him to a place in the profession. Working it out along these lines, what will be the result? We shall have a man with the welfare of the public at heart. He will keep himself abreast of the times; he will give himself to study and research, that he may be better able to administer to the comfort and welfare of his patients. Meanwhile what do we find our other man doing? His aim is material gain. A selfish policy to begin with. He cares nothing for the welfare of his patients except so far as it is policy for him to do so, in order that he may enrich himself. What does he care for study that will not directly make a dollar for him? While the first man is conscientiously studying means by which he can best serve his patient, he is turning the case over in his mind to decide how he can get the most money out of it with the least trouble to himself.

In bringing before you these two factors in our profession, my object is to give emphasis to the truth, that the man who is to make dentistry a true success must be a man of character. I would place this at the head of the list of the elements of success, for without this his career from beginning to end must of necessity be a miserable failure. There are many things that can be added to the list, many things which to some might appear trifling; they are, however, of no small influence in a successful practice. For instance, let us begin with the furnishing of the rooms. It appears that some young men when they leave school to enter practice, have an idea that the degree they have acquired makes it absolutely necessary that their rooms should be furnished in such a way that their patients will be strikingly impressed with the fact that they are professional men. I have seen in such rooms, for instance, a glass case on the centre table containing various styles of artificial dentures. Nor was it complete without a human skull and perhaps a few select bones, etc. This I presume is intended to amuse and interest the patients who are awaiting their turn. Just think for a moment how quieting this must be on the nerves of some lady who has, by the greatest exertion of will power, and perhaps after weeks of dread, brought herself to the point of visiting the dentist. And as she sits there viewing this hideous sight,

she may be wondering whether it was one of his this year's patients or last. Then upon taking the chair (if she has had the courage to remain that long) before her is exhibited all the instruments of which the dentist is the owner. There they are in all varieties, some crooked, and some straight, some clean and some not clean. This display of polished steel and silver may have a pleasing effect to the eye of the dentist, but how hideous to the patient. I believe, in furnishing our reception rooms, we should avoid all appearance of anything that would remind our patients in an unpleasant way of the operations that are before them. Let the rooms be made homelike, and pleasing to the eye. This has the effect of making them forget a great deal of the dread with which they came. In the office (I say office, for I don't like the name surgery) let the instruments, as far as possible, be concealed from view, especially when the patient takes the chair. Avoid as much as possible the odor of drugs in the room. As to the personal appearance of the dentist it may not be necessary for me to even hint at, so much has been said on the subject, and the importance of absolute cleanliness must be so evident to every dental practitioner. However, we have to be continually reminding ourselves of these things, and the danger is not that they will be over observed, but that our work may so absorb our attention that we become careless and indifferent. When I see a dentist with spots of tobacco juice on his shirt front, and traces of soup down the front of his vest (which I regret to say I have seen) it makes me feel, after all, that a reminder of this sort need not be prefaced with an apology. Money invested in a laundry bill will yield good interest. It might seem like fiction to members of this society to say there are those in the profession to-day who will go from one patient to another without even washing their hands or cleaning their instruments. It is the truth nevertheless. To set the mind of the patient at rest on this point, I think the hands should always be washed in their presence.

Just a word in regard to sympathy towards our patients. I believe there is an inclination for most dentists, as they increase in experience, to decrease in sympathy—become hardened as it were. I shall never forget an incident in my own experience when I was a small boy. I was living in the country and no dentist near. Suffering with toothache, I was sent to the family physician to have my tooth extracted. I walked into his office, I presume, in much the same condition of mind as a man goes to the gallows. I was placed upon a high stool while the old doctor wound some pieces of cotton cloth around the old-fashioned turnkey, preparing for the operation. I cannot describe in words my feelings during this awful time of suspense, but one thing hurt me more than all, and seemed to make me loathe the man: that was his cold-blooded

indifference and entire lack of sympathy. I thought at the time the whole affair was a great calamity, but I now recognize it as a blessing in disguise, for I believe I never extract a tooth or perform any severe operation without remembering my experience just related.

There are many things I have not mentioned that have a very strong bearing upon the success of a practice, such as manipulative skill, thoroughness of work, artistic taste, etc. Of these I will not speak. What I have said has been especially intended for the younger members of the profession, yet the older members may be thereby stimulated to a stricter observance of some of the claims the public has upon them.

In the early part of this paper I divided the profession into two classes, one antagonizing the other. We all recognize the evil effects of the one class. What shall be done to remedy this evil? I would answer, let our dental school set the standard. Let professional ethics hold a most important place in the course, and I believe a student's dental society under the supervision of the instructors in the school would be a means of sowing seed in the minds of the young men that would yield a bountiful harvest, bringing them into the profession with high ideals, for I believe the reforms in the profession will grow mainly out of the education of the young.

Caries of Jaw from Impacted Wisdom Tooth.

By R. E. SPARKS, Kingston, Ont.

E. L—, aged about 27, was admitted to Kingston General Hospital June 12th, 1895. He had a large swelling at the angle of the lower jaw, left side. I was asked by the attending surgeon to see the case. We found a slight discharge from a small opening opposite the angle of the jaw. He could not open the mouth more than a quarter of an inch at the incisors. With a distender we forced the mouth open to about half an inch. We found teeth good, but wisdom tooth impacted. The history of the case as he gave it to us was, that about March 1st he felt gnawing pains in the region of the angle of the jaw. These became more intense, passing over the side of the head. About the middle of April the jaw swelled, and by May 1st was locked. Consulted a dentist, who diagnosed an impacted wisdom tooth, but said he could not extract it until the swelling disappeared. He visited a doctor, who recommended poulticing. This was done for a week, when the swelling "broke" and the muscles relaxed, allowing him

to open his mouth pretty freely. Exposure to cold brought on a relapse. Jaw again became swollen and locked. He again consulted his doctor, who at once sent him to the hospital.

On June 14th an anæsthetic was administered and an exploratory incision was made from the angle of the jaw forward almost to the facial artery. It was found that caries had attacked the jaw opposite the wisdom tooth. This was thoroughly scraped and washed out. The mouth was pried open and the second and third molars removed; the second merely to admit of the removal of the third. It was found that a channel existed from the socket of the wisdom tooth to the external opening just made. The wound was stitched, leaving a drainage tube in. He was dismissed on July 5th. We saw him on August 31st. Swelling entirely disappeared; mouth opened quite freely; scar very slightly noticeable. Altogether a very satisfactory result.

Aluminum Plates.

By L.D.S.

I have almost abandoned vulcanite for full sets, and as my failures have taught me more than my successes, I want to explain why so many fail. In the first place, aluminum is adulterated like almost everything else. We might justly call this the age of adulteration. It gets into everything—even into our religion; and we have adulterated clergymen just as we have adulterated dentists. You must get the aluminum free from any adulteration. You can get pure gold if you try, so you can get pure aluminum. In making your models do not put anything whatever in the plaster to harden it, and do not put anything in to harden the plaster you use in the flasks. Use iron, not brass, flasks. I am indebted to Dr. Steele for a hint which has removed my last difficulty, and that was a difficulty which puzzled me often. I used to strike up the aluminum directly between the die metals, and, of course, I got some trace of these metals on the aluminum. I now cover both die and counter die with a thin, tough tissue paper when swaging, using it double immediately over the plate. To make the vulcanite adhere to the aluminum you may either punch holes through it, or with a graver cut in and raise the metal without going through it.

Correspondence.

The British Dental Association.

From a Correspondent.

I am very glad to be able from my own notes, and largely from the invaluable report in the current issue of the journal of the association, of which I have this moment had a copy fresh from the press, to give you a sketch of the annual meeting of the representative British Dental Association, and I confess that I find it difficult to keep my pen from running away from the fine work of the microscopical section to memories of Knox and Scott and Burns. How are we to be expected to absorb our attention in the association routine in the very teeth of the Old Town, with its quaint structures, its courts and wynds, "from a palace in the plain to a castle in the air," with all its ever-ringing history; at the very foot of the castle rising on the rock, from whence you could look down on Greyfriars, where "the Covenant" was signed; with the Carlton Hill and its rich views of land and sea. I am haunted at every step by recollections of mountain, of loch and glen and stream. A friend sitting by me in the meeting showed me an immense exostosis on the apex of a molar. "I call that Ben Lomond," said I, and the man thought I was daft, and I ask you, Mr. Editor, how can you expect aught else from me? I have caught the Scottish accent on my tongue. Everyone has read Ian Maclaren's "Beside the Bonnie Brier Bush," and I took occasion to warn my friends to forget, if they could, the story of the Doctor of Drumtochty if they wanted to see through the microscopes, for it's almost enough to make a glass eye weep.

There were over two hundred members present, and the Edinburgh University buildings, which were generously granted for their use, was a busy scene. One who remembers that the ethical lines are scrupulously drawn as to membership, will appreciate the absence of that large and self-boasting audience who are either too ignorant or too malicious to ally themselves under the high ægis of the association regulations, and the association is to be congratulated upon a stern refusal to lower either its dignity, or even to allow its facilities for admission to be lowered. Mr. Bowman MacLeod, the President, heading the Scottish branch, gave a Highland welcome to the members, at the Waterloo hotel; then we had our own pipes; and the janitor of the Edinburgh Dental Hospital handled the national bagpipe,

and even the stumpy-nosed Cockney wished he had been born and bred in the Scotch mist and cradled to the music of the pibroch, even rather than that of Bow Bells.

The next morning there was the usual routine business of the representative Board, always a dignified and thoroughly business-like body, at which Mr. Frederick Canton was nominated president-elect.

The many striking contrasts between my recollections of American conventions and British meetings was peculiarly marked in three points: (1) The modest reticence of young men in pushing themselves and their "claims"; (2) the calm and deliberate character of the members, without the slightest trace or suspicion of intrigue or self-interest which we have often such calmness to cover; (3) the absence of all highfalutin rhetoric. All this greatly facilitates business. You observe that the noisy factionist, and the explosive fellow, who gets wound up with a lot of moral twaddle, which he projects upon the members at every convenient and inconvenient opportunity, and the sly chappie who uses his official position to do a little trade and push his wares—these are *non est*. They would not be tolerated one moment. In fact, they know it so well they rarely, if ever, seek prominence in these gatherings.

The general meeting was first presided over by Mr. J. Smith Turner, vice-president, who regretted the absence of the president, Mr. C. S. Tomes, owing to the recent death of his father, Sir John. Mr. Smith Turner then inducted Mr. MacLeod to the chair as the new president, and the latter delivered the inaugural address, in which he gave some interesting historic data of the building in which we met as far back as 1583. He spoke specially of the educational progress in dental hospital work, wherein the students secure good clinical instruction, and favored certain reforms which are sure to follow. London has three large dental hospitals, Liverpool, Manchester, Plymouth, Newcastle, Dublin, Glasgow and Edinburgh possess similar institutions, opened and mainly sustained by the liberality of members of the profession. He felt that the Imperial Government would, in time, extend to the dental hospitals and schools substantial pecuniary support, and that the wealthy class would be influenced to contribute. The president referred feelingly to the death of Sir John Tomes.

The references to the death of Sir John, which were initiated by a resolution moved by Mr. Robert Hepburn, were made in that quiet manner, and the resolution carried by a silent vote, which characterize such procedure in Britain.

The secretary's report was very interesting, embodying clearly particulars of the legal cases which were undertaken, and in which convictions were obtained in all the cases—one even for use of the word "dentist" on an ordinary visiting card of an unlicensed prac-

tioner. Mr. C. S. Tomes had been appointed by the General Medical Council as an assessor, to visit the various dental examination Boards throughout the kingdom when in action. Mr. George Cunningham, of Cambridge, presented the fifth report of the Schools Committee on the Teeth of Children in National Schools; the papers on "Electricity in Dentistry," etc., and the discussions were able. I hope later to give you a synopsis. The practical character of the meeting will be better understood from my next letter.

Over 400 of a party, ladies and gentlemen, had a special excursion over the great Forth Bridge and to Dalmeny, at the invitation of the Scottish branch. In the evening the Lord Provost, magistrates, and Town Council of Edinburgh gave a *conversazione* in the City Chambers to the members of the association. It was a feast of flowers, fair faces, music, and kindly hospitality. A local ladies' committee did very pleasant duty, headed by Mrs. Bowman MacLeod.

One feature peculiar to the association is a well-established benevolent fund, of which Mr. S. L. Rymer is president. Several aged and infirm dentists, four widows, and several children are being cared for; one dentist being admitted to a sick home for life. The work is one of those charities beginning at home, which reflects much credit upon the members who sustain it.

The week closed with the annual dinner, at which Mr. Geo. Cunningham, Dr. P. A. Young, Mr. J. Smith Turner and others spoke, and will linger long in my memory. On Saturday we went on an excursion to Loch Lomond—350 of us. On the Sabbath morning I went to St. Giles Cathedral, where the pulpit of John Knox is preserved, and even the "cutty stool" that Jenny Geddes threw at the Dean's head in St. Giles, when in 1637 he tried to introduce the English liturgy into the Scottish Church.

An' noo, Maister Editor, ye bade me nippet up sae facts aboot the meetin'; but I could nae stickit to't, for I maun gang and slip-pit aff frae business tae luik at Edinbroo's grand town, and I could nae dae it fery weal. A' dinna think ye ocht tae ask sic a wark frae a puir maun wha hae got a pair o' eyes in his heed. There iss nae use o' heing censorious wi' me. I doot if ye could thole it yersel! The dental fouk o' Scotland hae hairts as deep as thou Forth, an' heeds as solid as Ben Nevis; an' a gude fouk they air; an' its in nae tirowie (hurry) they air. An' if I lost my ain hairt to yon crags an' castle, and canna' accoont for't, I hae nae grief aboot it. An' I dinna care much the noo, if I never lose the Drumtochty touch on the tip o' me tongue, for it's music tae me.

One Man Out of It.

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—I am utterly opposed to the suggestion of a correspondent to stop the manufacture of dentists in Canada. In the first place, it cannot be done; in the next, if it could be done, and it was attempted, everybody would believe it was done for purely selfish reasons, and the Legislature would very likely be asked to make dental practice as free as peddling.

The dentists are themselves to blame. Why do we take every Tom, Dick and Harry who comes along and wants to be a student? I know some dentists who would take them by the dozen if they could get them. I favor opening our arms, and offering all sorts of inducements to all sorts of people to become "tooth-tinkers," and the disease of which many complain will be cured by the treatment. Glut every city, town and village with dentists. Induce every jeweller and tinker to open mechanical laboratories. Persuade the physicians to become the dentists again, as they once were the barbers. Open public dental hospitals, and let the people have their teeth out by the bushel a day with the same liberty they enjoy to have their whiskers cut.

I say the fault for this overcrowding, and for the depreciation of fees and the vulgar quackery in which so many young men are indulging in Ontario and Quebec, is entirely due to the dentists themselves; and what disgusts me is that many of the very men who say this and complain of it, have a perfect breeding-place for students in their own offices. Dentistry may go to the d— in Ontario and Quebec, for all I care. I'm off to Manitoba as a farmer.

Yours, NO MORE L.D.S.

Treating Flabby Gums.

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—In reply to Question 8 in "The Question Drawer" of the JOURNAL, "W. G. B." recommends for flabby gums: "If the mucous membrane hangs in a soft and long fold, it may be sprayed with chloride ethyle and clipped neatly with surgical scissors, and treated like any other wound."

This sounds somewhat formidable to the ordinary operator, so I wish to give the result of my experience in the treatment of such cases by the method recommended—for what use are recommendations unless we try them? And, having tried, why not give the profession the benefit of our experience, be it good or bad?

Case 1.—Mrs. M—, aged about 70, had worn a loose upper plate for many years. It would only remain in place when held with the tongue. The ridge, from centre to about second bicuspid on each side, was a mass of flabby tissue. From the lip, in each canine fossa, hung a flap of mucous membrane about the size of a dime, but a little thicker. When the lip was drawn up it presented somewhat the appearance of a small bat. I explained that she need never expect to have a plate, however well fitting, to remain steady on so much soft tissue. I suggested its removal, making as light of the operation as possible. She consented, and I made a few injections of a local anæsthetic. With an ordinary pair of tongue forceps an assistant picked up the ridge-fold at one end. With one hand I held the lip out of the way, and with a pair of curved surgical scissors in the other, it was a very simple operation to remove the whole fold. We immediately removed the flaps from the lips in the same way.

Case 2.—A lady about 35. Considerable absorption in the centre, with large fold on each side extending back to about space of second bicuspid. Injected and amputated.

Cases 3 and 4.—Man and wife, aged about 50. Man's case similar to Case 2, and woman's very similar to Case 1. Treatment as in other cases.

In neither case was the operation as painful as the extraction of an ordinary tooth. The after-treatment consisted of merely rinsing the mouth frequently with salt water. Teeth were inserted after about six weeks for Cases 1, 2 and 4, and seemed as solid as artificial teeth ordinarily are. Case 3 has not yet had his made, though his gums are in good condition.

All these cases were the results of wearing upper sets of artificial teeth, with only a few front teeth in the lower jaw. This would indicate that we should encourage patients to have lower grinders inserted where such may have been lost, and warn them of the result of neglecting to do so.

Kingston, Ont.

R. E. SPARKS.

"A Terror to Evil Doers."

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—I understand that you have made it a rule not to send the JOURNAL to the daily press, not even to the weeklies, lest some one might accuse you of making use of it "for advertising purposes." That feeble excuse is really a great wrong, for if the public knew better what we are doing to promote our own education and protect the public from the imposture of quacks and "cheap jacks" we would be more thought of. Every other professional

journal is known to the public press. We hide our light under a bushel. We therefore have little or no political influence, and the true value of our profession is hidden. The public get their knowledge of dentistry from the advertising quacks. A few good rousing articles or editorials in the DOMINION DENTAL JOURNAL, if copied by the press would neutralize the effect of this quack advertising.

I am ashamed, as a graduate of Ontario, to enclose you some advertisements of graduates, just as full of lying and humbug as those of the meanest quack in the land. When you see a graduate flourishing his titles from the house-tops, associated with quack and boasting advertisements, and pretences of superiority, you may put him down as a quack, whose chief aim in getting a diploma was the better to help him in his quackery.

The JOURNAL can be a terror to these evil doers. It has often been, and I can give you the names of two of the most notorious boasting advertisers in the Dominion, whose reformation into the quiet pastures of ethical decency was due directly to the teaching and preaching of the JOURNAL. I believe that the JOURNAL would become quite a political power, as well as a more efficient exponent of professional ethics, if it was sent regularly to the weekly papers to start with. I would suggest that a fund be appropriated for the purpose by the association, because it would be the association and its members who would profit directly by the results, and not the publisher.

Yours truly,

L. D. S., Ont.

A Proof of Overcrowding.

To the Editor of DOMINION DENTAL JOURNAL:

SIR.—The optimists of the profession repudiate the statement that dentistry is overcrowded in Canada. They insist that the more dentists there are the more dentistry will be demanded; that the public will resort more to the dentists the more numerous they are. It is very easy to understand why a few men may be interested financially in making dental offices as numerous as saloons. The pessimist declares that the thing is overdone; that a stop should be put to the college manufacture, or, at least, the present easy mode of entrance; that dentistry has gone to the dogs, etc. The truth lies midway—with a strong inclination to the opinions of the pessimist. But as an old practitioner, it seems to me that one very good proof that the profession is overcrowded is witnessed in the drop in our fees. Canada is a much richer country than twenty years ago. There are more rich and comparatively well-off people. The people are better able to pay better

prices than we got twenty years ago. The cost of practising dentistry is nearly double what it was twenty years ago. Then what is the matter? Simply that there are too many dentists; too much competition, and the result is, that fifty per cent. of the dentists are forced to resort to all sorts of ways and means to get a living, and the chief bait is that of low fees. If you put forty cows on a pasture only fit for twenty, the cattle have to suffer; but if you put forty dentists in a town which only needs twenty, they will start to eat each other before they will get lean. It is time that among the very poor the teeth are no better here than in the United States. We cannot live out of the fees the poor can pay, and the philanthropy that has to starve will not last long. But it is true that the teeth of the wealthy and the middling well-off people in Canada are better than the teeth of the same class over the border. An average town in the United States that will support a dozen dentists will not support two in Canada, and it is not because the people are less intelligent; it is because they have just that much less to do to their teeth. It is overcrowding and its results, nothing else, which has lowered not only the financial value in dentistry as a profession, but which is hurting its social and professional status as well.

Yours, A VETERAN.

A Canadian Contribution to the Harris Fund.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—As a practitioner who, in his student days, devoured the pages of "Harris' Principles and Practice of Dentistry," I was surprised to learn from you that the profession has never yet erected any memorial to this great man. As Shakespeare and Bacon belong to our brethren in the United States as much as to Canada, so men like Harris, Westcott and Dwinalle belong as much to the dentists of Canada as to our friends over the border. Many of us have been the guests many a time of societies in the United States, and it is befitting that we should have an interest in the memorial to be erected over the grave of the late Dr. Harris. We honor ourselves in honoring his memory. I would suggest that the secretaries of the associations of the respective Provinces take the matter in hand at once, and when they have collected all they can, that they notify you of the names and addresses of subscribers and await orders from Messrs. Snowden & Cowman, the custodians. The proposition to limit the maximum subscription to \$1.00 is good. Anyone can give a "mickle," and it will soon become "a muckle."

Yours truly,

L.D.S., Ont.

Abstracts.

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

DR. T. F. CHUPEIN uses oxyphosphate of zinc in mounting discs and points in preference to gum shellac.

ARSENIC AND IODOFORM IN DEVITALIZATION.—Professor Truman advises the use of iodoform in small quantities in connection with arsenic in devitalization of highly inflamed pulps. So far as tried there has not been a particle of pain in cases of acute pulpitis.—*International*.

TWENTY-FOUR karat gold is all gold ; 22 karat gold has 22 parts of gold, 1 of silver, and 1 of copper ; 18 karat gold has 18 parts of pure gold and 3 parts each of silver and copper in its composition ; 12 karat gold is half gold, the remainder being made up of 3½ parts of silver and 8½ parts copper.—*Items*.

REMOVAL OF PULP-TISSUE IN ROOTS.—When the pulp-tissue in the canal remains sensitive after devitalization with arsenic, inject a 4 per cent. solution of cocaine with hypodermic syringe in each canal, and the tissue can be removed without pain. "You will be astonished at the result."—*Geo. A. Mayfield*.

DR. J. E. CRAVENS, of Indianapolis, does not believe that pyorrhœa alveolaris ever is inherited or that it ever is incurable. In his opinion it is as amenable to constitutional treatment as ingrowing toenails—no more and no less. It is not constitutional although a tendency to it may be. It is non-infective, and may be associated with gout but is no part of it.

THE Committee on Practice, in their report to the New York State Dental Society, have very admirably summed up the present status of dentistry. Favorable comment is expressed on the improvement in the treatment of such disorders as pyorrhœa alveolaris, arising from a more intelligent view of the origin of the disease. A better preliminary and collegiate training has drawn into the profession many men who are capable of great things in the diagnosis and treatment of disease—men who refuse to be limited by the alveolar sockets of the maxillæ. The subject of root-filling appears to divide the profession into two parties, and the endless discussions of the past year cannot but benefit the general practitioner. The committee declare themselves as against secret nostrums, and also against permanent bridgework where more than one tooth is required. They also deprecate the use of the matrix, especially in the approximal surfaces of bicuspid.

DR. W. H. STEELE, of Forest City, Ia., does not believe plaster to be the ideal impression material for full cases. He takes first an impression in plaster, removes and dries off thoroughly, scrapes sufficiently to remove the roughness, then moulds over it a thin sheet of modelling compound and inserts in mouth when compound is quite soft, cooling with a syringe of cold water. By this means a model is obtained which needs no scraping to make the plate fit.

DR. THEODORE F. CHUPEIN, of Philadelphia, has some advice to young dentists regarding their fees. He recommends that a young man in beginning be content with moderate charges. The old saying, "cheap work is poor work," must be reversed by the young dentist. His work *must* be good, as carefully done as if he were to receive a large fee. The idea that a young man must begin to charge high to make his mark is a fallacy.—*Dental Office and Laboratory.*

DR. WM. BELCHER, Seneca Falls, N.Y., has a timely and suggestive paper on "The Dental Student" among the transactions of the New York State Dental Society. He deplors the fact that a very large percentage of our students are with men who are not living up to the standards of ethics necessary to admission to our dental societies. A student should be carefully selected as to morals and then trained carefully and patiently, sent to a first-class school, and so helped that character may be developed along with professional ability.

DR. JAS. H. DALY, of Boston, read a paper before the American Academy of Dental Science in that city in which he strongly emphasized the necessity of thoroughly removing all deposits in treating pyorrhœa alveolaris. The instruments commonly used for this purpose are usually too large and wound the soft tissues unnecessarily. Whether the deposit is the cause or the result of the disease one thing is certain, that nothing but the completest removal of all nodules must be our object. This is work not for the student but for the experienced operator.

DR. TAFT says the treatment of a pulpless tooth ought to be regulated by the conditions present. A canal from which a recently devitalized pulp has just been removed is, when cleansed, in the best condition for filling if it has been protected from moisture or foreign substances, and medication is likely to produce more injury than benefit. In canals where putrescence exists the system introduced by Dr. Callahan of using sulphuric acid is, in his opinion, the best, facilitating the removal of debris and at the same time enlarging the canal if necessary.

BEESWAX IN CANALS.—Dr. Ives uses beeswax for filling root canals, having discarded all other materials for it. The beeswax is rolled to a point, inserted in canal, melted into tubuli by use of an Evans root drier, more wax being added until canal is full. A copper point is then heated and sent right to the end, the distance having first been measured. He thinks that in this way every part of the root is filled, and as beeswax does not shrink or expand, and is not affected by acids or alkalies, he is confident that it is the best of all the materials within our reach.

DR. CHAS. G. DAVIS, Dean of the School of Anæsthesia of Chicago, has a paper of more than ordinary interest in the July number of the *Dental and Surgical Microcosm* on "The Use of Hypnotic Suggestion as an Aid to Anæsthesia." Having as a boy studied hypnotism, the doctor, on entering the medical profession, very naturally was soon possessed of the idea of using it to produce anæsthesia. Finding that hypnosis could not be relied upon of itself as an anæsthetic, Dr. Davis was led to try it in combination with chemical anæsthesia, and all experiments in this direction have been entirely satisfactory. He thus summarizes the benefits from using the combination of hypnotic suggestion as an aid to anæsthesia: (1) It calms the nervous system and fortifies the patient to withstand the surgical operation; (2) it lessens the danger of shock; (3) it lessens the time, and consequently the amount of anæsthesia; (4) the patient awakes as from a natural sleep; (5) recovery is more rapid and satisfactory.

OBLITERATION OF SPACE IN ROOT FILLING.—Dr. S. G. Perry believes in obtaining straight access to all canals in teeth in order to the use of straight reamers and broaches. This he gains by drilling "tap holes" if cavity of decay will not allow access to all canals in a straight line. The reamers he uses are designed for opening the orifices of canals. They are tapering in form, and cutting on the side must not be introduced far into the canal. For removing pulp, whether putrescent or recently devitalized, the smooth Swiss broaches used by watchmakers are used, after drawing the temper to a deep blue over a flame. These broaches, if kept straight and patiently used, will remove all traces of canal contents by use of cotton fibres and carbolic acid. The cases are rare where, in his opinion, small canals may not be opened and cleaned in this way. In filling these fine canals his ideal filling is a gold wire smaller than diameter of canal, with a few fibres of cotton or raw silk wound around it and saturated with chloropercha or oxychloride of zinc. For large canals he uses gutta percha points plunged through creamy oxychloride of zinc.—*International*.

Selections.

Dental Enactments.

Everyone who has had anything to do with dental legislation must be impressed with the great unanimity among practitioners regarding the duty of some other man's making the necessary complaint. It reminds one of Swift's definition of the charitable spirit : " A no sooner sees B in distress, than he petitions C to relieve him." Those who have never paid a dollar or given a moment's time to the procurement or support of dental legislation, are most anxious for the repression of irregular practitioners, and loudest in their complaints of unlicensed competitors. They write importunate letters to those who have for many years devoted themselves to dental reform, and always with the charge that their names are not to be used. They will not sign a formal complaint, or assist in obtaining testimony against an illegal practitioner, demanding that those who have armed them with weapons for their own protection shall also fight their battles. It is very seldom the case that the dentists who have labored to establish a reputable profession, and to prevent the intrusion of unqualified men, can in any way personally profit by their labors, except indirectly. Their status is usually secure, and they have nothing personally to fear from illegal or unqualified competitors. Their work is for their profession, and their labors are unselfish. But so accustomed are others to rely upon their generosity, that unless they at once drop their own business to harry some interloper, they are roundly abused for declining to be at the beck and call of those who would use them to compass their own ends.

There can be no advance made without the co-operation of all. If it is desirable to draw the lines between legal and illegal practitioners, and to repress those who are unqualified for practice, there must be the active support and sympathy of every man who regards his profession. There must be a general determination on the part of all qualified dentists to enforce the law, and complaints should be made against every one who practises illegally. The inspiration for this should come, not from any personal jealousy or sentiment of rivalry, but from a genuine love for and desire to advance the best interests of the profession. If those who are to be benefited by legislation give it but a half-support, public sentiment is influenced and the law cannot be enforced. It is the bounden duty of every professional man to assist in upholding the law, not only in his own neighborhood, but everywhere. He should strengthen the hands of those who are charged with the enforcement of the enactments, not alone by monetary contributions, for there are few who

will give a dollar, but by words and acts. Unless there is unanimity among dentists, the public sentiment upon which all must depend for the support of the law will certainly condemn it.—*The Dental Practitioner and Advertiser.*

WHERE CANADA LEADS THE WORLD.—Canada is beginning in some things to set the pace for the world. One of the things in which she has forged to the front is in the publishing business; for the greatest weekly newspaper in the world is the product of Canadian brains and enterprise. This is of course the *Family Herald and Weekly Star*, of Montreal. This marvellous paper can be found in every corner of Canada, however remote; and every week thousands of copies go from Canada into all parts of the world. It is a newspaper, an illustrated magazine, a household guide, a practical agricultural journal, rolled into one. It is a money-maker for the farmer, dairyman and stock-breeder; it is the delight of the mothers; it educates the young; it answers questions free on all possible subjects from diseases of the body to perplexities of the mind. Lately enlarged to sixteen pages of eight columns each, making one hundred and twenty-eight columns a week, nearly seven thousand columns a year, equal to about one hundred large volumes. It is safe to say there is no value equal to the *Family Herald and Weekly Star* to-day. The *Family Herald* has won a world-wide reputation for the magnificent pictures it occasionally gives to its subscribers. We hear from those who have had a view of it, that it has one this year for yearly subscribers entitled "Little Queenie," that is simply superb. Every subscriber to the *Family Herald* is insured for Five Hundred Dollars against railway accidents free of cost.

The 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.

20. Q.—August 28th. Mrs. A. presents with abscess over left central incisor. Tooth good color, medium size, gold filling on anterior prox-surface. Right central and lateral had been treated for abscesses. History. Two years ago left central became very sore; gum and lip much swollen. Consulted dentist, who could do nothing until swelling subsided. After about a week swelling disappeared, discharge (not profuse) remained ever since. I diagnosed dead pulp. Proceeded to open. Found tooth near nerve sensitive to cut. Found pulp sensitive, but by delicate handling succeeded in removing to near apex, where it was extremely

sensitive and bled considerably. Made slight application of arsenic, and instructed to return next morning. Did not return until August 31st. Tooth slightly sore. Removed balance of pulp. Instrument would pass through end of root. I pumped dil. chloride of zinc through root and it passed out of fistula. Did condition of pulp cause abscess, or did abscess cause condition of pulp?

(a) According to the history of the case abscess caused the condition of pulp. Had the condition of pulp caused the abscess, the former would have been found decomposed and putrescent when an opening had been made with the cause through the tooth.

CARL E. KLOTZ, St. Catharines, Ont.

(b) My opinion is that nerve trouble caused abscess.

H. R. ABBOTT, London, Ont.

(c) Dental alveolar abscess is the result of a dead pulp, therefore when I found sensitive dentine in the left central without an exposure of the pulp, I would have looked elsewhere for the cause, and no doubt it is to be found in the right central, the abscess burrowing in the direction of the left. I would remove the filling, open up the canal and treat again, forcing the medicine through from the canal to the fistula. Strong escharotics are not needed in most cases; thorough disinfection and cleanliness are usually sufficient to bring about the desired result. I think the abscess was the cause of the inflamed condition of pulp.

W. A. BROWNLEE, Mount Forest, Ont.

(d) An abscess at any point is conclusive evidence of the presence of some septic matter. The abscess itself is the effort of nature to expel from the system the poison. Your diagnosis of the case was, while not correct, what would have been correct in ninety-nine cases in one hundred, though usually accompanied with discoloration. The presence of some portion of necrosed bone or dead pulp of either of the pulpless teeth, or a low condition of the general health, in which the weak parts show up. Pulpless teeth often display weakness at such times. Hence we believe that the irritant causing the trouble complained of may have been in connection with right central or lateral. Causes always precede effects, hence a living pulp could not be the cause of abscess.

G. J. CLINT, Winnipeg.

Questions.

22. Q.—We are warned against conveying septic matter from one patient to another by use of unsterilized instruments. Is there not the same danger of transmitting from a diseased to a healthy part of the same mouth? How can it be best avoided? and how best treated, if the accident occur?

Obituary.

The news of the death of Sir John Tomes and Dr. T. H. Chandler has been followed by that of Professor James S Garretson, Dean of the Philadelphia Dental College, and author of "Garretson's Oral Surgery," together with numerous literary and philosophical works of great merit. Enteritis is said to have been the cause, but Dr. Garretson felt keenly and worried greatly about the trouble between the Philadelphia Dental College and the Medico-Chirurgical College. It was Dr. Garretson who brought about the union of the two colleges some eight years ago, and when friction occurred between the two institutions, some time ago, Dr. Garretson worked energetically to bring about an amicable settlement. He was not successful, however, as the Medico-Chirurgical College, having grown very rapidly in the last few years, desired to be a separate institution, and at the last election in the faculty and in the hospital management those who are associated with the medical college gained complete control. Then it was decided that the Philadelphia Dental College should only occupy the Medico-Chirurgical College's lecture rooms and buildings for two years longer. This strife was a hard blow to Dr. Garretson, and he almost broke down under it. He worried continually over it. In October, 1828, Dr. Garretson was born at Wilmington, Delaware. As a young man he prepared himself for the study of dentistry, and, after taking the course in the Philadelphia College of Dentistry, graduated from that school in 1857. Dr. Garretson then studied medicine at the University of Pennsylvania and graduated with the degree of Doctor of Medicine in 1859. The degree of A.M. was an honorary one conferred in later years. Although Dr. Garretson's active work in the Dental College did not begin until 1878, he was, in 1866-7, the surgeon of the college, and from 1873-6 a chemical instructor. There, in 1878, he became Professor of Anatomy and Surgery, and surgeon of the Hospital of Oral Surgery. When Dean McQuillen died, in 1880, Dr. Garretson succeeded to the position, which office he held with honor until his death. Dr. Garretson was a member of the American Dental Association, Society of the Sons of Delaware, the County Medical Society, Pennsylvania Dental Society, and was President of the Garretsonian Society, an organization to which the students of the college belong during their college years. To this society he lectured three times a month. The meetings were always crowded and were immensely popular with the students and their friends. It will be at these meetings that Dr. Garretson will be missed the most for a long time.

DOMINION DENTAL JOURNAL

EDITOR:
W. GEORGE BEERS, L.D.S., - - - 47 UNION AVENUE, MONTREAL, P.Q.
To whom all Editorial Matter, Exchanges, Books for Reviews, etc., must be addressed.

CO-EDITORS:
W. B. NESBITT, B.A., M.D., TORONTO, ONT. **A. C. LOGSWELL, D.D.S.,** HALIFAX, N.S.

GERMAN EDITOR: FRENCH EDITOR:
CARL E. FLOTZ, L.U.S., ST. CATHARINES, ONT. **J. H. BOURDOY, L.D.S.,** MONTREAL, QUE.

ABSTRACT EDITOR:
G. S. MARTIN, D.D.S., WEST TORONTO JUNCTION.

EDITOR OF QUERIES: CORRESPONDING EDITOR:
R. E. SPARKS, M.D., J.D.S., KINGSTON, ONT. **W. R. PATTON, D.D.S.,** COLOGNE, GERMANY.

All Communications relating to the Business Department of the Journal must be addressed to DOMINION DENTAL JOURNAL, Room 97, Confederation Life Building, Toronto, Canada.

VOL. V II.]

NOVEMBER, 1895.

[No. 11

A Question of Propriety.

That prince of good fellows and master of his craft, the editor of the *Dental Practitioner and Advertiser*, has periodical fits of the blues, and now and then he makes us feel as if his thoughts were full of "graves of worms and epitaphs." In our last issue we copied an editorial with the above heading, much of which was *apropos*; but because there are "would-be wits and small-beer officials," who, in reporting the proceedings of our societies in the local columns of the press, "consider it exceedingly funny to call a congregation of grave professional men 'tooth carpenters,' and to speak of them as 'jaw-twisters,' and 'mouth-breakers,'" and because "old, grey-beard, time-honored puns" may be retailed and wholesaled, it is too much to expect that we shall no more have "the cakes and ale" of life, and that in the fraternal banquets and meetings of the profession the man who dearly loves a joke shall be suppressed. Vulgarity is not wit; the questionable story, having a *double entendre* and flavoring of the tap-room or worse, is not humor. But the salt would lose its savor if we could not sometimes forget our gravity, and well do we remember how, many a time, our good friend of the *Practitioner and Advertiser* "set the table in a roar," while the late Dr. Chittenden, of Hamilton, declared that it was laughing that had made his Buffalo friend so fat! Well do we remember when choice spirits gathered in the

Doctor's bedroom, in a Toronto hotel, to smoke the pipe of peace, and exchange the quips and quirks and jokes. No, Doctor; as Plato once said to his disciples, "let us be wise now, for here comes a fool." But the foolish man is the man who is always grave. We do not want to sit at dinner like rows of owls on perches. There is a bit of the merry-Andrew and the gypsy in every one of us. Boys will be boys, too, and the happiest and healthiest grey-beard is he in whose heart there is still the sympathetic and personal affections of the boy. We have not all the genius for eternal gravity. It is better that the crack of doom should be made by a laugh than a groan, and just as long as there are big-hearted perennial boys, like our friend in Buffalo, wit and humor will have their fling, even if it has to become for the nonce grave as a judge "when it sees a fool coming."

Dual Representation.

At the meeting of the National Association of Dental Faculties in 1894, the following resolution recommended by the Executive Committee was discussed and "laid upon the table" by a vote of 13 to 7: "*Resolved*, that we regard it as entirely inconsistent for any member of a faculty of any college holding membership in this association to, at the same time, be a member of any State Board of Dental Examiners." At the meeting of the National Association of Dental Examiners held last August, the following resolution was unanimously adopted: "*Resolved*, that we will not in future consider favorably an application for recognition from any college which has as a member of its faculty one who also holds membership in the State Examining Board."

In the early organization of provincial colleges, especially where the numerical strength of the profession is feeble, there may be good reason for this dual representation; but that it may give rise to trouble, there can be no question. It is easy enough, through the power of by-laws, to arrange matters so that there can be harmony and co-operation to whatever extent is necessary, but it is in the interest of all concerned that the faculty of a college should have no governing vote or voice on the board, and *vice versa*. We do not underestimate the value of the services rendered by gentlemen who enjoy this relationship. No mere salary can compensate them for their labors. But it is apparent that if real grievances are not produced imaginary ones may be, and as there is now plenty of scope for selection, it would be wise to remove the dual representation. Moreover, it would enable teachers and examiners respectively to concentrate their energies and attention in the special department to which they are appointed.

Do Not Let Us Forget It.

It is a worthy and honorable thing to remember our great men in dentistry. Our confreres in England are very much ahead of us on this continent in the way in which they perpetuate the name and the fame of any one who has served his generation professionally in any notable manner. We do not mean to reflect on our cousins over the border when we assert that John Bull can teach Yankee Doodle a thing or two in this respect. A very fragrant of friendly memories has already risen from the grave of the late Sir John Tomes. It has been often said that the great men on this continent are never remembered with gratitude until they are dead, when the abuses heaped upon them to their last hours are transmigrated into eulogistic elegies.

Chapin Harris has been dead for years. The present generation of dentists is even more indebted to him than that in which he lived. Every student who opens "Harris' Principles and Practice," and "Harris' Dictionary of Dentistry" (the latter the only work of its kind in our literature) ought to appreciate the memory of this original thinker and active worker. There is no dentist living who is not at least indirectly indebted to the work he did. A dentist who has to inquire: "Who was Dr. Chapin Harris, and what did he do for me?" pronounces himself an ingrate if not an ignoramus.

In our August number we suggested that the dentists of Canada should add a contribution to the fund being raised in Baltimore to erect over the grave of Dr. Harris a portrait bust, as well as to place memorial tablets—containing an *alto relievo* bust—in the two colleges in Baltimore. Messrs. Snowden & Cowman, publishers of the *American Journal of Dental Science* are the custodians of the fund, and, in response to our suggestion, they have intimated to us that "contributions from our Canadian friends will be highly appreciated." A correspondent in this issue offers a good suggestion. We trust that the matter will not be overlooked.

Unpaid Teachers.

In reply to several correspondents we wish to say, that none of the teachers or demonstrators in connection with the "Dental College of the Province of Quebec" receive remuneration, either directly or indirectly. In addition to giving a great deal of valuable time—which is money—most of them have been considerably out of pocket. The time given to study and preparation very much exceeds that given to lecturing. We do not mention this in

any spirit of defence, as we believe the principle of taking such labor gratuitously to be not only unjust but reprehensible. The teachers are personally under no obligations either to the students or the profession. They do their work from a sense of duty, and would be glad to hand it over to any one who can do it any better. There are neither direct nor collateral advantages in the distinction. The teachers in any such college would well earn any fair salary they might be paid. But as it is, the picture is one of working for love, not money; and not for a few days, but for a whole winter.

This is for You!

We want the next volume, which begins next January, to become a regular monthly visitor to every dentist in the Dominion and Newfoundland. We have many subscribers in the neighboring states, but naturally we feel it our first and special duty to minister to the professional interests of the profession in British America.

The subscription to this journal is only \$1 a year—about 8¼ cents an issue. While many of our contemporaries must be highly prized for their excellence, none of them give the attention to matters specially Canadian, which is the business of this journal.

We urge every dentist, English and French, in Canada to send his subscription for the year 1896 to the publishers *before he forgets it*. No dental library in Canada, at least, can be complete without the volumes of the DOMINION DENTAL JOURNAL. Many regret not having subscribed for its predecessor. To-day some of the volumes cannot be got for love or money.

Bind your Journals.

It is a great mistake to let one's journals accumulate. Even with the greatest care a number will disappear now and then during the year; but the only sure way to preserve them is to have them bound as soon as the December number is received. This journal from year to year contains the history of the profession in Canada. The first volume of the old *Canada Journal of Dental Science* cannot be bought to-day for its weight in silver. Age adds to the value of dental more than of medical journals. We are able to supply back numbers of a good many issues of this journal. There are one or two numbers for which we would give a year's subscription.

Portrait of Sir John Tomes.

We have received permission from Mr. Charles Tomes to publish in the January number of the JOURNAL the charming photograph of his father, the late Sir John Tomes, which was taken by Mr. Charles Tomes and presented to the contributors to the Golden Wedding Fund.

Two Ways of Advertising.

We are repeatedly asked by correspondents for a list of all the dentists in the Dominion, to whom the correspondents want to send price lists, etc. Our experience has always been that the manufacturers who do not advertise in the journals are not worth dealing with; and as those who do advertise do a great deal towards maintaining the journals, we feel that they should get the business. The sure way to reach every dentist in the Dominion, as well as a great many in New York, Pennsylvania, Illinois, Vermont, New Hampshire, etc., is to advertise in this journal. Advertisers are pretty sure to have all that dentists require.

Post-Card Dots.

1. When, where and by whom was the first convention of dentists called in Ontario to organize the Dental Association?

In January, 1867: in Toronto; by Dr. B. W. Day, then of Kingston.

2. Was Dr. Farrar's work on "Inequalities of the Teeth" issued?

Yes; Vol. I. is a magnificent work of 758 pages, issued in 1888. Apply to Dr. J. N. Farrar, the Rensselaer, corner of Broadway and Thirty-second Street, New York City. Vol. II. is printing. The work will contain nearly 2,000 engravings, not including those in the third volume. It is a monument of Dr. Farrar's genius in this direction.

3. How many students were in attendance at Toronto College of Dental Surgery, 1894-95?

One hundred and thirty-five.

How many graduated last year in the University of Toronto as Doctors of Dental Surgery?

Thirty-four.

4. Where can a few of us get copies of the reprint from the DOMINION DENTAL JOURNAL of Dr. W. C. Barrett's sketch, with portrait, of the life of Dr. W. D. Miller ?

The Editor will be glad to send the copies if you send the addresses.

5. What do you think of the average value of the sixth year molar ?

A foolish question. Like anything else in the human anatomy, it was designed for a wise purpose, which any first-year student should distinctly understand. It is to the dental arch what the queen is to chess. No doubt, if we do not discover the value of structures we do not fully comprehend, a later generation will. Even the appendix vermiformis will no doubt be found to have a useful purpose.

6. Was any drug but arsenic ever proved successful in devitalizing pulps ?

(1) Cobalt, which was thought to produce less irritation, but which was proved to be less efficacious. (2) Cantharides, which I often used for devitalizing the pulps of deciduous teeth ; one or two applications of the powder, introduced on a pellet of cotton dipped in carbolic acid. Received the suggestion from Prof. E. T. Darby.

A COMPATIBLE ANTISEPTIC.—Dr. Baxter, of this city, in referring to antiseptics, thus commends the compound Listerine : “The genial compatibility of Listerine with so many standard remedies of the materia medica gives it a very wide range of applicability in the treatment of that large class of cases benefited, relieved and cured by the antiseptic treatment. It has served me well in gonorrhœa, catarrh, fistula in ano, and offensive discharges from the ear and uterus. It is the most elegant mouth wash I have ever used, and for dental use must prove invaluable.”