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Dominion Dental Journal

VOL. XI.

TORONTO, NOVEMBER, 1899.

No. 11

Original Communications

ANNUAL ADDRESS OF THE RETIRING PRESIDENT.*

BY FRANK WOODBURY D.D.S., HALIFAX, N.S.

GENTLEMEN,—It is a pleasure to greet so many whose faces are familiar, and some who have not hitherto graced our convention with their presence. We also welcome our friends from the United States, who will contribute largely to the interest of the occasion.

Notwithstanding all the obstacles that have been thrown in the way of progress, we find that each year has developed some advance of the preceding one, and to-day the dental profession in Nova Scotia has won for itself the respect and confidence of the public.

We may certainly congratulate ourselves upon having secured an Act of Parliament that places the profession under proper control, and is an immense step in advance of the voluntary unincorporated associations for the administration of justice toward both public and dentists.

The Act is not perfect, but after its revision at next session of parliament it will doubtless be greatly improved. No law can be made which will prevent those from offending against its provisions who desire so to do; but such men must submit to be measured by the law in the hands of an intelligent public, and are estimated at their true value. The same rule applies to those who violate the

* Read before the Dental Association of Nova Scotia, Halifax, N.S.

letter and spirit of the code of ethics. No code will prevent a mean man from breaking faith with his fellows—but such a man is at once weighed by the provisions of the Golden Rule, as expressed in the code, and the inscription “weighed—wanting” is written over against him.

There are persons of whom none may entertain feelings of jealousy, but rather pity. I beg to congratulate you on the general observance of the law and code. The observance is so general that those who do offend are unpleasantly conspicuous. I desire to refer briefly to a few questions that will need your serious consideration at this time.

Considerable interest is abroad as to what the real position of the dental surgeon is toward oral surgery and systemic treatment of diseases of the mouth and teeth. The desirability of a medical degree as a preparation for the practice of dentistry is receiving favor from many quarters, and an increasing number of dental students are taking both courses. I believe this is the ultimate destiny for the dental profession. If we expect to be recognized to any large degree as a *specialty in medicine and have the undisputed right to treat dental and oral disease constitutionally, as well as locally, we must stand on the same plane with the aurist, oculist and other specialists.* I am convinced that the position taken on the subject last year in my paper read before the Maritime Dental Convention at Digby is correct.

I believe the time has arrived when our students of dentistry should be encouraged, and urged, to take the medical as well as the dental degree. To this end, and as a first step, I beg to suggest that as soon as possible, as soon as it can be done without oppression to students already preparing for dental matriculation, that the dental matriculation be made identical with that required by the Medical Board. This, of course, can be done without Act of Parliament, but due notice should be given of contemplated changes.

Your attention is called to the necessity of a careful revision of the list of accepted dental schools, and possibly the advisability of requiring an examination from all who desire registration as practicing dentists.

A number of dental colleges are of very injurious character, and seem to be catering to the commercial side of their work without due regard for the qualification of their students.

This state of affairs demands that this association shall well guard the entrance to professional privileges in Nova Scotia.

We welcome all properly qualified men; but the shyster who tries to crawl through loopholes and “climb up some other way” except by the door, must be stopped.

There seems to be but one way to accomplish this, viz.: to

apply the tests ourselves as they are applied by the most advanced provincial and state societies—by examinations.

My name is placed on the programme to open a discussion on "the advisability of affiliation with the Halifax Medical College"; but I will introduce it here in order that it may receive more thought than it could possibly have if left until the last evening.

I do not pretend to have formulated a scheme perfect in detail, but sufficiently clear to show its advantage and purpose. It may be summed up roughly as follows:

All persons who, after a certain date, shall become practitioners of dentistry in Nova Scotia shall pass an examination before the medical faculty, on

(a) Physiology, anatomy, oral surgery, etc.

(b) Administration of anesthetics. Necessary general pathology and therapeutics, etc.

(c) In default of proper knowledge, to demand attendance upon a course of lectures on these subjects.

(d) The dental examiners shall satisfy themselves that each candidate is qualified in all the branches pertaining to the dental specialty.

These are suggestions that have been in my thought for a long time, and this seems the proper moment to present them formally to your wise consideration.

The Committee on Legislation has important business to lay before you. The revision of the Dental Act, and the consideration of the legislation in the case of C. Percy Heales.

The question of the advisability of organizing a maritime convention of dental surgeons will come before you, and correspondence from the New Brunswick Dental Society will be read.

In the event of such maritime convention being organized, will you consider the advisability of changing the Nova Scotia law so that, if we deem it expedient, this convention may meet bi-annually instead of annually, on the alternate year with the proposed maritime convention?

Some of the matters presented will be reported by the Dental Board and various committees. I have mentioned them now in order that a business committee may be appointed, to which these and any other matters may be referred for consideration and report, thus saving the time of the convention.

I have to thank the association for the honor paid me last year. I beg you to accept the feeble efforts to perform the duties connected with the office, and trust that the convention now open for business may progress with interest and profit to the profession.

SYPHILIS FROM A DENTAL STANDPOINT.*

BY DR. H. G. DUNBAR, STELLARTON.

The following paper contains a few notes on syphilitic lesions as they may be encountered in general practice, together with the report of a case of tertiary syphilis it has been the writer's fortune, or misfortune, to come in contact with :

The prevalency of the disease, the difficulty involved in its extermination, and the ease with which it may be transmitted, all tend to make syphilis a subject of vital importance to the dental profession. The existence of this disease is not confined alone to large cities, nor to seaport towns, but may be encountered in remote country districts as well, and as dental practitioners, liable to encounter it in any of its phases, it is a duty we owe to our patients, our profession and to ourselves, to promptly recognize these lesions and act accordingly. As the oral cavity is the second most common locality of this disease, it is imperative that we, as dentists, should hold "hygiene" as one of our professional standards. The primary lesion is generally of small extent and secretes but little pus, and were it not the forerunner of practically unlimited complications, it would be considered insignificant. In one or two months later we have the second stage ushered in by the general febrile condition, papules on the mucus membrane, mucus patches, and general eruptions on the skin. In the third stage we have pathological involvement, not only of the superficial tissues but also of the vital centres and organs. When patients present themselves at our office desiring professional attendance, and at the same time exhibiting syphilitic manifestations, it is a debatable question whether or not we should proceed. The use of forceps, a gum lance or scaler, not followed by the most stringent antiseptic precautions, and who can foresee the extent of the damage that may be done ?

It is to be regretted that not more than 25 per cent. of practicing dentists to-day perform the most simple antiseptic precautions, even with instruments of such close association as forceps ; and can we wonder if once in a while we hear of some constitutional lesion without any recognized history of inoculation ? Time and again we may come in contact with some constitutional disease where it is impossible to diagnose from lack of data, and such being the case it is unquestionably our duty to perform no service in practice except under a condition of prophylaxis. Our method

* Read before the Dental Association of Nova Scotia, Halifax, N.S.

of procedure should be a threefold process of sterilization, viz.: The field of operation, the hands of the operator, and the instruments with which the operation is performed. Then, and then only, can we rest assured that not through any omission or carelessness on our part has transmission of disease taken place.

A case of tertiary syphilis came under my observation about a year ago, which may prove of interest to those present. The lesion was in a woman aged about 40 or 42, and married, and was first examined by me in October, 1898, and presented the following features: The superior left first and second bicuspid had been extracted in 1895, and the parts healed in the usual manner. When the jaw was examined last fall it was found that the gum alveolar process and periosteum, which should have been present from the cuspid to the first molar, were entirely absent. The bone in this locality was necrosed, discharging pus. The cheek could be drawn out and a probe passed up between it and the outer plate of bone, to the infra-orbital ridge. The left cuspid, central and lateral, were somewhat loose. Near the locality of the socket of the first bicuspid, a probe could be readily passed up into the antrum, from which pus could be drained. There was little sensation in any part of the bone or gum in the immediate vicinity, and no bleeding on irritation. The first evidence of trouble in this location was about two weeks before the case was examined. At that time a swelling occurred on the gum between the cuspid and first molar. It soon broke and discharged, which discharge continued up to the time of examination. A quantity of the pus was collected and examined under the glass for traces of the bacilli of tuberculosis. None were present. At the next visit inquiry was made into the patient's history, when the true state of affairs became evident. About four years before, the patient had pustular eruptions on the arms and limbs, some of which broke and discharged. At or near this time she also had glandular swelling, accompanied by sore throat. These symptoms in time subsided. Later she became afflicted with terrible neuralgic pains in the head, and finally small nodules made their appearance on the skull. Portions of the patient's hair began to come out. Shortly afterwards she had a premature delivery. After the case was examined in October the treatment was as follows: A medical practitioner was consulted and the patient put on an antisyphilitic course of treatment. The parts affected were washed out twice daily with hydrozone to keep free from pus, and daily with a solution of scale pepsin in nitro-muriatic acid (dil.) to assist in the formation of a sequestrum. The part was kept packed with iodoform gauze. In one week's time the piece of necrosed bone began to loosen, and two weeks later was removed en bloc and the cavity thoroughly washed out. The piece removed was probably one and one-half

inches long by three-quarters of an inch wide. The cavity was syringed out three times daily with the solution of hydrozone and packed with the gauze. Granulations soon began to form, and the parts took on a more healthy aspect. The discharge ceased, and the cavity gradually closed with healthy granulations.

Contact with a case like the above, coupled with the thorough realization of the responsibility involved in the application of therapeutic agents, if met with at the outset of the professional career, might so thoroughly awaken the practitioner to realize the absolute necessity of prophylaxis in dentistry that a life-long impression might be created, resulting in mutual benefit to practitioner and patient.

ANTISEPTIC DENTISTRY.*

BY DR. H. WOODBURY, HALIFAX, N.S.

In this paper I propose to discuss very briefly the subject of Antiseptic Dentistry—septic strictly meaning to putrefy, causing putrefaction. The word is used in so broad a sense as not to be very definite; but for our purpose we will consider it under two heads. First, under the head of Septic Poisoning, produced by putrefaction or decomposing tissue. This decomposition is doubtless due to the presence of micro-organisms or bacteria, but just how it is not so easy to say; but we hope for more light on this subject as the years go by. The dentist is constantly meeting this form of septicemia, caused by decomposing tooth pulps, often treated lightly by those who do not know the virulent nature of the poison. Just here the writer calls to mind an experience of the past: being summoned about midnight to see a man who had been confined to his house for a few days with an ulcerated lower right molar. The swelling was extensive and tending to gravitate downward. The treatment was poulticing the side of the neck as far down as the clavical. I saw at once that the case was serious. The septic poison was doing its deadly work rapidly. I told the friends that extraction was of no avail, as it was too late. They assured me that was all that was required; but in a short time life was extinct. There were all the symptoms of septicemia. Many causes of septic poisoning, aside from the above, are well known to the profession, and it would be needless to recite them any farther than to remark, that, in my humble opinion much of the

* Read before the Dental Association of Nova Scotia, Halifax, N.S.

so-called crown and bridge-work is responsible for the above condition. We add to this list artificial dentures that are not kept even with a pretence to cleanliness. But ill-fitting, leaking metal caps are hotbeds for all the forms of bacteria found as habitants of the oral cavity, causing not only irritation of the adjoining parts, but producing some of the evils found associated with extensive caries of the teeth. The vitality of the system is so lowered as to invite attacks from bacterial enemies that are nearly always present in some form. I will cite one of many of such cases that have come under my notice—a lady, wearing two upper bridges attached to the second molars by gold caps as the posterior abutments, and open-faced caps on the canines for anterior supports. The patient was in a poor state of health, as a result of the constant absorption of septic matter, incorporated in the food and by inhalation. To show that they were not just right, they had to be removed, and the stench was that that always attends such cases. Imagine the feelings of a sensitive lady realizing that she had been wearing such an appliance, it having been placed there with the assurance that it would be perfect for many years. To show that the removal was justified, after cleansing the teeth and some simple treatment for a few days, a well-fitted plate was inserted and the health of the patient at once improved, and, a year after, the plate, mouth, and general health was satisfactory. The above we consider a case of septic absorption.

The second general division of septicemia we will consider under the head of Septic Infection. This latter is a condition for which the dental surgeon may be more responsible than the former division. It is the department of inoculation—the transmitting of the virus or micro-organisms from one person to another. I have only to refer to this subject to bring before your minds the possibility, aye, the constant danger, of such transmission. There doubtless passes before your vision the long array of cancer in its various forms, venereal diseases, typhoid, tuberculosis, diphtheria, etc. Thus far we have been considering briefly the causes of septicemia as we find them, and also conditions as we create them. The question naturally arises, Can we correct these evils in whole or in part? I will not undertake to answer this question farther than to come at once to the title of this paper, Antiseptic Dentistry—that kind of dentistry best calculated to prevent or combat the septic conditions we have to meet in our daily practice. Some of us can remember when this subject was rarely discussed, and but little known. Even to-day the dangers are only partially appreciated by many dentists and medical men. This ignorance in times past could be forgiven, but no excuse can be offered at the present time. Beginning in the laboratory, how easy it is to cleanse impression cups by boiling in water in which is placed

some pearline, killing bacteria and removing all adherent wax. Referring to wax or modelling compound, when once used, it should never be used again—no amount of melting or water boiling can restore it. Its place is with the waste plaster. Next, consider all instruments for extraction; if not perfectly aseptic they become at once instruments of inoculation, carrying the virus directly into the circulation; also all the instruments used at the chair including engine handpiece, right angle attachments—in fact, everything that comes in contact with the mouth of the patient or the hands of the operator. There are different methods used for cleansing such. In the first place, it must be effective, and it must be rapid. I see in the August *Cosmos*, on page 756, an article by H. O. Reik, M.D., where he speaks highly of a sterilizer consisting of formaldehyde in which gas is generated—not the solution. I have never seen it; but, in view of the known value of formaldehyde as an antiseptic agent, it may be just the thing. In our own office, after having the instruments thoroughly washed and cleansed, they are placed in a dish containing a solution of germicidal soap prepared by Parke, Davis & Co. It is a soap containing mercuric iodide, and they claim that when this soap is rubbed in water until a heavy lather is formed, the solution will contain approximately 1-5000th mercuric iodide, and that this solution is more effective than 1-1000th bichloride, and less than one-fifth as poisonous. In this solution the instruments are allowed to remain at least five minutes, generally longer, although the makers claim that it does its work in much less time. After this bath they are rinsed very carefully and thoroughly under the tap. It does not rust or discolor the instruments, neither does it act as an irritant to the mouth or hands. But, as we are dealing with a powerful poison, great care should be exercised, and it will be seen further along that all the cleansing can easily be accomplished without the hands coming in contact with the solution—harmless if it did, though repeated contact might have some effect. It has not the objectionable odor of carbolic acid, neither does it act upon corundum or stub wheels as euthymol or lysterine. We think this a safe and convenient agent for rendering instruments antiseptic. To make plain the course followed, I will explain that we have, for holding the cleansing fluid, a dish of graniteware—about seven inches long, four inches wide and three or four inches deep—fitting loosely in this is an inner dish (tinned copper) made so it will drop loosely in the dish and sink to the bottom. This inner dish is about two inches deep, and its sides and bottom are thickly studded with holes just small enough so as not to allow the right angle burr to fall through. All the instruments and appliances, after washing with a brush, are placed in the inner dish, which readily sinks to the bottom of the outer

dish as the liquid rushes through the holes in the inner. After remaining there a sufficient time the inner dish, or sieve, is lifted out by a handle attached to one side, then placed under the tap and thoroughly rinsed; or, in the absence of a tap, the sieve could be dipped into a basin of clean water which would answer the same purpose. After this process, we consider the instruments ready for the next patient. As the engine handpiece cannot be treated in that way, it is washed off with a cloth dipped in the liquid, after which it is dried with a clean towel. We do not think camel's hair brushes admissible, as one can hardly afford to throw them away, therefore we banish them from the operating room and use in its stead the inexpensive and cleanly cotton splint brush, only using them once. The revolving bristle brush meets the same fate.

Now, without wearying you further, we have indicated briefly the tremendous responsibility of the dental surgeon in dealing with this matter of septicemia, and still more briefly the methods and some of the appliances for the antiseptic treatment of the same. Dirt, like wealth, is a relative term—one hundred dollars may mean wealth to some, while to others a million would be required to have that meaning, so with dirt (someone has said that dirt is only matter out of place). To one, a speck means dirt; to another it requires the proverbial peck; but, after all, it is not a matter of taste or opinion. There remains the fact of the deadly nature of many micro-organisms, and there remains our duty, too, to our patients, ourselves and our God, to render them harmless by every means in our power.

VICARIOUS MENSTRUATION FROM THE GUMS.

BY W. GEO. BEERS.

Since last January I have had a very complicated case of contraction of the superior and inferior teeth to contend with, and during the frequent visits of the patient, aged seventeen, I had opportunity for observing one of the most interesting cases of vicarious menstruation, which the limitations of dental practice have ever brought to me. The day after I had taken the impression for models, the patient came by appointment, and I noticed such an effusion of blood, about the gingival margins specially, and the gums generally, that at first I suspected that the blood in the mouth came from the lungs. But upon careful observation there was no mistake about the matter, and the surprise was the greater because the gums were healthy and the teeth free from

caries or calculus. A week afterwards I inserted the apparatus for expanding the superior arch. It was worn with comparative comfort until the periodical return of the menses, when the margins of the gums—which the plate did not touch—were inflamed, as if by the rough inner edges of a badly-fitting vulcanite plate, and the bleeding reappeared. Upon examination of the apparatus there were no exciting mechanical cause to produce such a result, and I was at a loss for an explanation until I found that the blood was non-coagulable, and that the same symptoms of hysteria were present, which I had observed the previous month. I then made it my duty to extend my inquiries, and learned that the condition was regularly present each month, associated with severe migraine, and that the bleeding began and ceased coincidentally with the recurrence and cessation of menstruation. As I write, the ninth observation has been made.

Proceedings of Dental Societies

THE NINTH ANNUAL MEETING OF THE DENTAL ASSOCIATION OF NOVA SCOTIA.

HALIFAX, N.S., August 30th, 1899.

The first session of the Ninth Annual Convention of the Dental Association of Nova Scotia opened at 9 30 a.m., in Y. M. C. A. Hall, with the President, Dr. Frank Woodbury, in the chair.

Minutes of last session read and confirmed.

The President's address, replete with suggestions, was on motion referred to a special committee consisting of Drs. H. Woodbury, A. C. Harding and F. H. Parker, who were requested to report thereon at the evening session.

The report of the Executive Committee was then read, as follows:

REPORT OF EXECUTIVE.

To the Dental Association of Nova Scotia:

MR. PRESIDENT AND GENTLEMEN,—Your Executive Committee beg to report that they have succeeded in procuring a programme which it is thought will meet with your approval.

As the programme has been printed, forwarded to each member, and is even now in your hands, it will be unnecessary to repeat it here. It is quite comprehensive in scope, and we trust the consideration of its various features will afford interest and profit to all.

A pleasing variety is afforded by the excursion on Thursday afternoon, which will include a visit to the flagship of the squadron now stationed here, as well as other points of interest about the harbour and N.-W. Arm.

You will be asked also to consider the question of a union maritime meeting for next year. And the action of the New Brunswick Dental Society to this end will be communicated.

In the matter of programme we are under great obligations to the S. S. White Dental Manufacturing Co., of Boston, and through them to Dr. Laskey, of Marblehead,;Mass., and to Dr. Partridge, of Lawrence, Mass.; also to Dr. E. C. Kirk, of the University of Pennsylvania; Mr. A. R. Cogswell, of Halifax; and Messrs. Parke, Davis & Co., to all of whom suitable recognition will be made by this society.

We also desire to call attention to the exhibition of dentists' supplies as shown by the various firms exhibiting, which merits your investigations.

All of which is hereby submitted,

F. W. RYAN,
Secretary to Convention.

Moved and seconded that report be received and adopted.
Carried.

The election of officers for the ensuing year being the next order of business resulted as follows: Dr. M. K. Langille, Truro, President; Dr. C. O. H. Webster, Pictou, 1st Vice-President; Dr. L. St. Clair Saunders, Kentville, 2nd Vice-President; Dr. F. W. Ryan, Windsor, Secretary; Dr. H. H. Bigelow, Halifax, Treasurer.

Drs. Frank Woodbury, F. W. Stevens and H. Lawrence were elected to act with President and Secretary as Executive Committee. Drs. G. H. Fluck and A. W. Cogswell were re-elected auditors for the ensuing year. Drs. Frank Woodbury, A. C. Cogswell and A. C. Harding, were elected representatives to the Dental Board.

Report of Dental Board was submitted by Secretary-Registrar as follows:

REPORT OF THE PROVINCIAL DENTAL BOARD.

To the Dental Association of Nova Scotia:

MR. PRESIDENT AND GENTLEMEN,—The report of the Dental Board for the year ending August 30th, 1899, is respectively submitted.

During the year several cases of illegal practice have been reported, but no further action than a letter from the Secretary-Registrar has been necessary. Our solicitor has been instructed to examine cases of several persons who persist in illegal practice.

Dr. C. P. Heales, of Wolfville, although the board has repeatedly refused to register him on the qualification he claimed in his correspondence, and although members of the Committee on Legislation appeared before committees of the Upper and Lower Houses, presenting evidence to show that Dr. Heales was not qualified for registration, according to our Dental Act, obtained the right to become registered by Act of Parliament, viz. :

An Act to enable C. PERCY HEALES to be registered as a dentist.

Be it enacted by the Governor, Council and Assembly as follows : 1. That C. Percy Heales, of Wolfville, in the County of Kings, dentist, is entitled to have his name entered in the register of the Provincial Dental Board, and to receive a license to practise as a dentist from such board, and is entitled to all the rights and privileges, and subject to all the duties and liabilities of a dentist duly registered under the provisions of Chapter 147 of the Acts of 1891, entitled, "An Act to Incorporate the Dental Association of the Province of Nova Scotia," and Acts in amendment thereof.

The board has held four meetings during the year.

DENTAL REGISTER.

The Register has been published in the *Royal Gazette* as the law directs, also in the transactions for 1898, and Belcher's Almanac. Copies of the transactions containing the Register were sent to every dentist in the province. Number of names on Register, August 30th, 1898, seventy-eight. Number of names added this year, five. Making a total membership of eighty-three on August 30th, 1899. No members have died this year, and no names have been removed.

The names added are : October 11th, 1898—H. Walter Black, D.D.S., Pennsylvania College Dental Surgery, 1898, New Glasgow, N.S. August 16th, 1899—Alphonsus Fred. Hogan, D.D.S., Boston Dental College, 1898, Weymouth, N.S. February 1st, 1899—Ingram B. Locke, D.D.S., American College Dental Surgery, 1894, Shelburne, N.S. November 16th, 1898—Vernon D. Schaffner D.D.S., University of Maryland, 1898, Lawrencetown, N.S. June 22nd, 1899—Albert Orr Sproule, D.D.S., Boston Dental College, 1898, Parrsboro', N.S.

Four students have passed the matriculation examination, namely : September 27th, 1898—Wm. P. Broderick, St. John, N.B. February 15th, 1898—Wm. Beckwick, Preceptor ; F. S. Anderson, D.D.S., Bridgetown. July 18th, 1899—Frank V. Woodbury, Preceptor ; Drs. Woodbury Bros., Halifax, N.S. November 24th, 1898—Dr. A. Fred. Hogan, Weymouth, N.S.

RECOGNIZED DENTAL COLLEGES.

The Board passes as reputable the list of colleges accepted by the National Board of Dental Examiners, also the degree of D.D.S. from Toronto University. Students from any of these colleges must submit to the requirements of the dental law and the rules of the Dental Board of Nova Scotia :

1. Baltimore College of Dental Surgery, Baltimore, Md.
2. Boston Dental College, Boston, Mass.
3. Chicago College of Dental Surgery, Chicago, Ill.
4. College of Dentistry, Department of Medicine, University of Minnesota, Minneapolis, Minn.
5. Dental Department, Columbia University, Washington, D. C.
6. Dental Department, National University, Washington, D. C.
7. Northwest University Dental School, formerly Dental Department of Northwest University (University Dental College), Chicago, Ill.
8. Dental Department of Southern Medical College, Atlanta, Ga.
9. Dental Department of University of Tennessee, Nashville, Tenn.
10. Harvard University, Dental Department, Cambridge, Mass.
11. Indiana Dental College, Indianapolis, Ind.
12. Kansas City Dental College, Kansas City, Mo.
13. Louisville College of Dentistry, Louisville, Ky.
14. Missouri Dental College, St. Louis, Mo.
15. New York College of Dentistry, New York City.
16. Northwestern College of Dental Surgery, Chicago, Ill.
17. Ohio College of Dental Surgery, Cincinnati, Ohio.
18. Pennsylvania College of Dental Surgery, Philadelphia, Pa.
19. Philadelphia Dental College, Philadelphia, Pa.
20. School of Dentistry of Meharry, Medical Department of Central Tennessee College, Nashville, Tenn.
21. University of California, Dental Department, San Francisco, Cal.
22. University of Iowa, Dental Department, Iowa City, Ia.
23. University of Maryland, Dental Department, Baltimore, Md.
24. University of Michigan, Dental Department, Ann Arbor, Mich.
25. University of Pennsylvania, Dental Department, Philadelphia, Pa.
26. Vanderbilt University, Dental Department, Nashville, Tenn.
27. Western Dental College, Kansas City, Mo.

- 28. American College of Dental Surgery, Chicago, Ill.
- 29. University of Toronto, Ont. Degree of D.D.S.
- 30. Dental Department of the University of Denver, Denver Col.
- 31. Department of Dentistry of Detroit College of Medicine, Detroit, Mich.
- 32. Dental Department of Western Reserve University, Cleveland, O.
- 33. Dental Department of Medico-Chirurgical College, Philadelphia.

HALIFAX, N. S., August 30th, 1899.

FINANCIAL STATEMENT OF SECRETARY-REGISTRAR.

Dental Association of Nova Scotia, in account with Geo. K. Thomson, Secretary-Registrar.

By amount annual dues to date	\$70 00
" matriculation fees	60 00
" registration fees	100 00
	\$230 00
Sept. 8, 1898. To cash paid H. H. Bigelow	\$34 00
Nov. 15, 1898. " " "	38 00
Mar. 18, 1899. " " "	80 00
Aug. 14, 1899. " " "	58 00
Aug. 25, 1899. " " "	20 00
	\$230 00

This is to certify that we have examined the books and accounts of the Secretary-Registrar and have found them to be correct.

G. H. FLUCK, }
 A. W. COGSWELL, } *Auditors.*

HALIFAX, N. S., August 25th, 1899.

TREASURER'S REPORT.

Provincial Dental Board of Nova Scotia, Horace H. Bigelow, Treasurer.

1898. RECEIPTS.	
Sept. 7. By balance from Treasurer Cogswell	\$214 96
8. " " " Sec'y-Registrar Dr. Thomson.	34 00
27. " cash	\$38 00
1899.	
Mar. 28. " "	80 00
Aug. 14. " "	58 00
25. " "	20 00
	\$196 00
1899.	\$444 96
Aug. 27. By balance on deposit, People's Bank of Halifax	\$214 96

1898.		EXPENDITURE.		
Sept. 8.	To expenses for joint meeting, Dr. Thomson..	\$41	00	
16.	“ printing, Dr. Johnson	8	50	
16.	“ Executive meeting, Dr. Johnson	37	00	
16.	“ Board “ “	8	50	
27.	“ “ “ Ryan.....	5	00	
1899.				
Jan. 30.	“ Board meeting. McKenna.....	10	40	
30.	“ printing, Wm. McNab	20	00	
Mar. 20.	“ stationery, A. & W. Mackinlay	8	10	
May 31.	“ Executive meeting, Dr. Webster	11	50	
June 13.	“ Examination fees, H. Murray..	20	00	
Aug. 8.	“ sundries and postage, Dr. Thomson.....	10	36	
28.	“ services as Secretary-Registrar	50	00	
		<hr/>		\$230 36
Aug. 28.	To balance			214 60
				<hr/>
				<u>\$444 96</u>

Audited and compared with accounts and books and found correct, August 28th, 1899.

August, 1898, to August, 1899. G. H. FLUCK, }
A. W. COGSWELL, } *Auditors.*

The Board recommends that the annual dues for the ensuing year be \$2.00.

By vote of the Board the following resolution will remain in force until September 1st, 1900, but after September 1st, 1900, every student of dentistry must have passed the matriculation examination before beginning his dental studies, as required in Section 14 of the Act Resolution passed, that until September 1st, 1900, any students of dentistry who have attended dental college before passing the matriculation examination, may have such time allowed, providing this does not include private preceptorship.

The Board especially requests that members of the Dental Association report promptly any persons who are illegally practising dentistry in Nova Scotia.

A. C. COGSWELL, *President.*
GEO. K. THOMSON, *Secretary.*

Moved and seconded that the report be received and adopted
Carried.

Report of Committee on Legislation was read as follows :

REPORT OF COMMITTEE ON LEGISLATION.

To the Dental Association of Nova Scotia :

MR. PRESIDENT AND GENTLEMEN,—Your Committee on Legislation beg to report that they have held several meetings in

regard to the revision of our Dental Act, and have also met Mr. McKay, Secretary of the Revising Body, and arranged to have the following changes incorporated into our Act as revised :

1. No person shall be registered who has not graduated from a dental school recognized by the Dental Board.

2. The Board shall have the power to examine all candidates for registration if they deem it expedient.

Section 28 is expunged.

3. Any person violating the provisions of the dental law shall be tried under Section 14, and all sums forfeited shall be collected under the provisions of a general Act governing these matters.

4. Section 35, 1st clause, is expunged. A general Act enumerates all those who are exempt from jury duty.

5. The new schedule for matriculation will be inserted in place of the old one.

6. Other minor changes have been made which will render the law more easily interpreted without changing the spirit of it.

Mr. M. U. Lenoir has been engaged to act as solicitor for the association, and will give the matter of revision special attention and watch the Act carefully during its passage through the House next session. The Act of the Medical Society was revised and passed at the last session of the legislature. Their standard of matriculation has been raised, making it compulsory for candidate to possess knowledge of two foreign languages, besides Latin, but in other respects it is not materially different from that of the Dental Association. Your committee would suggest that your standard of matriculation be made the same as that of the Medical Society, but consider it advisable that the matter be discussed by the association. Your committee has had occasion during the past year to appear before committees of the upper and lower houses of the legislature in regard to the case of C. P. Heales, of Wolfville, who obtained the right to registration by Act of Parliament.

F. WOODBURY, *Chairman.*

G. K. THOMSON, *Secretary.*

By motion, it was received, and after some discussion it was, on motion, adopted.

Resolved,—That the present Committee on Legislation be reappointed for ensuing year. Carried.

On motion, meeting adjourned at 1 o'clock p.m.

F. W. RYAN, *Secretary.*

Confirmed,

M. H. LANGILLE, *President.*

The afternoon session was occupied with clinics and interesting points of practice.

The evening session opened at 8 p.m. with the newly elected President, Dr. M. K. Langille, in the chair.

Minutes of morning session read and confirmed.

The report of Committee on Retiring President's Address was read by Dr. Parker as follows :

REPORT OF SPECIAL COMMITTEE ON PRESIDENT'S ADDRESS.

1. We, your committee, recommend to Association for discussion the question of advisability of affiliation with the medical profession, and consider the advisability of having matriculation identical with Medical Board.

2. That the matter of maritime convention be discussed and correspondence be read—the discussion of this report be the last matter of this evening's work.

H. WOODBURY.
A. C. HARDING.
F. H. PARKER.

Moved and seconded that report be received and adopted
Passed.

Report of the annual meeting of the Dental Board was then read by the Secretary-Registrar as follows :

To the Dental Association of Nova Scotia :

MR. PRESIDENT AND GENTLEMEN,—The Dental Board beg to report from the annual meeting held to-day that the following officers were elected for the ensuing year, viz. :

President—DR. A. C. COGSWELL.

Secretary-Registrar—DR. G. K. THOMSON.

Treasurer—DR. H. H. BIGELOW.

Matriculation Examination—PROF. H. MURRAY.

A. C. COGSWELL, *President.*
G. K. THOMSON, *Sec'y.-Registrar.*

HALIFAX, August 30th, 1899.

Moved and seconded that report be received and adopted.
Carried.

On motion of Dr. F. Woodbury, seconded by Dr. Ryan, our visitors, Dr. Laskey and Partridge, were accorded the privileges of our meeting.

Dr. Webster's paper on "Necessity of Dental Museum" was read. The discussion elicited much favorable comment upon the

ideas and suggestions therein contained, and resulted in the following resolution, which was offered by Dr. H. Woodbury, and seconded by Dr. Thomson, and unanimously

Resolved,—That the Association, in view of the importance of procuring and preserving interesting specimens illustrating various phases, features and abnormalities incident to, or connected with, our professional work, adopt the suggestion of the essayist and establish in connection with our society a dental museum, and that we take advantage of Dr. Webster's kind offer and hereby appoint him Curator.

Members present were then urged to send such specimens as they chose to present to the society to Dr. Webster, together with so much of the history as could be obtained.

The next paper presented was by Dr. Partridge. Subject: "Oxyphosphate Cement and its Every-day Use," discussion being very general.

Moved and seconded that the thanks of the Association be tendered Dr. Partridge for his valuable paper, and request his permission to publish it. Passed.

Dr. Dunbar's paper, "Syphilis from a Dental Standpoint," reviewed features of the disease as found by dentists, and reported a special case in practice. The discussion on this subject veered to the question as to how far dentists were justified in treating such cases. This paper formed a very fitting prelude to the next by Dr. H. Woodbury on "Antiseptic Dentistry," the discussion of which drew forth very favorable comment on the practical methods of sterilizing instruments advocated in the paper.

Resolved,—That the thanks of the Association be tendered Drs. Woodbury and Dunbar for their papers. Carried.

The paper on "Oral Bacteriology," received through the courtesy of Parke, Davis & Co., read by Dr. A. C. Cogswell, and, by motion, the secretary was instructed to convey the thanks of the Association to Messrs. Parke, Davis & Co., for their instructive paper.

The discussion of the first subject recommended by the Committee on President's Address was opened by Dr. F. Woodbury, advocating the affiliation of the dental profession with the Halifax Medical College, and presenting some of the advantages of such a course.

It was thought that as the subject was so new to the Association, and so far-reaching in its efforts, that the question had better be referred to a special committee for consideration, development and report, and on motion it was so ordered, Drs. F. Woodbury, G. K. Thomson and F. W. Ryan being appointed such committee.

The question of union meeting for next year being the second point for discussion, correspondence of New Brunswick Dental

Council was read, and after some discussion the following resolution was offered:

Resolved,—That this Nova Scotia Dental Association unite next year in a convention of maritime dentists, and that the date, place of meeting and programme be left to the Executive Committee of this Association, acting in concert with the representatives of the Association of New Brunswick and dentists of Prince Edward Island. Carried.

On motion, meeting adjourned. Confirmed.

M. K. LANGILLE, *President*.

F. W. RYAN, *Secretary*.

THURSDAY.

AUGUST 31ST, 1899.

The morning hours were occupied as per programme, clinics by Drs. Thomson and Laskey, and discussion of points of office practice.

In the afternoon the Association engaged in a most enjoyable excursion upon the harbor, visiting the flagship of the squadron, meeting a most hospitable reception, thence up the beautiful N.-W. Arm, where the party landed and were photographed by Mr. A. R. Cogswell. The pleasure of the occasion and the beauty of the photograph was materially enhanced by the presence of lady friends of the excursionists.

The evening session was opened at 8.30 p.m., the President, Dr. Langille, in the chair. Minutes of last session read and confirmed.

The first number on the programme, "Exhibition of Roentgen Rays Apparatus," by Mr. A. R. Cogswell, of Halifax, proved most interesting, and by vote the thanks of the association was tendered to Mr. Cogswell. Unfortunately, the skiagraph slides for the second number arrived too late for exhibition. We hope for this on a future occasion.

Dr. Thomson's paper on "Painless Excavation of Sensitive Dentine" elicited very considerable discussion, at the end of which it was moved by Dr. F. Woodbury and seconded by Dr. McKenna that a vote of thanks be tendered Dr. Thomson. Passed.

Dr. Laskey's paper on "Apparent Mercurial Poisoning" also elicited not a little discussion.

It was moved by Dr. H. Woodbury and seconded by Dr. Parker that the thanks of the Association be tendered Dr. Laskey for his instructive paper and the interesting office experience-related. Passed.

In reference to time and place of meeting for next year it was moved by Dr. Thomson and seconded by Dr. F. Woodbury, that.

in view of the resolution adopted for joint meeting for next year, the whole matter be left in the hands of Executive Committee. Carried.

The following resolution was offered by Dr. A. C. Cogswell and seconded by Dr. F. Woodbury:

Resolved,—That a hearty vote of thanks be tendered to the S. S. White Dental Manufacturing Co., in view of the interest they have ever shown in this Association, and more especially in view of their kindness in inducing at this time and without expense to this society, Dr. Laskey, of Marblehead, Mass., and Dr. Partridge, of Lawrence, Mass., to demonstrate before the society various interesting points of practice; and, *Further*, That a copy of this resolution be forwarded by the secretary at an early date. Carried.

M^r. Towne, of the S. S. White Dental Manufacturing Co., being present, acknowledged most acceptably the thoughtful appreciation of this society and wished again to express the desire of his company to advance the best interests of the dental profession.

Dr. Thomson reported that he had been commissioned by the ladies to thank the Association for courtesies extended to them in connection with the excursion of the afternoon.

Nothing further offering, the ninth annual convention was, on motion, adjourned.

F. W. RYAN, *Secretary*.

Selections

THE EARLY DECAY OF THE TEETH IN BRITAIN.

BY JAMES CANTLIE, M.B., F.R.C.S.
Surgeon Seamen's Hospital Society.

Since the announcement appeared that I intended reading a paper upon this subject, I have received numerous letters expressing interest in the matter, and asking questions of various kinds. That the teeth of our children are in a bad way is an acknowledged fact, proved over and over again by scientifically-conducted investigations which leave no doubt on the subject. The teeth of our school children in all grades of society, in our public schools and in our Board schools, have been examined and fully reported upon. The result of all such inquiries has been the publication of statistics proving an abnormal amount of disease. The national importance of this can hardly be over-estimated. We cannot expect to rear a healthy race on carious teeth, and it is to try to stem an evil which is sapping our national strength that I would seek your

attention now. The remedy suggested by all who have dealt with this matter is that carious teeth should be immediately attended to; that misshapen jaws should be corrected, and to effect these ends, recommendation is repeatedly made that children's teeth in our schools should be systematically inspected, stopped or removed, as occasion requires.

The cause for this premature and abnormal decay is, however, scarcely dealt with. True, I have indeed received innumerable suggestions as to the cause, but scarcely two people are agreed on the subject. One blames sweets, another infant foods, a third declares that children partake at too early an age of animal food; some contend that it is a developmental change, and that in time the human teeth will disappear; some ascribe the decay to two such opposite conditions as gout and rickets. In fact, there is scarcely an inherited disease or a variety of human food or drink which has not been suggested to me as the cause. The developmental idea is a favorite theme; it is even seriously discussed by persons of respectable scientific attainments. The idea is that, in our quest after education, we are attracting a superfluity of blood to our brains and thereby starving our teeth and our jaws. A very pretty theory, indeed, but it is not true. The future of our teeth, in common with the general state of our adult physique, depends largely on the care taken of the infant during the first two years of life. The future of our teeth is laid before the child has begun to use its brain; and not only is this true of the milk teeth, but also in regard to the permanent; and one may fairly gauge what the state of the permanent teeth is to be by a study of the development and shape of the jaws at that period.

Another phase of the developmental theory is that our jaws are getting smaller, leaving less room for our teeth. The teeth, therefore, it is contended, become overcrowded and overlap, leaving nooks and recesses in which particles of food may find shelter, setting up decomposition, eroding the enamel and leading to caries of the dentine.

This is stating an actual condition whilst begging the cause. Our bodies are not changed thus rapidly. We are acquainted with various functionless remnants in our bodies. The hair on our bodies has lost its original purpose, and the gradual disappearance has been going on ever since man was known—yet it is with us. The appendix veriformis still appears attached to the cæcum, and has been there to all appearance unchanged since anatomy first revealed its presence. The nictitating membrane still occupies the inner canthus of our eyelids ever since it performed the function of a third eyelid. In like manner many developmental structures are present in our bodies, but it is not within the knowledge of man that any decisive change has taken place in their structure

or size, although their function has well-nigh, if not wholly, gone. I make these statements for the purpose of showing that developmental changes are gradual, very gradual—so gradual, indeed, that neither tradition nor recorded history has any change to notify—and so it must be in the case of our jaws. The generation immediately before us had fairly good teeth and well-shaped jaws, and to assume that in one generation the development of our jaws should have so modified as to affect the teeth of the rising generation is contrary to natural law. I would, therefore, dismiss these two theories—namely, the starvation of teeth by the development of our brains, and the sudden arrest in development of our dental and maxillary apparatus—as wholly unworthy of serious consideration. Were the evolutionary theory true, the fight would be a hopeless one, for neither art nor science could stem it. Were it true, we cannot expect to raise a healthy race of people, and must be content to succumb before a people with better physique.

In spite, therefore, of all that has been said, it is not natural that the teeth of our children should become carious at an age when they are most required. They are not developmental changes that are at work, but, in my opinion, causes which are capable of demonstration and arrest if we have but the courage to deal with the question.

The dental art has attained so high a position in this country and in America, that, so far as the mechanism of the art goes, there is but little more to be done. But I would like to induce our dental brethren to look a little further afield, and to tell us how to rear the child so that the teeth, while yet unerupted and within the dental sacs, may be allowed to grow to the greatest perfection. It is not only when the teeth are through that I would ask the dentist's aid; it is to a period when the basis and substance of the tooth is being formed that I would wish him to direct his attention. If dentistry is to aspire to its highest ideal, it must not be content with merely repairing or removing damage done. We look to it to tell us why do our children's teeth decay so early, and what steps are we to take to remedy the evil, so that sound teeth in the young may be hoped for. It is during the period of growth and development, during the antenatal stage perhaps, or at any rate during the first few months of infant life, that we must look for guidance and direction. We want to know what error of diet or mode of living on the part of either the mother or the child fills our children's mouths with painful stumps and festering abscesses.

In elucidating this point the first question that suggests itself is: Has any radical change in the feeding of children taken place during the past fifty years? The answer is known to every one, and it is this: Artificial food, and, more important still, an artificial manner of feeding has become a general custom within the period

mentioned. The wet nurse is a being of the past. In many instances, I grieve to say, the natural mother has also, to a large extent, disappeared. Pleasure in one phase of society and self-imposed form of labor in the other has deprived the infant of its natural food. Women amongst the leisured class will not allow the nursing of their children to interfere with the routine of what they are pleased to term social duties; whilst amongst the less opulent class the gossip at the mill has more attraction than the prattle of the children. The natural calling of both classes is being sapped by the shadowy myth of female rights and independence, and the future is being sacrificed to pure selfishness.

The majority of children are now brought up on the "feeding" bottle. Let us consider the food thus supplied for a moment, as it is all-important. The food is composed of cow's milk, warm water and cane sugar. These are all artificial, or shall I say unnatural, elements for the human infant, but it is not so much with the character of the food as with the way in which it is supplied, that I join in issue. The child must have food artificially when its mother cannot supply it, and were these simple substances used to the exclusion of more dangerous food it would no doubt be for the child's good. But it is to the temperature of the food that I wish to direct attention. An ordinary bottle full of milk requires ten to fifteen minutes to consume, or, at least, it ought to. It is evident, therefore, that at the beginning and end of the meal there must be a marked difference in the temperature of the milk. The suitability of the temperature is usually judged by the mother or nurse tasting it. But the mother can sip her tea at 140° F., and considers tea cool if it only reaches a temperature of 110° F. We educate the mucous membrane of our mouths to stand a temperature many degrees above what nature intended. Imagine the effects of a hot fluid, the temperature of which is thus judged, upon the infant's mouth. The tender mucous membrane must be well nigh, if not actually, scalded; at least a sodden condition of the lining membrane is established and a continued irritation maintained. The effect upon the dental sacs, imbedded in the gum, must be to withdraw nutrition from them owing to the counter-irritation of the hot fluid, and the congestion of the gingival membranes it produces. The dental sacs are thereby starved—the normal amount of their nutrition being withheld. The temperature of the human milk supplied by nature to the child is about 99° F. throughout the process of suckling. It is not warmer at the beginning than at the end of the process, as so often happens during bottle feeding when a drop of 20° in the heat of the milk in the feeding bottle obtains. It is needless to dwell upon the local and digestive ailments consequent upon food of so abnormal a quality; and, having broached the subject, I will pass on to

another. After withdrawing the feeding bottle teat from the child's mouth, the modern mother, in 70 per cent. of cases, substitutes what is called the "comforter." This solid piece of indiarubber, shaped like a teat to deceive the child, shaped and used for the purpose of causing the child to imitate the action of sucking, is a modern introduction which we could well spare. What is the effect of continued abortive sucking of a solid teat? Harder and harder does the child suck in the hopes that the "comforter" will yield some nourishment. The muscles employed in sucking are exercised to a degree, with the result that they become hypertrophied, and generate an amount of power which tells detrimentally on the shape of the jaws. When the mouth is exercised in sucking, the cheeks are drawn inwards and impinge against the sides of the upper jaw. With constant efforts in this direction the hypertrophied muscles press upon and compress the upper jaw, ultimately causing the sides to be drawn inwards, and the front of the upper jaw to be pointed and to protrude like a pig's. But compression of the lateral aspect of the upper jaw causes the arch of the palate to rise, hence the high arch we so frequently see, and the ill-fitting jaws—the upper jaw falling within the lower at the sides, and overlapping it at the front. Nor does the evil rest here. The hard palate can only be arched at the expense of the nasal space immediately above it, and the consequence is an obstruction to the entrance of air by the nose. A misshapen jaw is always associated with nasal obstruction, and breathing takes place by the mouth in place of by the nose.

I am aware this is heterodox pathology; our nasal specialists declare it is obstruction of the nose that is the primary cause of breathing through the mouth. I go a step further back in tracing the evil, and maintain that it is the causes which produce the high palatal arch which are the source of nasal abnormality. The nasal obstruction is secondary to the high arch, and the high arch is produced during the first twelve months of infant life by abnormalities of feeding.

What are the consequences of a nasal mucous membrane which is left to soak in abnormal mucus secretion instead of being traversed by the incoming and outgoing currents of air? It gets sodden and swollen, it increases the obstruction by becoming hypertrophied, its adenoid tissues are abnormally nourished, and they grow and protrude from the surface as do vegetables in the forcing pit of the gardener.

Adenoid, nasal and pharyngeal growths have become a prevalent factor in disease during the last decade or two. They came in synchronously with artificial foods, feeding bottles, "comforters," early dental decay, and misshapen jaws, and I believe some common cause is at the root of all these evils. I am aware that bad

teeth and misshapen jaws are met with, although much less frequently, but they certainly are met with, in children who are naturally fed and who have never had a "comforter" in their mouths. But the responsibility of those entrusted with our natural health does not end because of that. If the decay of the teeth is due to abnormal feeding, or other causes on the part of the mother during either the antenatal period or during lactation, let the evil be pointed out and remedied if possible. If there are errors in diet, be they under the guise of "nourishing stout," invalid port," or wines with adjuncts of many kinds, let them be proclaimed. If it is found that in some parts of this country, owing to soil, water, etc., good teeth prevail, let the subject be investigated, and see if by addition to the ingesta of less favored districts a similar good results cannot be attained.

I am quite prepared for adverse criticism. I am quite aware that dental caries is known in rural as well as in urban populations. I am also aware that toothache prevailed from the earliest times, although Job is not mentioned as being afflicted with "that hell o' a' diseases," as Burns styles it. I also know that in Roman times feeding bottles were not unknown, and that such dental arts as bridging and stopping were practised during the heyday of the Roman Empire. This last reference perhaps favors my argument. Luxury in Rome led to unnatural motherhood and the use of the feeding bottle, and they are held to have reached the acme of their civilization, by some, because what we are accustomed to style modern dental arts were known to them. But this was only during the period of their luxury, and, as we know, that was followed by collapse, defeat, and expulsion. The conquering Goths knew none of the practices of civilization in the rearing of their young. Their simple diet gave them fine teeth without the aid of the toothbrush or of that necessary accession to high prandial civilization, the dentist.

I am also aware that carious teeth are met with by the missionaries and travellers amongst the most remote and primitive races of the earth. Even the Matabeles and the Ngnomi of Central Africa suffer from toothache and decayed molars. Nor is the evil confined to mankind. Decayed teeth and painful stumps are met with in the lower animals, but with these it is not the young that are affected. Given healthy teeth, the young may grow to perfection, with carious teeth they cannot.

I have not traced the further trouble of bad teeth: dyspepsia, the production of ptomaines, convulsions, neuralgia, headache, undeveloped chest owing to nasal obstruction and the development of a physique in which the seeds of disease are only wanted to generate tuberculosis and allied disease. We have heard a great deal of the national importance of dealing with the question

of tuberculosis, and with this every man and woman sympathises. But I am sure that were we to consider the infant's welfare during the first two years of life, we would contribute not only to lessening the amount of tuberculosis, but strike at the root of many other as important ailments which fill our hospitals, and account for the degeneracy of our urban population more especially. The early decay of the teeth is but one symptom of want of care of the infant, but it is an evidence of something wrong which is patent to everyone, and which causes anxiety to the parent, suffering to the child, and deterioration of the national health.

Have I made my case strong enough to induce this meeting to take some decided step? Are my arguments too illusory to stimulate you to serious action? If so, please neglect them, but do not, I beseech you, neglect the facts. They are these, that the condition of the teeth of our children is bad, that it is getting worse, that it has become aggravated during the past generation, and that it is controllable. Science is surely sufficiently advanced to deal with this subject, and the men or women amongst us who have the patience, the ability, and the patriotism to grapple with the subject will deserve well of their country, and eliminate from amongst us much unnecessary suffering and physical incompetency.

I would test the effects of my words and your earnestness in the matter by asking you to draw up a form of motion, to be submitted to the Council of the British Medical Association, to nominate a Commission to deal with the subject; on that Commission I would place two dentists and a physician, men who are versed in children's ailments and possessing the scientific attainments necessary for such work. I would suggest that a grant of £100 be asked for the purpose, and that the Americans, and perhaps the Germans, French and Italians, be asked to co-operate with the British Commissioners and to present a report, preliminary if only that form be feasible, by January, 1901.

I have ventured to bring forward various ideas that have occurred to me in connection with this subject, not that I wish to stifle or restrict inquiries in other directions, but that they may serve as a basis to argue from. Their condemnation, if it is done with real knowledge, may help the cause of the preservation of our teeth just as well as if my statements were accepted as true explanations of the matter. It is to gain an end—the preservation of teeth—that I aim at, not at getting my statements accepted. And if by condemning and rejecting my poor arguments attention can be called to this important question of public health, I will still consider that they have done their duty.

RESOLUTION.

The following resolution, proposed by Mr. Cantlie, seconded by Dr. Esler, was then put to the meeting, and carried unanimously :

That, in view of the early decay of the teeth prevalent in Great Britain, this Section requests the Council of the British Medical Association to appoint a Committee of not fewer than three persons to inquire into the subject and to report thereon to the Council in twelve months from the date of appointment.—*British Medical Journal.*

THE STANDARD.*

BY DR. H. VAN TASSEL, MARSHALL, MINN.

In reading the late magazines I find that, to use a nautical phrase, I have been "blanketed" as to many of the facts I had intended using, in a five-minute paper upon the subject given, but I will endeavor to confine myself to a line of thought regarding "the standard" of dentistry, as it affects you individually and the public generally, that I do not remember having heard read or discussed.

The old standard was made by such men as Gardette, Koecker, Randall, Greenwood, Hayden, Harris, Parmly, Atkinson, Robbins, etc. Students were taken in their offices and taught their individual methods, under their personal supervision and attention to every detail, not the least of which was a just appreciation of the value of a good piece of work when completed. They were giants in their way, and how proud any one might be who could insert a noncohesive gold filling so skilfully as to successfully bridge over an exposure of the pulp in a permanent and nonirritating manner, as some of them did. And what enthusiasm—Robbins travelling from Meadville, Pa., to New York to tell Atkinson how, by the accidental breaking of a plugger point, he had discovered the advantage of a roughened surface with cohesive gold, etc. They are the men who set us a standard at home and abroad. Was not Evans a contemporary and friend of some of these? With dentistry advancing with an electrical speed so great that some are able even to be mummified, in part, within themselves, what do we find the conditions under the "*fin de siecle*" standard of to-day?

* Read before the Minnesota Dental Association, July 26th, 1899.

The period of preceptorship has passed away, and we have colleges galore. The young man invests in a few postal cards, receives circulars, selects that school which, from a careful study of his stock of circulars and perhaps some correspondence, he thinks will most quickly, and with the least call upon his grey matter, confer upon him the authority to affix those letters to his name, the mere possession of which he considers as good as a competence already earned. In due time he presents himself before the proper officer, pays his \$100 or more fees, receives his tickets, lecture card and a list of boarding houses, and, personality unconsidered, is safely launched upon his course. How about that entrance examination, you say? It is a good thing to talk about, but in most colleges it is not put to any other use. The sight of that money produces a case of examination paresis worthy of study. In due time, or before the student is advanced to infirmary practice, he receives an unadvertised course in dental ethics or morality. He is required to perform any and all of the operations of the operating room and laboratory that he will meet in his after practice, and, under the immediate supervision of an expert demonstrator, cleans teeth for 25c., 50c., or \$1.00, the bare cost of the materials. Inserts amalgam fillings at a small charge for materials, 50c. only, or for all who are unable to pay for dental operations, a rubber plate is made for from \$3.00 to \$5.00, to pay for materials used, until finally he makes a small bridge under the direction of a skilled demonstrator, no charge being made for service rendered, but the patient paying from \$3.50 to \$4.50 per tooth or abutment, for materials. Making an opportunity, he says to patient, "If you want the space on the opposite side bridged, come to my room and I will do it for you at a little less than this one cost. And his unadvertised course is about completed, unless the infirmary is kept open during the summer to help pay the rent, he is ready to graduate. Many, perhaps most, of these graduates are young men without any previous business experience or training, or any just appreciation of the value of either time, education or money, and what effect does the unadvertised course have upon them, when, as one authority says, "They are cast upon the public, and they are compelled to struggle for an existence"? and as an existence does not come high, they are just about able to make it by the aid of the special ethical instruction received in said course. The 50c. college makes a 50c. dentist, and the 50c. dentist does a 50c. job.

What are you going to do about it, individually? When a prospective dental student asks our advice, ought we not call his attention to the multiplicity of dental schools and of graduates of mediocre ability and perverted morals, who have taken the unadvertised course, and the effect this class of work is having

upon the public, and explain to him that to succeed he must be possessed of that ability and stamina only obtained by the very best instruction possible. That when he has completed his course, it will have been a more than ordinarily successful one if he is able to read his professional journals and separate the chaff from the wheat. And at whatever sacrifice to himself, for his own good and future success, he ought to attend the hardest and most exacting school he can find, and try to commend one in which the unadvertised course is least prominent.—*Dental Review*.

DECADENCE OF THE DENTAL FEE *

By ARTHUR G. SMITH, D.M.D., PEORIA, ILL.

I believe it was Grover Cleveland who made the remark that "We are confronted by a condition and not a theory," and in the subject under consideration I am sure that we will all agree with his statement. While there are, perhaps, some exceptions, it is undeniably the general rule that, for the last ten years, and particularly for the last five, the trend of prices for dental services has been steadily downward. One of the first explanations which comes to mind is that everything else has gone down and our fees have simply shared in the general reduction. The fact that a dollar buys more now than it did five or ten years ago is one of the reasons which we continually give to make ourselves more content with the fewer number which we are receiving for services.

That there is a modicum of truth in this no one would be foolish enough to deny; but it by no means touches the main cause, as we can readily see. What has caused the drop in prices of general merchandise in the past three years? In ninety-nine cases out of a hundred the answer can be given in two words—improved machinery, with its consequent increase of production and lessening of first cost. Will this reason also explain why our fees have been reduced? Most assuredly no. With the exception of trifling reductions in the price of some supplies, all our material now costs as much as ever; rents are certainly no lower; and the filling which ten years ago required an hour for insertion, refuses, with all the aids which we can now command, to be properly placed in any greatly lessened amount of time.

There are also other facts which must be taken into account. The cost of acquiring a dental education is greater now than ever

* Read before the First District Dental Society of Illinois, at Monmouth, Sept 27th, 28th, 1898.

before; and the number of instruments and fixtures, which are counted almost indispensable in the modern office, represents a cash outlay for equipment far in excess of that required even so far back as I can remember. Take the matter of fountain spittoons, for example. Only a few years ago there was not one in Peoria, and now there are at least a dozen. During the last two years we have nearly all invested in cataphoric outfits. Have these machines lessened or increased the cost of our finished product? These are a few of the things which plainly show that lessened cost of production cannot exactly be designated as the main cause which has forced the general scale of prices down.

About ten years ago the fever for crown and bridge-work set in and was soon at its height. The public mind became suddenly convinced that here, at least, was a pancea for all the ills that the teeth are heir to. This idea was largely due to the representations and promises of the dentists who were promoting this branch of the work with great vigor, and who were more anxious to believe their own fairy-like statements than were their patients. Naturally enough, for when a man gets \$15 or \$20 for every tooth fixed in this way, as nearly every one did when the work was new, there is unquestionably a margin of profit in the transaction which might well cause even a plumber to reflect. This is just what a great many plumbers, to say nothing of school-teachers, locksmiths, barbers, and even doctors, did—they reflected; and, after thinking the matter over, decided to forsake their former vocations and follow ours, which they evidently supposed to be an easier and more lucrative employment.

There were many dental colleges ready, and more soon started, to accommodate these aspirants; and so it has come about that, in the last five years, there has been a tremendous increase in the percentage of dentists in every community. We all know in a general way that this is true; but I never realized to what an extent it had progressed until I looked up the matter a few days ago in my own city, with the following result: In 1888 there were fourteen practicing dentists in Peoria, and in 1893 there were sixteen, but now there are no less than thirty-two. I do not think it is an exaggeration to say that the number of men in our profession has perhaps more than doubled in the last five years. The increase of population has not been at all proportionate, and the kindred profession of medicine has made a gain of only from 10 to 15 per cent. during the same period. Need we look further for the cause of lessened prices? I think not.

When a young man starts practice in a town he is forced to offer some inducement to people to patronize him, and what is more natural than that he should entice them by means of a discount or an inside price; or, what is still worse, that he should

announce to the public, in heavy type, that his prices are the very lowest and his work the very best to be had. In spite of the fact that our numbers have so largely increased, and in spite of the keener competition which must of necessity accompany such a condition, I am sure that much good and little harm would have resulted had it not been for the man who claims every virtue in his advertisement and performs but wreck and ruin in his work. The fact that he is not in our class professionally, or that your patients and mine seldom go to him, does not help the situation. His advertisements constantly injure us all by educating the public mind through sheer force of contact and repetition down to a scale of prices, to which no man can adhere, do good work and make a living, all at the same time.

It is almost impossible nowadays to pick up a daily paper, or even to go on the street, without seeing the lying advertisements of some dental parlor. When our patients come to us they do so because they have learned to shun the aforesaid parlors, and because they believe in our professional ability and reputable methods of practice. In the majority of cases patients are in a measure prepared to pay a higher scale of prices than those which they have seen advertised. But if, perchance, molars and bicuspid present extensive approximal decay, calling for large contour gold fillings, at from \$5 to \$10 per contour, the desire to support the reputable men receives a severe check, and instinctively they remember the seductive "\$3-crown" advertisement. A thought then perhaps suggests itself that if an entire tooth can be covered with gold for \$3, why should it cost two or three times that amount to fill a cavity in it with the same material? and the intimation is more or less directly made that our price is too high.

Such being the condition of the patients' minds, what courses are open to us. Very often, by putting the facts in the case and the differences between the two operations clearly before our clients, we are able to show that ours is the best thing to be done and worth every cent which we propose charging for it. We may fail to carry conviction, and thus allow the patient to depart in search of some other dentist, whose prices are more in accordance with the newspaper list; or, worst of all, we may weaken, and when the prospect of losing a patient outright stares us squarely in the face come down at the last moment from our previously stated figure, with the request that, as this is a special price, the patient will say nothing about it. This is the worst method, because it directly tends to lower the standard of work of every man who employs it. If we were honest, we named as nearly as we could estimate it a fair price in the first instance, and to accept less means to be underpaid for the work. No man puts forth his best efforts when he feels that it is not for adequate compensation.

There are two things in connection with dentistry which tend to encourage the quack and make his way easy and profitable, while they have the opposite effect on the conscientious practitioner. They are the facts that slipshod and superficial work inflicts a minimum of pain on the patient, and that our work is slow to find us out. It takes years for patients to realize that the fillings made by a certain man are masterpieces ; and it also takes months or years for it to dawn upon them that they have been in the hands of an incompetent. I believe that this state of affairs does not prevail to a similar extent in any other calling.

So much for the causes. Now let us look at the condition itself, and the remedies for it. There is a widespread demand at the present time for low-priced dentistry, and this must be met by some one. It is all very well for us to talk here in our meetings about the highest professional service in our power, money being no object in determining an operation, etc. ; but in our work-a-day life the question of how little we can perform a given operation for is frequently one not lightly disposed of. Indeed, from the humanitarian standpoint of the greatest good to the greatest number, the solving of this question of low-priced dentistry is one that demands our most earnest attention. The most lamentable feature is that low-priced dentistry is synonymous with cheap and shoddy work. There is no denying the fact that even with people of intelligence and refinement it often becomes necessary to have work done for little money or not at all. Therefore when a patient whose pocket nerve is very sensitive and nearly exposed comes to our office, let us serve him with well-made amalgam, cement or gutta-percha fillings, if necessary, rather than force him to a parlor where he will get showy but poor operations. There are always some people in a community who wish only the best, and who are willing to pay for it ; but in striving to secure their patronage let us not neglect the less ambitious operations which we ought, in justice, to perform for those who cannot afford to pay large fees.—
Dental Digest.

Dominion Dental Journal

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THE CONGRESS IN FRANCE, 1900.

It is a matter for regret that the chances of Canadian representation at the International Dental Congress in Paris next year are very slim. Although we have in each province of the Dominion our separate provincial associations, we have no distinctively "National" or Dominion Society, such as the Canadian Medical Association, and there is no one body, therefore, to represent the Dominion as a whole, and that is what our confrères in France require. Membership in the Congress is only attainable by certificate from the elected officers of such a "National" society. Our friends over the border are represented by the American Dental Association, and there will be no specially State representation. Of course, the difficulty of organizing a Dental Association for the Dominion is by no means small. Our provinces constitute a long chain of three thousand miles, our population is but six millions, and our professional strength is necessarily much scattered. Ten years ago an attempt was made in this Journal to feel the pulse of the profession on the subject, but the response was by no means hearty. There are, too, so many demands upon the active officials of each provincial board, that any extra burdens in that direction cannot at present be expected. Upon receipt of the official correspondence from the Secretary-General we thought the best thing to do was to lay the matter before the oldest and largest professional body in the Dominion, the authorities of

Ontario, with the suggestion that some move for provincial action generally should emanate from the Royal College of Dental Surgeons. We must appreciate the heavy tax already laid upon the Ontario officials. Without their co-operation a "National" movement could not be representative. Canada must, therefore, remain out in the cold, but we shall unite in the hope that our friends of "la belle France" may have a thoroughly successful meeting.

A RETROSPECT.

Looking back on our experience of dental journalism in Canada, from the birth of the *Canada Journal of Dental Science* in 1868, to the completion of eleven volumes of the DOMINION DENTAL JOURNAL, there are many shadows of disappointment with many more feelings of delight. There are some people so constituted mentally, that they take real pleasure in the disappointments, and even the misfortunes of their colleagues, however unselfishly the latter may have striven for the general weal of the profession; and we are quite sure that we have succeeded, unfortunately perhaps, in exciting the disapprobation of these worthies. Any reasonable man who stops for five minutes to think, of the difficulties in the way of conducting an independent dental journal in the Dominion, which can make itself a necessity in spite of the competition of older and richly-endowed contemporaries over the border, would not likely assume, unless his conceit was prodigious, that any dentist, or any combination of dentists in Canada, could eclipse the valuable periodicals issued in the United States. The success of our contemporaries is a monthly gratification to their readers in Canada, quite as much so as in the United States. Envy in any form is the very last thought they suggest. We all share in the valuable matter which they present to their readers, even more so than we can in the general literature of American magazines. But if we inquire a little into the reasons for their success, we shall find that it is not only due to the commercial capital at their backs, but to the characteristic loyalty and generosity of the American profession, which contributes so little of its criticism, and so much of its professional knowledge to their pages. We would not foul our own nest by the assumption that the Canadian dentist is not sufficiently equipped to contribute more generously to our literature. There is no part of the profession in the world which demands higher preliminary education than we exact in several of our provinces; and conservative in many respects as we may be, there is nothing in any department

of professional skill which cannot be equally as well accomplished in Canada as elsewhere. Quibble as some gentlemen may, the question of fees has a great deal, if not everything, to do with this. We have all at times given our very best professional services at a financial loss ; but it is not the nature either of honesty or justice to do this forever. There are casuists, like the landlord, and the "butcher, baker and milkman," who would not sympathize with such sentiment.

Any one at all familiar with the contributions of so many of our Canadian dentists to this Journal and its predecessor, must admit that we have done fairly well. If we have not been favored with highly scientific articles it must be remembered that we are a young profession. The politics of dentistry has, too, necessarily engaged a great deal of energy. As the only local medium of professional communication, the Journal has had to exist upon the material supplied it, and one object has been, not to make it a specimen of scissoring from its contemporaries, as to encourage original matter and society proceedings in our own Dominion. If it has not been phenomenally successful in this respect our good friends will know whom to blame. Nobody but the captious critics who never do much, if anything, themselves, could reasonably cast blame upon the publisher or editors.

EDITORIAL NOTE.

THE article by Dr. Lodge on another page puts the arguments against advertising in plain language. It is unlikely that a local press which profits handsomely by quack advertisements would reproduce it ; but it is worth reprinting for distribution among the class of patients who are caught by the trickeries of the sensational advertiser. In this way every dentist who cares to do so, could "educate" the public without any self-advertisement.

Post Card Dots.

METRIC AND TROY WEIGHTS.

WOULD you give a young practitioner the rules to convert one system of weights into the other?—*Young Practitioner.*

1. To convert troy grains into centigrammes multiply by 6.
2. To convert centigrammes into troy grains, divide by 6.
3. To convert troy grains into milligrammes, multiply by 60.
4. To convert milligrammes into troy grains, divide by 60.
5. To convert troy grains into grammes, or minims into fluid grammes, divide by 15.
6. To convert grammes into grains, or fluid grammes into minims, multiply by 15.
7. To convert drachms into grammes, or fluid drachms into fluid grammes, multiply by 4.
8. To convert grammes into drachms, or fluid grammes into fluid drachms, divide by 4.

gr. j.....	.06 gm.
ʒ i.....	4 00 gms.
ʒ i.....	30.00 gms.

Is Mr. Sewill's work on "Dental Surgery" out of print?

A fourth edition is now in the press. It is a most delightful work to read. We hope to review it shortly.

WHO is the oldest living dental practitioner still in active practice?

We believe there is a gentleman over ninety years old in Liverpool, England, in active practice.

CAN you advise me of any work specially on Cleft Palate?

Mr. Francis Mason, F.R.C.S., "On Harelip and Cleft Palate." 66 illustrations; published by J. & A. Churchill, London, Eng.

WHO was the saint, part of whose martyrdom consisted in the rough extraction of her teeth?

St. Apollonia. An interesting paper by Dr. Parmlee appeared in one of our contemporaries, in which he said that in the time of Henry VII. over a ton of teeth were collected, which were said to belong to her. In Brittany a traveller saw two skulls of another saint: one small, the other full size. Of course, the former was the skull of the saint when he was a child. Perhaps he was a double-headed saint.