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# Dominion Dental Journal

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## Original Communications

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### RETIRING PRESIDENT'S ADDRESS.

DR. W. A. BROWNLEE, Mount Forest.

In retiring from the President's chair, I thank the members of the Ontario Dental Society for the honor they conferred upon me in electing me to that office. Honors frequently bring responsibility. I recognize it to have been so in this case, and I have endeavored to discharge the duties of office in such a manner that the interests of the Society should not suffer. I trust the meeting at this time will not be less interesting or profitable than any previous one. The programme before us is brimful of useful matter, and those who put into practice the instruction contained in the various papers, etc., will be better dentists in consequence of such help.

A dentist may, Robinson Crusoe like, all alone, achieve a certain amount of success, but we must all depend to some extent on borrowed ideas, if we are to reach the perfection of attainment. So association with others of the same craft for interchange of ideas and plans is a great factor in a prosperous business career.

In successful dentistry, scientific knowledge is combined with practical skill. Dentistry owes much to the practical men of the past, the profession was once entirely dependent upon manipulative skill and without any knowledge of the structure and uses of the tissues surrounding the dental organs. Now the successful dentist is the man who intelligently applies scientific principles in the treatment of every case.

Empiricism simply collects facts and pursues a certain course based upon the doctrine of cause and effect without a knowledge of the scientific reasons for said effects. Now, our mode of practising dentistry differs from the style of treatment pursued by the dentists of fifty years ago, in that we call to our aid the discoveries of science in recent years. Teeth are now saved which a few years ago would have fallen a prey to the forceps, and have been replaced by substitutes on a plate which generally works incalculable injury to the adjacent natural organs. Dr. Talbot declares that dentistry has about reached the limit of its growth in the so-called practical direction, and that henceforth its development must go forward on more scientific lines. Those who imagine that the scientific method is not making its way in the dental profession are not closely observant of the changes of the past fifteen years. What is the antiseptic treatment of root canals or the injection of pyorrhœa pockets, but the application of science to dentistry? So it is also in other cases of treatment. Our dental educators are alive to the forward movement, and are placing before our students the latest inventions and discoveries, and endeavoring to have every subject taught in an up-to-date manner. Our journals vie with each other in securing the choicest selections from the writings of the ablest professional men, and I can safely say no profession has made more rapid strides towards improvement than dentistry. The standard of matriculation in Ontario is now such that every student entering an office to study dentistry is well fitted to begin the higher education. His mind is developed so he can grasp an idea, whether presented to him orally or clinically, and if he possesses the proper amount of mechanical ability he should become a good dentist.

Through science, the dental profession is fast becoming a body of scientific men, men who are raising the honor and dignity of the profession, but, notwithstanding all this, there are not wanting men who are willing to sink everything into the mire dirt and with the hope of getting business which their skill as workmen would never attract. I appeal to every preceptor who has a student under his tuition to instill into his mind dignified ideas of his life-work.

Frequently when recent graduates begin practice in a town or city, and find it slow work building up a reputable business, they become impatient and advertise extracting without pain or cheap plates, or some other bait to catch the public who are always too ready to try something new, even if it has little merit. Sometimes the history of competition is the reverse, and the older practitioners are the first to lower the honor and dignity of the profession. In either case, such procedure results only in injury to both parties and to the profession at large.

The object of this society must be the mutual improvement of

its members, and the advancement of the science of dental and oral surgery. Such is the recorded aim as laid down in the constitution. If we are to obtain this result, we must secure the best talent within our reach, and come prepared to assimilate everything good on the bill of fare. Only those who have had a part in getting up a programme for an annual meeting know the many obstacles in the way. And here I might say, that I think the members of this Society forget Sec. 4 of Article II., which reads thus: "It shall be the duty of every active member to take such part in the programme as shall be asked by the Programme Committee." Many of those written to on the matter do not even manifest common business courtesy, and neglect to reply to the Secretary's letter.

It is the privilege of the members to help each other, and that is our object in meeting together. Every dentist has some hobby upon which he can write or talk, and upon which he is well informed, and if each of us imparts his knowledge to others, our sphere of usefulness will be enlarged. I trust we may all receive useful information at, and carry away pleasant memories from, this annual meeting.

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## HOW TO MAKE DENTAL MEETINGS ATTRACTIVE.\*

By DR. W. M. WUNDER, Toronto.

As the attractiveness and attendance at dental meetings are enhanced by the amity and fraternal feeling among the members, it is well, I think, for the members to pay some attention to conduct before and between meetings. Let members of the society, in meeting other dentists, act in such a way as will show them they take a kindly interest in all dentists. All dentists have mutual interests. Let members of society in meeting the patient of another dentist, remember to "do unto others as you would that others would do unto you."

Never make it possible for a brother dentist to hear that you gave a patient a bad impression of his character or work. It is only a rogue who would by means of a sneer, a shrug of the shoulders, or disparaging words, criticise the work of another dentist before working for that patient. How often we hear dentists give as their reason for not joining a dental society, the unprofessional and dishonorable conduct, such as I have mentioned, of some member.

As regards the "Code of Ethics" and requirements for membership, let them prevent no honest dentist from becoming a member

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\*Read before Ontario Dental Society, Toronto, July 19, 1897

We come to a dental society to learn as much as possible, and, sometimes, the dentist we would bar out by our "code of ethics," has some pointers he could give to the profession, and is prevented from so doing. Personally, I think a really objectionable person would hardly feel at home, and I would leave the latch string on the outside.

Each individual should be induced to take an active interest. We see the result of this in the "institutional church" and its success. He should not only try to get as much in the way of knowledge as he can, but also, before the meeting, try to think of something that might be useful to the members present. The meeting should take place at such a time and place that the dentist attending will find it as little as possible to his pecuniary disadvantage. There is a question in my own mind whether it would not be advisable to hold the "Ontario Dental Society" meeting during the Exhibition, and always in this city, as at that time a number of dentists always come to Toronto and possibly would attend and take an interest in our society, especially as the dental depots and other attractions are in the city. It rests a great deal with the programme committee whether a society will be attractive, well attended, or not. The programme should be as practical as possible, having short concise papers. Clinics I think one of the most profitable features. I would, instead of leaving them until the last day when a number are compelled to leave, have them interspersed throughout the meeting. Have such a programme that it will pay a dentist to attend. A dentist going to a meeting, getting no ideas, considers he has wasted his time. See that the papers promised are given, and well prepared before being given.

The person opening the discussion should have an opportunity of reading the paper at least twenty-four hours before being read before the society. Commence and stop discussion at the stroke of the clock. Avoid, as much as possible, all red-tapeism, and do the preliminary business of the meeting as quickly as is consistent with doing it well and in order. Discussion should be to the point, and chronic and bombastic individuals held in check. Begin on time so as never to forget the Question Box and Incidents in office practice. Sometimes we receive more benefit from the answering, by the members present, of some simple question, such as, What labial clamps do you use with the greatest satisfaction? or, How do you cap an exposed pulp? than from some long dissertation, good no doubt, on "The teeth of the Mammalia," or similar subject.

## A PLEA FOR THE PRESERVATION OF THE NATURAL TEETH.\*

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

It would appear to be the manifest duty of every man, in whatsoever station in life his lot be cast, to aim at the accomplishment of that which will result in the greatest possible good to the community in which he labors. More especially would this seem to be true in the case of those entrusted with the health and morals of their fellowman. A merchant may sell his customer a defective piece of goods and thereby stamp himself a dishonest man, but the real evil of such a procedure eventually falls upon the individual who perpetrates the wrong rather than upon the one who is wronged. A dealer in horses may misrepresent the soundness of an animal and complacently claim that it is merely one of the "tricks of the trade." Both the merchant and the horse dealer are offenders against the morals of the community, and are to that extent bad citizens, but the issue of their misdemeanors is more or less restricted and not in the broadest sense a serious menace to the welfare of the commonwealth.

Not so with the transgressor in certain other walks of life. The man who has in his keeping the physical well-being of the people cannot be lax in his methods without setting in motion a train of evils, the consequences of which may work havoc in generations yet to come. The duties of the professional man assume a more exalted bearing and hold a closer relationship with grave responsibilities than those engaged in the marts of trade.

These considerations are suggested in studying our present status of accomplishment in the practice of dentistry. Are we doing as much as we might do for the welfare of humanity? We are advancing rapidly in the mechanical perfection of our art, and are supposed to be a most progressive profession, but in the broader sense of a high moral purpose, are we living up to our greatest possibilities? In one respect at least I am constrained to believe that the true answer must be in the negative.

It will probably be admitted by all that the greatest possible service the dental profession can render humanity is to preserve the natural teeth in a state of health and usefulness. Is the profession doing this to the full extent of its capabilities? For answer I ask you to study the mouths of the people on our public thoroughfares or in an average assemblage of average citizens. In too many instances we see the mouth in its artificial environment marring

\* Read before the Ontario Dental Society, July, 1897.

the features of otherwise intelligent and beautiful individuals.

While this may not be directly construed as a reflection on the dental profession in all instances, yet if the matter be sifted to its legitimate source it will be found that at bottom the profession is mostly responsible for it.

A people are largely influenced by the trend of thought followed by their professional advisers. One of the main offices of a professional man is to educate the community to the highest and best of which his profession is capable, and as an evidence that this may be successfully accomplished, we see material differences in the existing state of the teeth in different communities. In some localities we find the mouths well cared for and the natural teeth for the most part preserved, while in others the teeth are allowed to run riot and give way to artificial substitutes without number. And it is just at this stage of the present paper that I wish to begin to particularize. My purpose in bringing this subject before the dentists of Ontario is fostered by the fact that within the range of my experience I see more artificial teeth according to population worn in Ontario than in any other place I have ever visited. Lest there may appear to be a shade of provincial prejudice in such a statement, I hasten to add that I was formerly a practitioner in this fair Province myself, and am free to acknowledge that in all probability while here I put in my full quota of ill-advised and in-harmonious artificial teeth. For this species of mild malpractice I am impelled even at this late date to offer my humble apologies to the people, and to the profession whose standard I to that extent degraded.

And yet, in my most magnanimous mood I cannot quite bring myself to admit that in those days there was anything like the slaughter of natural teeth that we see to-day. I can vividly recall my own early efforts to educate the people in the care and preservation of the natural teeth, and while, as just admitted, I did not do all that I should have done in that direction, yet I feel that even in those days I accomplished something for the good of the people and the profession. It may be claimed that there was then a larger opportunity for doing good, with a smaller measure of discouragement than there is to-day. Dental offices did not exist in departmental stores, and the day of the full-fledged five-dollar-a-set man had not yet arrived. But the greater the necessity the more earnest should be the effort.

And this leads me logically into the consideration of some of the causes which have brought about the present status of dental practice in the Province. I have said that I see more artificial teeth worn here than anywhere else. I certainly see more young people with artificial teeth or defective natural ones than in any community I have ever visited. In encountering this wholesale exhi-

bition of chinaware I have been led to look into the reasons for such a condition of things. Of course it may be stated on general principles that the prime factor in the case is a lack of knowledge on the part of the masses as to the real value of the natural organs, and the necessity for preserving them in a state of health. In the minds of the people there is not a sufficient distinction between the serviceability of a perfect set of natural teeth and a set made by the dentist. This lack of education is often attributed to a fundamental obtuseness on the part of the community, and I have noted that a great many dentists, when taken to task for allowing such a state of affairs, take refuge behind the assertion that it is impossible to educate their patrons up to a proper appreciation of the highest class of dental service.

It is probably true that certain communities are more difficult to educate than others, and that in some instances it is uphill work to attempt a reform. But I hold to the conviction that the duty of the dentist never stops short of an honest and persistent effort to enlighten the people who come under his care, no matter what their station in life. This effort must not consist merely in spasmodic and occasional dissertations presented in a half-hearted way, and lacking the force of conviction on their face. But it should be a living and abiding faith held sacred by the tenets of professional and humanitarian responsibility, and should constitute itself a feature of every-day practice to be pursued as conscientiously as any other part of office routine.

The dentist who has the welfare of his patients and his profession sincerely at heart will never deem it too much trouble to enter into explanations and offer painstaking advice to even his lowliest patron. His efforts may all too often fall on an unrequiting soil, and he may meet with countless rebuffs and discouragements, but in the end, with daily endeavor, he will see the happy results of his sowing, and if he does not succeed in leavening the whole lump, he will at least immeasurably raise the status of dental practice in his community.

There are many methods of interesting people in these matters, and the dentist must employ tact in his management of the different classes which come under his care. It will not suffice simply to make an unvarnished statement to the effect that the natural teeth are better than artificial ones. The lessons must be driven home by a quickwitted grasp of the situation, and an attack on any vulnerable point the patient may present. No two people can be managed precisely alike. As a practical illustration to rivet attention in certain cases, let me suggest a line of argument something like the following: Suppose your patient assumes—as patients sometimes are prone to do—that a set of artificial teeth answers every purpose, and that it is therefore not worth while striving to



save the natural ones. If you ask that patient to admit that perfect mastication is necessary to the most perfect health, he will usually agree with the proposition, because this is a generally recognized fact among all classes. The admission will likely be accompanied, however, with the statement that people are able to masticate with artificial teeth. Then is the time you have your patient at your mercy. You can go at him with cold facts in such array that he must retreat crestfallen from the controversy. Tell him that experimentation has shown, that when the natural teeth are in good condition the jaws are capable of closing with a force reaching in some instances to nearly, or quite, 300 pounds; that the average individual can exert more than 100 pounds pressure with the natural teeth; and that to properly masticate ordinary beefsteak it is necessary to use at least seventy or eighty pounds—to say nothing of the extraordinary article so often palmed off on a long-suffering public. Then ask him how many of his friends wearing artificial teeth are able to exert seventy pounds pressure with them? He will begin to take on a helpless look by this time, and you can clinch your argument by saying that the average force exerted by artificial teeth runs along about fifteen or twenty pounds. Tell him that artificial teeth would be smashed to smithereens as fast as they could be inserted if it were possible to use them as the natural teeth are used. Such a presentation of the subject will at least cause your patient some reflection, and start him thinking on a problem that never before entered his mind. I might also add that this form of reasoning may not be altogether lacking in moral features with a great many of our dental friends themselves.

The dentist owes it to his patients to study up ingenuous methods of argument to gain his point in their general enlightenment, and the man who devotes himself conscientiously to the better education of his patients will reap not only the reward of an appreciative *clientèle*, but in the end will receive material recompense in a higher remuneration for his services.

But to return to the previous question. The universal use of artificial teeth must not altogether be laid at the door of ignorance. In latter years, when the stress of financial depression has pinched the people on every hand, the question of cost has had its influence. It has, in many cases, been cheaper to fill the mouth with porcelain than to preserve enamel and dentine. This is one of the abominations of low-grade dentistry. Not that it is a misfortune to have the poor man readily supplied with artificial substitutes at nominal cost when the natural teeth are irretrievably gone, but that the low price of artificial teeth has resulted in the sacrifice of innumerable natural teeth that would otherwise have been preserved. I have heard an eminent dentist make the statement, that it would have been better for the people and the profession, if artificial teeth had always been ten times the prevailing price.

But, after all these considerations are stated, I am strongly inclined to the belief that the greatest of all causes leading to the wholesale use of imported chinaware in the mouths of our patrons has yet to be mentioned. I may be treading on delicate ground, but I take the step boldly because I believe my impression to be correct. It is my conviction that much of the indifference manifested by the people in regard to saving the natural teeth is born of the fact, that failure has too often followed an honest attempt on their part to save them. In other words, our profession has not lived up to the highest possibilities of the science and art of dentistry as applied to preservation of the natural teeth. Patients have their teeth filled and pay for it, only to find in a few years—sometimes in a few months—sometimes even in a few weeks, the work undone, and the last condition of that mouth worse than the first. It requires not many experiences of this kind to foster the idea that teeth cannot be saved, and that the practice of filling them is a delusion and a snare. I have heard this argument used many and many a time by people who referred to their own experience as proof. This brings us squarely face to face with the question as to the probable permanency of fillings when properly inserted. Is it by virtue of necessity that so many fillings fail after a limited service? Must we acknowledge that with all our boasted handi-craft we are able to accomplish nothing but the most temporary results in our operations? A few years ago a practitioner published a statement wherein he sought to prove by tabulated records, that the average duration of a gold filling was only about three years; and I very well remember a good friend of mine getting up in a meeting shortly after and claiming that he thought the estimate too high. I rebelled strenuously against such an assertion at the time, and, to-day, I rebel more than ever, in the light of a careful study of my own records, after a continuous practice in one place of more than twelve years. I want to say to you gentlemen, in all sincerity, and with nothing but the most modest opinion of my own ability as an operator, that if I was not thoroughly convinced, that every day of my practice I was inserting fillings that would do service for ten, fifteen, twenty years—in fact, for the future lifetime of the patient, I should feel a sense of humiliation and defeat sufficient to stamp me in my own estimation as a failure among my fellow men. That this is no idle boast, and that I am not alone in the conviction, I give you the sentiments of two men of integrity in the profession, both modest and reliable, both carefully studious of their records, and each having practiced in his respective locality between thirty and forty years. One of them is now dead, the other living. One said to me, when questioned on the subject, after due deliberation and a modest estimate of his work—he was, in reality, one of the most modest men I ever

knew—that, “with a conservative statement, he could claim for his gold fillings an average service of at least fifteen years.” That may appear astounding, and even ridiculous to those who did not know this man, and who are viewing every day the work of the average operator, but I knew him well enough to be assured of his sincerity in making the statement, and I have seen sufficient of his work to convince me that he was not over sanguine in his estimate.

The other man, in discussing this subject with me on one occasion, made the assertion that, “with the exception of those occasional cases, where there seems to be an intensely active tendency to caries, that gold fillings inserted under favorable conditions, and with a full observance of the most approved principles, will last practically a lifetime.”

Here we have in these two examples an inspiration toward the accomplishment of all that is greatest and best in our profession, and these men, with others of their ilk, have stamped the seal of professional stability on the records of the past, and pointed out the future possibilities of the highest class of dental service.

The chief difficulty with the average practitioner of dentistry is, that, in his daily work, he does not look carefully enough into the relation of cause and effect. He sees that a filling has failed in a tooth, but he does not stop to study the reason for that particular failure. He knows that, in one case a filling will do good service, where in another, with apparently equal care and similar conditions, his work seems to go for naught. His usual explanation is, that “in the one case, he is dealing with ‘hard teeth,’ and in the other, with ‘soft teeth,’” but recent investigation has proved that there is little intrinsic difference in the structure of teeth of different individuals, and that even where there is a slight variation it seems to have little or no effect on the carious process. The fact is that we must cease hedging ourselves behind this story of “soft teeth,” and must no longer offer it as an excuse for the failure of our operation. There are other causes at work which render it more difficult to save some teeth than others—causes which require careful study, but which cannot be considered in the present paper. Incidentally, however, it may be proper to state that the question is one of immunity from caries, or susceptibility to caries, much the same as we find immunity or susceptibility in other diseases. And, while on this subject, let me pause long enough to call attention to one feature in connection with it which seems to me to be of paramount interest, and to offer us the greatest possible encouragement in the management of those especially difficult cases, where the process of decay seems so rampant as to dishearten the most persistent and painstaking operator. Clinical experience goes to prove that in the vast majority of patients this intense susceptibility to caries is

seldom constant. In other words, we may find in one of our young patients the teeth breaking down at an alarming rate. Decay recurs around filling in a discouraging manner, and new cavities crop out on all sides. Usually a case like this is given up as hopeless and the teeth sacrificed, but if the operator will only have the courage and patience to vigorously fight back the outbreak, he will find in nine cases out of ten, that, when least expected, there will be a change in the susceptibility, and the carious process will practically cease. I have seen this occur so often that I am no longer daunted when the worst possible case presents itself, and I am the more encouraged to go on and do the best I can for my patients, in view of the experience of an old and reliable practitioner, who recently stated to me, that in all his career he had not met a dozen cases where the carious process had been continuously persistent. We owe it to our patients to take these cases vigorously in hand and do the best for them that the most advanced teaching will permit us.

But there is still another feature of this matter relating to the failure of fillings that I wish briefly to touch upon. I have said that the average practitioner does not study closely enough the relation of cause and effect when a filling fails. How many operators carefully consider why it is that a certain filling in a motor, or bicuspid, for instance, is forced out of place in a few months, when another filling anchored in precisely the same way remains secure for years? Did it ever occur to you that the force of mastication differs greatly in different individuals, and that in the one instance there was double the amount of pressure exerted on the filling to dislodge it\* that there was in the other? I have just stated that some individuals are able to close the jaws with a force of 300 pounds. Others, even with their natural teeth, can scarcely reach half that amount, while it has been learned that in the natural process of mastication there is the widest variation in the force exerted. Would any intelligent man expect to anchor a filling in a mouth where there was the maximum force in the same way that he would where there was the minimum force and expect it to remain equally well? And yet dentists every day are inserting fillings without the slightest reference to the stress which is likely to come upon them. I commend a study of this matter to the members of the Ontario Society, with the belief that they shall thereby proceed more intelligently in the anchorage of their fillings.

If dentists would develop definite modes of thought, and would carefully search out the causes of each failure that presents itself so as to avoid a repetition in the future, it would soon immeasurably increase their usefulness and add materially to the permanency of their operations. It would then not be long before the

people would appreciate the benefits of dental science, and the hue and cry of to-day which seems to have for its watchword, "artificial teeth forever and everywhere," would give way to a proper respect for the natural organs, and would place dentistry in a more honorable light before the world.

I have written already too long, but, if time permitted, I should like to go more fully into the details of what I conceive to be a growing evil—the present defilement of the human face divine. What shall the dentist of the present have to answer for when, in a half century hence, the results of his mad havoc of to-day shall have left their indelible mark on the physiognomy of the nation? We are making for good or ill in all we do, not only for the present, but for future generations; and it is meet for us, that we so discharge our bounden duty, that posterity, instead of heaping maledictions on us for the disfigurement we have wrought, may find it in their heart of hearts to rise up and call us blessed.

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### DENTAL JURISPRUDENCE.\*

Dental Jurisprudence is an old subject and of the greatest importance, yet one of which but little is known by the average practitioner. The "American System of Dentistry" is, to my knowledge, the only work giving any information on the subject. However, the Board of Directors of the College have, quite recently, placed the subject on the curriculum, and now the student on completing his course has, under the lectures of the Hon. David Mills, imbibed the spirit of the legal difficulties with which he may at some unfortunate time be beset.

Dental jurisprudence may be defined, as the science which teaches every branch of dentistry to the purpose and knowledge of the law. In order then to thoroughly understand the subject, a knowledge must be had, on the one hand, of the law and, on the other, of the professional subjects: Anatomy, Physiology, Operative Dentistry, Materia Medica, Therapeutics, etc. The jurisprudence of dentistry resembles very much that of medicine, with the exception of a few special points which pertain exclusively to the former profession.

The obtaining of the title of L.D.S. grants the holder permission to practice dentistry in all its branches. This legally interpreted means the care of the teeth when sound, their treatment when diseased, and their substitution when lost through any cause. It includes the extraction, filling, replantation, implantation, and transplantation of the teeth, their regulation, the treatment of the

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\* Read by Dr. H. A. Croll Palmerston, at Ontario Dental Society meeting, July, 1897.

gums, alveolar process, antrum and adjacent bone, both by operative and mechanical means. It also includes prescribing for constitutional treatment when such action is necessary in the treatment of abscesses, trigeminal neuralgia, etc. A person therefore must be qualified according to law if he is to pursue the practice of dentistry or he will be doubly liable for damage: firstly, for practicing without a license; secondly, for lack of necessary skill.

According to law a dentist is responsible for his work. When his assistant does not perform the operation prescribed the dentist is responsible if present, but not so if absent. If the patient requests the act of the dentist, such as the extraction of a sound tooth, he assumes the responsibility, but the dentist is responsible as to the manner in which the operation is performed. If the patient is insane the responsibility of the case rests solely with the dentist. The same applies if the dentist uses new instruments or new drugs with which he is comparatively unacquainted. This is a hard rule, but is for the protection of the public and to prevent experiments being performed upon them. Patent nostrums must have a good reputation to be in general favor. When a dentist operates in a manner contrary to any old established opinion he is liable to censure. A dentist is gravely responsible if he operates when he is intoxicated or when he has not the necessary appliances at hand. These are a few of the responsibilities resting upon dentists.

Should a patient bring into court a case against a dentist it would of necessity be for malpractice. This may be defined as improper management of a case, or such treatment as produces injury, or is illegal. From both a dental and legal point of view it may arise from wilfulness, negligence, or ignorance, and subjects the offender to penalties in any of these categories according as error or criminality is proved.

A case under the head of wilfulness can be entered only when the dentist has expressed malice and an intent to commit wrong.

Negligence may be divided into three degrees:

1. Slight: Where lack of great care and diligence is shown.
2. Ordinary: Where ordinary skill is wanting.
3. Gross: Where total lack of care is shown.

The state of the patient's health makes a difference in the degree of negligence, the law recognizing that more care should be shown a patient in poor than one in good health. A dentist pursuing obsolete methods is held to be negligent. It is of the utmost importance that his instruments be antiseptically clean. Omission of this is a case of negligence of the most inexcusable type. Negligence is due to want of care, want of habit, loss of morals, and indifference to business. If the patient by ordinary care could have avoided the negligence of the dentist, he can make no case. But

if he can establish that he has not been a contributor to the injury, he may proceed to recover damages.

The standard of skill, or ordinary skill, is that which is the result of the acquaintance with the improvements of the day. The standard of skill is supposed to be greater in cities than in towns and villages, owing to the advantages of libraries, the variety of operations, the opportunities for forming societies and attending conventions.

Should the dentist perform an operation, being incompetent, instead of handing it over to some more capable person, he assumes great responsibility. The more difficult the operation, the greater the liability. Should he be lacking in ordinary skill or guilty of negligence or carelessness he is liable for damages; but if the patient has not strictly carried out the instructions, the dentist's liability is removed. If ordinary skill is shown, he enjoys immunity. It is difficult to show that the dentist does not possess ordinary skill, as he possesses a license, to obtain which he must have demonstrated that he possessed ordinary skill. Suits therefore must be entered for negligence. Specialists in any branch are doubly liable as from their proclaiming themselves as specialists, the law supposes and expects them to possess more than ordinary skill.

Diligence must always be shewn. It is the duty of every operator to bring into play all the skill he possesses, but no more than ordinary skill is required of him unless he be a specialist.

A case for malpractice cannot be brought into court if twelve months have elapsed since the injury was first noticed. Should one be brought against a dentist, if he can prove that he has acted honestly in treating the case, and has not thrust himself in the way of a competent person, he is wholly irresponsible. It is necessary that gross negligence or ignorance be shewn. The fact that the dentist had no intent to be negligent does not absolve him, as in the eye of the law the deed shows the intent. Where competent aid may be had, a violent remedy given alone involves criminal responsibility. A consultation relieves the dentist of this.

When sued for malpractice the dentist must give the nature of the case, whether acute or chronic; the state of the case when treatment was commenced; his course of treatment; the treatment called for and the opinion of other practitioners. He should prove that there was no negligence, and, if possible, that there was delay in seeking aid. If he can prove that he had made a proper diagnosis and given proper treatment, and that all the trouble was due to unforeseen constitutional disturbances, the jury will be influenced by a thoroughly well posted counsel.

The considerations in fixing damages are:

1. The extent of the injury.
2. The pain the patient has undergone.

3. The subsequent effect upon the patient's health.
4. The pecuniary loss to the patient.

Where a patient dies in consequence of injuries from negligence or lack of skill, the amount of damages is not to exceed that which the patient could, if living, earn in three years.

Dentists are in some cases summoned as expert witnesses. Under this heading they are allowed extra fees. A dentist is supposed to keep secret the transactions between himself and his patients. In criminal cases the dentist gives the facts of the case in court without breach of honor. The expert witness is allowed to refer to his memoranda, which need not be in his own handwriting, but may not refer to text-books. He tells what he believes, the ordinary witness what he knows. He should avoid technicalities, making everything clear, and should never express an opinion on any subject with which he is not perfectly familiar or he may get slightly mixed.

In Canada a patient is not liable to pay for a piece of work costing over \$40.00 if there is no written agreement, part payment or exchange of some article in lieu of cash. A dentist cannot be compelled to render service to a patient when requested, but when once he has taken charge of a case he must continue his services until the case is completed or he is dismissed. A dentist has a right to charge for time lost by an unfilled appointment. The circumstances of the case and the evidence will influence the decision. He also has the right to retain a set of teeth made by him as security for reasonable charges. This right is waived by parting with them or agreeing to give credit for them. Legally no limit is placed upon dentists' fees. They regulate themselves according to the reputation of the operator, the difficulties of the case, and the circumstances in general.

I have above endeavored to give a *resumé* of the law governing us in the practice of our profession. Of necessity much was omitted, but the whole of the subject requires a paper which would necessitate an entire day's reading. I trust that I have presented the subject in a manner that some one may have been able to grasp a few heretofore unknown facts.

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### SUITABLE RECREATIONS FOR DENTISTS.

By M. CAVANAGH, D.D.S., Owen Sound, Ont.

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It will not be the object of this paper to go very deeply into the scientific aspect of this subject, but to bring before the convention and the members of the profession at large a few plain facts with regard to the subject of recreation, and the vital importance of properly disposing of our spare time or "off hours" from the toils



of the office, that we may obtain rest from our daily occupation and at the same time develop our faculties along other lines than those of our profession, so that in the end we may bring greater strength, clearer judgment, and better skill to the service of those who repose confidence in us, and that we may be more worthy of that trust.

It is a subject that in my mind has not had the prominence in our dental literature and dental education that its importance deserves. We find a superabundance of theories on pyorrhea, on treating and filling nerve canals, on crowning and bridging; but on the subject of *recreations* (which I feel safe in asserting is just as important to the dentist as any of the above, unless he has great faith in the reward that awaits the martyr), we find very little information. The reason for this lack of attention to this particular subject no doubt originates in the old idea that education consists in book-learning, and that time spent on other than our life vocation is time wasted, and a great many members of our profession are living up to this old and exploded theory to the letter.

In dealing with the subject of recreations in this paper, we will make use of the term in its broadest sense. The word is derived from the Latin "creo"—I make, and the prefix "re," meaning again, the literal meaning of the word being to make again, to build up or renew; therefore any agent, any exercise or pastime that aids in invigorating or developing us physically or mentally may properly be called a recreation. One writer on this line says that our first aim and object should be to be men, and, second, to be dentists. Therefore every agent that assists in building up a strong, energetic, well-rounded manhood is of necessity a recreation, and all recreation should be indulged in with this worthy object in view of improving ourselves. It is therefore an educational process, and may overlap or be overlapped by some other papers on the programme.

The dental profession is known by all present to be exacting both mentally and physically—exacting on the mind owing to the fineness of the work and the close application and attention to the most minute details necessary to insure even moderate success; wearing, physically, owing to its confinement, to the long hours spent in one position—and very often an unnatural position at that—and to the undue length of the day often necessary to keep even with our work; trying, both mentally and physically, owing to the frequent and harrowing ordeal of spending hours on nervous, irritable patients, who exact their "pound of flesh," and a greater proportion of patience and nerve force every time they call on their dentist. Therefore, just in proportion to the amount of physical, mental, and nervous strain we undergo, just in that proportion does our

system demand counteracting and recreative influences, and just so sure as these influences are neglected, just so sure are we on the gradual decline that leads to ill-health and all that it entails, viz., loss of professional skill, loss of practice, loss of income, loss of happiness, in fact loss of the ideal we sacrificed health in trying to maintain; simply killed "the goose that laid the golden egg," and yet how many are committing this gradual suicide. Comparatively few professional men, and especially dentists, utilize their hours of recreation intelligently with reference to the nature of their daily duties and the compensating character of the exercise necessary in order to maintain mind and body in normal and healthy condition.

It is an axiom in the active life of the world, "That to the young all things are possible," meaning simply that with youth and its adjuncts, health and strength, we should all obtain an enviable position in whatever line our occupation may be. In order to accomplish this pre-eminence, health is the first essential. We find practical illustrations of this fact by looking back over the intellectual lights of the world, and find that the most brilliant intellects that maintained their power for any considerable length of time were supported by strong and vigorous bodies, so we conclude that the maintenance of health is of the utmost importance if we are to excel in our chosen profession.

Health is the greatest of temporal gifts. It is an essential to the faithful and competent discharge of duty in every walk of life, and in this age of keen competition it is almost a necessity to success, and each of us has the obligation devolving upon us of maintaining in as great a degree of perfection as possible this priceless boon. It is immeasurably of more importance than any gain that may be obtained from its sacrifice.

It is also one of our best advertisements; the dentist with healthy, robust frame has a great advantage over his equally skilful brother practitioner in a languid or emaciated body from the standpoint of personal attraction alone, and this certainly counts for something in our profession; besides, no matter how strong the intellect or skilful the hand may be, it can never be at its best or render the same service when laboring under the disadvantage of ill-health that it could if supported by physical strength. The happy possessor of health and strength will accomplish more work, do it better, and do it with more pleasure to himself and satisfaction to his patients than he otherwise could do.

So viewing this subject from any and every standpoint we can but come to the conclusion that the obtaining and maintenance of health and strength is our first duty, and should be an important portion of our education.

Physical exercise or recreation carefully and judiciously indulged

in is the recognized fount from which springs health and strength. "Shun drugs as you would a plague" are the wise words of one authority on this subject.

As health and strength are the first and most important factors in perfectly developed manhood, we shall first dwell upon the recreations best adapted for physical development and culture and their action on the human frame and organs.

Admitting the value of health and strength, then we may ask, What is health and strength, and how are they to be obtained and maintained by any system of exercise?

Health consists in such a condition of growth and development of the organs of the body as enables them to fulfil their functions easily and completely, and to resist effectively attacks of disease; therefore, it includes in its meaning a certain degree of strength, and strength properly obtained is in the highest degree conducive to health.

Before discussing fully the best methods of recreation for physical development, it will be necessary to take into consideration certain elementary physiological facts that we may more readily see the beneficial effects of exercise.

The life of the body as a whole depends upon the life of innumerable atoms which constitute it and which are continually dying, being cast off and replaced by others, and the general health depends directly upon the activity of this recreative process and the perfection with which it is carried on. The blood carries to every tissue and organ of the body the food necessary for its repair, growth or development. If we move a hand or take a step, certain cells or atoms die and are disintegrated as a result of that movement, new cells must be supplied to take their place and the old ones must be removed and carried to organs whose functions it is to eliminate them from the system. All this is done by the blood which, however, becomes loaded with effete material, much of which is thrown off by the lungs in the form of carbonic acid gas.

The health and strength of any individual are in direct proportion to the thoroughness and celerity with which these broken down cells are removed from the system and replaced by others, and consequently anything which promotes the activity of this process is a beneficial and healthy recreation. The only means for safely and continuously stimulating this process into increased activity is physical exercise.

Exercise may be defined as *muscular contraction*, and acts in a manner readily understood. All movements are made by such contraction. If we raise an arm, take a step or bend a finger, we accomplish it, because in response to our will, certain muscles or sets of muscles contract. This is true of all voluntary movements. Other sets of muscles, of which the heart is an example, are not

controlled by the will, but act in response to other stimuli. The stimulation of the muscles of the heart is produced by the pressure of blood itself, particularly the venous blood which is brought back from the tissues laden with carbonic acid.

As soon as any act of exercise is begun, a number of the voluntary muscles are put into action. Their contraction compresses the blood vessels and impels the venous blood actively towards the heart, which thus stimulated, vigorously sends the blood in large quantities to the lungs. Then the inspiratory muscles contract and lift the frame of the chest, enlarging it both laterally and antero-posteriorly; the diaphragm pushes down the contents of the abdomen and air rushes into the chest to fill the space thus produced and supplies the oxygen necessary for the purification of the blood; this is then returned to the heart to be distributed anew throughout the system, carrying with it the materials needed to supply the waste caused by the muscular movement originally made. These materials, with regular and systematic exercise, are deposited in larger quantities than are required to counterbalance the destruction which has taken place, then we have the muscles growing or increasing in density or both.

The involuntary muscles also, including the heart and diaphragm, grow stronger in the same manner, the pulsations of the heart becoming more forcible with exercise, but at the same time slower and less obtrusive, showing that it accomplishes its work more easily.

The increased activity of the circulation carries the blood in larger volume, not only to the muscles, but also to all the organs of the body and thus stimulates them to greater activity, strengthening the appetite, digestion and nutrition, thus causing a gain in weight.

The lungs expand more fully and completely and take in an increased quantity of air, thus improving the respiration. The larger amount of blood sent to the skin increases perspiration which carries with it much of the worn-out and useless material of the system through the pores of the skin and thus adds to the resistive power against evil influences from without, such as bad air, etc. The bony framework of the chest, though elastic, does not go quite back to its original dimensions, but gradually increases in size, giving additional room for the important organs which it contains and protects. Thus we find that physical exercise is a recreation indeed, and is essential to the body if we are to keep it in a vigorous, healthy state, for it is by *use* that we develop.

It is true that the voluntary muscles that are the first cause of the action are benefited to the greatest extent, but at the same time we add to the functional ability of the involuntary muscles, while through the process of respiration and circulation we in-

fluence not only the health and strength, but also the growth and development of the whole body, and thus we find in various physical recreations, the secret by which any part of the physique may be strengthened and developed.

The rule of health which prescribes exercise is most easily transgressed, to violate it is only to disregard it, and a sin of omission is always easier than a sin of commission. All glaring sins of commission bring a direct and traceable result. Intemperance, gluttony, and dissipation of all kinds speedily bring a penalty with it, but the evils due to the want of recreation, though no less serious, are insidious and elusive, and, when we feel the result, in languidness, want of energy, etc., tonics, stimulants and drugs are generally called upon to produce results which would be far more radical and permanent, were we to follow out nature's method, and systematically and moderately indulge in suitable physical culture. We have in this the remedy for most of our ills.

While physical recreation is invaluable in regulating the system and preserving its tone and vigor, care is necessary in prescribing it, and indulgence must be tempered with wisdom and judgment or it is sure to defeat its own end. Our national sports are beneficial, and can only be recommended when participated in with moderation. The desire should be not to excel along any particular line of athletics, as excellence means over-development in this age of professionalism and should be discouraged. The professional athlete, while appearing to be a model in physique and the picture of health, is, as a rule, short-lived, owing to the vitality being consumed or the vital organs strained in the over-production of some particular set of muscles, rather than the moderate development of all the organs and muscles of the body.

There can be no fixed rule laid down for the taking of exercise, as each constitution differs in its demands, and it should be the aim of each individual to discover their physical weakness and to patiently and persistently endeavor to bring their debilitated organs or faculties up to the standard. Wonders can be accomplished by patience and perseverance. Sandow, Sampson and Cyr, men who have astonished the world with their feats of prodigious strength, are just as much marvels of patient, untiring effort in their training as they are marvels of strength. We do not make use of this illustration with any intention of its being an incentive to imitate these men, but mere examples of what can be accomplished in physical development, and that even the weakly and delicate may be sure of the result if they persevere in moderate exercise.

While there can be no hard and fast rule for our guidance in this matter a few general principles may be of service in bringing us to a decision as to what kind of exercise is beneficial in our case.

1. Individuals with weak heart, lungs, or, in fact, any of the vital organs, should not participate in any very violent or exciting recreation, or the result will be fatigue and weakness; much the same effect as is produced by overwork; mild exercise, gradually increased, must be the rule for such, if the effects are to be beneficial.

2. Those of strong physique demand more vigorous exercise, but their natural tendency is to develop along the lines they need it least; having strong arms and back they adopt rowing, weight athletics, etc., which further develop these already powerful sections of the frame instead of bringing the weaker portions up to this standard of excellence. Those with powerful lower limbs naturally take to walking, running, jumping, bicycling, whereas the muscles of the arms and chest should receive special attention.

3. Those of highly nervous temperament require plenty of sleep and abundance of fresh air. Sleep alone is said to be the secret of Gladstone's wonderful power of endurance; other instances are on record where people of great business capacity found one day each week spent in sleep necessary to keep the mind fresh and vigorous and the nervous system equal to the strain, and yet, if any part of the day has to be shortened to make more room for work it is generally the hour of sleep, but always to our injury.

4. Those having a natural fondness for athletics should be guided and even restrained, while those of more sluggish temperament and studious habits require to exercise will power and force themselves into a course of physical culture as the only remedy for a languid, listless frame; a renewal of our energies is not brought about by idleness, laziness or dissipation; it is use that hardens muscle, develops intellect and gives freedom from that sense of fatigue, that is the portion of those who lapse into indifference mentally and physically, or degenerate into mere "money makers."

Second only in importance to physical recreation is the culture and development of the intellect, and as physical activity is necessary to physical strength and endurance, so is mental activity essential to advancement in the realm of knowledge.

It is not enough that we should know a great deal about our profession; no matter how well posted or how perfectly developed we may be along one line or channel, we are of necessity narrow minded and somewhat of a bore to the society in which we are placed, unless subjected to the broadening influence of study and culture along other lines.

This can only be accomplished by those engaged in professional duties throughout the day by judiciously occupying their hours of recreation. It is this intelligent use of our spare time that constitutes the difference between the recreation of a man and the rest of

an animal. These hours, though somewhat limited, are not to be despised. Many a man has become famous through carefully employing them with a definite object in view. It is the intelligent use of these hours that prevents us degenerating into cranks and old fogies, and falling into grooves and ruts in our professional life.

As an illustration of what the want of educational influence and the necessity of progression will accomplish, I wish to relate a personal experience with a member of our profession who lives less than 100 miles from the city of Toronto. He was a stranger to me, but I called on him when passing through his town, and had not been in his presence a quarter of an hour before I found out I had struck the fountain-head of dental knowledge. Crown and bridgework were accomplishments of his when the Dental College was struggling with the alphabet of dentistry; in fact, this worthy institution, from the dean down, was a huge swindle, and all that was necessary to make a brilliant success as a dentist, was to possess the same amount of brains that he possessed, and use them as he did, and then dental colleges, conventions and literature were a needless expenses. It is needless to state that this dental headlight is only such in his own estimation.

This is perhaps an exaggerated instance of bigotry and narrow-mindedness, but we certainly, one and all, descend the plane to a certain extent that leads to this goal, unless we take advantage of the opportunities we have to broaden our sphere of comprehension, and brighten our ideas by learning from those who have had more experience than we.

While recreation along other lines is most essential, we should not exclude entirely the subjects that relate to our profession.

One of the very best and most profitable means of recreation is the annual and local conventions. In addition to the papers read, discussions engaged in, and information received, there is the indefinable satisfaction of contact with numbers of men who are engaged in the same occupation; the renewal of old acquaintances and friendships; difficulties explained away, and many other benefits derived from thus meeting and indulging in professional intercourse, and, while it is somewhat along the line of our office work, it is so entirely different in its relations and surroundings, that it affords a complete rest, so that, at the end of the vacation, we return with renewed health, brain rendered more active, and a sense of weight removed which continues as an incentive and inspiration through the balance of the year.

One essential to an ideal mental recreation is that it must be of absorbing interest, such that it will take our minds and attentions entirely from the worries and responsibilities of our office-work, giving the faculties thus employed a complete rest, and, at the same time, developing others not thus employed.

It should be entertaining and instructive, something for which we have a natural inclination, and which attracts us toward it rather than requires compulsion on our part, for anything that becomes a labor adds to the fatigue of the day rather than an aid in recuperation.

Another essential in our choice should be the value of the subject as an education. It is a very easy matter to fritter away our spare moments in a light, frivolous kind of reading or other pursuit, perhaps pleasurable in its character, and, to a certain extent, restful from our daily toil, but from which we obtain no lasting benefit, and which is in reality injurious in that it dissipates the mind, makes it less retentive, and destroys a taste for that which is weightier and worthy of our consideration.

Still another object should be to pursue each subject chosen (and they should be limited to correspond with the time at our disposal), until we acquire more than a passing knowledge of those undertaken that we may fit ourselves for usefulness outside our profession as well as in it. Great good has been accomplished, and many men made famous by properly used hours of recreation.

All of our possibilities do not lie in the one sphere that we have chosen for our vocation. We should not narrow ourselves down to the one idea of life; we are gifted with many capabilities, and we are not filling the place in the world that we were designed to occupy unless we develop and then use, as far as possible, our various talents with the ultimate end in view of doing good.

We can only make mention of very few of the many subjects that, in our mind, might be pursued with profit and pleasure during our hours of recreation. These, of necessity, must vary with the tastes and capabilities of the individual, and, as no definite rule could be laid down in the realm of physical culture, neither can we in the mental: any and all, when properly used, may be, and, no doubt are, beneficial to a certain extent, but our aim should be to pursue those which yield the greatest amount of good.

Music, I consider an ideal recreation; it is always pleasurable and restful, refining in its influence, elevating in its character, and boundless in its possibilities, a knowledge of which might well be coveted by all.

Botany, with its health-producing rambles through wood and meadow, in search of rare plants, is a pastime worthy of consideration, instructive and interesting, with the double advantage of being both a physical and mental recreation.

Amateur photography is still another recreation that, at the present time, is already a great favorite—and justly so in cultivating a desire for art, in enabling us to see beauties in both art and nature, to which we were formerly blind, in adding still another ray of pleasure to our lives.



Electricity, with its ever-widening influence is a fruitful theme of thought, and especially interesting, in that it is being so extensively used in our profession.

Thus we might proceed, *ad infinitum*, but sufficient has already been said, and with again trying to impress upon the members of the profession the absolute necessity of making spare time, taking it from hours that may seem to be lost, and then using them in a manner that will recuperate mind and body, we gain immeasurably in health, happiness, and, in the end, financially as well.

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## Proceedings of Dental Societies.

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### ONTARIO DENTAL SOCIETY.

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The ninth annual meeting was held in the Dental College Building, 93 College Street, Toronto, July 19-21, 1897.

The meeting was called to order at 3.15 p.m., President W. A. Brownlee in the chair.

The minutes of the eighth annual meeting were read and adopted. The President then appointed Drs. Hamilton and Webster as a committee to audit the books of the treasurer, and Drs. Kilmer, R. J. Husband and J. F. Adams as a Membership and Ethics Committee.

The following names were submitted to the Ethics Committee, and after a favorable report, were balloted for and accepted as members of the Society: W. F. Fear, Aylmer; J. E. Johnson, Hamilton; M. Cavanagh, Owen Sound; Allan Black, Kingston; D. C. Smith, Stouffville; M. W. Sparrow, Toronto; O. A. Marshall, Picton.

The treasurer, C. P. Lennox, read his report, showing a balance of \$64.75. The auditors having certified the report to be correct, on motion of Drs. Sparks and R. J. Husband, it was adopted.

The secretary's report was read by Secretary G. S. Martin and adopted.

Motion by Drs. Kilmer and R. J. Husband that an order be drawn on the treasurer for the amount of secretary's account, disbursements, \$17.06. Carried.

Election of officers for the year then took place, and resulted as follows: President, Dr. J. A. Marshall, Belleville; Vice-Pres., Dr. G. S. Martin, Toronto Junction; Sec., Dr. J. E. Johnston, Hamilton; Treas., Dr. C. P. Lennox, Toronto. Representatives on Executive—Districts No. 1, Dr. A. Black, Kingston; No. 2, Dr. O. A. Marshall, Picton; No. 3, Dr. A. J. Husband, Toronto; No.

4, Dr. F. Kilmer, St. Catharines; No. 5, Dr. W. J. Fear, Aylmer; No. 6, Dr. M. Cavanagh, Owen Sound; No. 7, Dr. W. R. Hamilton, Stratford.

Moved by Drs. R. J. Husband and F. Kilmer that a vote of thanks be presented to Drs. Martin and J. F. Adams for attending New York State Dental and for report on same. Carried.

At the evening session Dr. J. E. Johnston, of Hamilton, read a paper on "Advertising." [Paper not yet received.—ED. D.D.J.]

Discussion was vigorously opened by Dr. Lennox, who deplored the prevalence of questionable methods of advertising, made use of by some of our men who claim to be very ethical, such as attending and joining a fashionable church or joining societies, etc.

Dr. R. J. Husband dwelt at some length on the possibility of the older members of the profession advising the young men of their acquaintance to avoid advertising of a kind that will separate them from their fellow dentists. Dr. Husband gave an instance from his own experience as a young man where an older practitioner, by timely advice, saved him from following a course that would have been disastrous.

Dr. Templeton, of Pittsburg, Pa., having been invited to address the meeting, he made some interesting remarks on the public appreciation of the status of dentistry, which brought Dr. C. N. Johnston, of Chicago, to his feet to protest that if the public do not appreciate the dentists and honor them, it is the fault of the dentists. If we were careful to act towards each other and towards the public as professional men should, we would be accorded as respectful treatment as we could desire. Speaking for himself, he did not blush when he made his profession known to a new acquaintance. A great deal of good could be done in the way of encouraging young men who found it hard to make their way, and to whom the temptation to resort to advertising was very strong, if the older men of the profession would only take interest enough in them to point out the inevitable results of quackery.

Three three-minute papers were then read on the subject, "How can we make our Society meetings more attractive and profitable?" by Drs. A. H. Allen, Paisley; W. Wunder, Toronto; and W. A. Leggo, Ottawa.

It was suggested that our clinics should not all be placed at the end of the programme, but should be interspersed through the other matter, that we should meet in cooler weather, etc.

Dr. Brownlee then read the retiring President's address.

On Tuesday morning, Dr. M. Cavanagh read his paper, "Suitable recreations for dentists."

Dr. J. A. Marshall opened the discussion on Dr. Cavanagh's paper on "Recreations," by extending the essayist's reference to the origin of the word: "re," again, "creo," to make. The day

should be divided into three equal parts : one-third, rest ; one-third, work ; one-third, recreation. A barber will tell you that a razor needs rest to keep it in good working trim. The same is true of other inanimate things, and must, therefore, be true of the human frame, which is so complex in structure.

Dr. Melotte, of Ithaca, having been invited to the floor, took the occasion to compliment the essayist. Dr. Cavanagh, on his paper, and to add to the interest by some remarks on it in his own inimitable style. To him the subject of recreation was of vital interest. Many a time he had to leave his work and go apart to "allow the boiler to fill up." A scientist had told him that the nerve cells of the honey-bee were full and round in the morning, but after a day of toil the same cells were flat and shrunken. We get old when we lose the power of recreation or building up the broken down tissues.

Dr. J. B. Willmott, continuing the discussion, said that in no other profession had culture so great a money value as in dentistry, coming as we do in such close contact with cultured people for hours at a time. Time outside of office hours should be devoted to culture. Every man should have a hobby, so that when old age comes and a man has to retire from active work he will not be a burden to himself and to others.

Drs. Brownlee, Birmacombe, Clements, and others, added suggestions as to means of recreation, such as horticulture, music, walking, bicycling, horseback-riding, etc., after which Dr. Cavanagh closed the discussion on what had proved to be one of the best features of the programme.

Dr. C. N. Johnston's paper, "A plea for the preservation of the natural teeth," was then read.

Discussion opened by Dr. N. Pearson. Dr. H. T. Wood urged the necessity of removing deposits from teeth that come under our care, giving several instances where he had seen teeth very carefully filled, but no attempt had been made to remove the deposits that are so destructive to the gums and process.

Dr. J. G. Adams advised starting early. The teeth of all school children should be examined by a dental health inspector at stated periods, except those bringing a certificate from their family dentist to the effect that their teeth had been recently cared for.

Dr. J. B. Willmott took exception to Dr. C. N. Johnston's statement that a larger proportion of people in Ontario wear artificial teeth than among any other people he knew. After further discussion by Drs. Fear, Templeton, Sparks and Clements, Dr. C. N. Johnston closed discussion.

In afternoon, Dr. Melotte addressed the convention on "Crown and bridge work," illustrating his methods as he went along by models and practical work.

Discussion on Dr. Melotte's address was opened by Dr. A. J. Husband, Toronto.

In the absence of Dr. Croll, of Palmerston, his paper, "Dental jurisprudence," was read by Dr. J. B. Willmott.

Discussion opened by Dr. H. E. Eaton, Toronto.

A very interesting feature of the afternoon meeting was the conducting of a question drawer by Dr. J. B. Willmott.

At the evening meeting, Tuesday, some considerable discussion took place on the subject of next year's meeting.

Moved and seconded by Drs. Moyer and J. B. Willmott, that the next meeting be held on the 2nd, 3rd and 4th days of March, 1898, in the Dental College Building, Toronto, and that Dr. Black, of Chicago, Ill., be invited to be present and demonstrate his experiments with amalgams. Carried.

Moved by Dr. G. S. Martin, seconded by Dr. W. A. Brownlee, That we do now elect Dr. Melotte, of Ithaca, N.Y., and Dr. Templeton, of Pittsburg, Pa., honorary members of the Ontario Dental Society. Unanimously carried by standing vote.

Dr. E. H. Adams' paper was then read, "Diagnosis of lesions of the heart before administering anæsthetics."

Dr. Adams showed all the different appliances for testing the sounds of the heart.

Dr. Teskey opened the discussion in his usual masterly style, commending the paper.

The paper by Dr. Templeton, of Pittsburg, was read next and discussion opened by Dr. Clark.

On Wednesday morning a suitable patient not being forthcoming for Dr. C. N. Johnston's clinic on "Tin and gold filling," by request the doctor read a paper, "Some considerations in the preparation of approximal cavities in bicuspid and molars." The paper was very fully illustrated by diagrams showing the absolute necessity of thorough cutting away so that the point of contact does not approach the margin of cavity, also that the interproximal space be preserved carefully. That edges be properly bevelled, so as to avoid pounding the edges off in filling together.

Dr. C. N. Johnston's paper was voted one of the most valuable ever read before the Society, and a cordial vote of thanks was accorded to Dr. Johnston for its presentation.

On motion of Drs. Brownlee and Fear, all outstanding accounts were left with Executive Committee to settle.

The clinic of Dr. Melotte on "Gold plate" was then given in the College laboratory, also Dr. Capon's clinic, "The use of napkins in the mouth," and Dr. Brownlee's clinic, "Tempering instruments," brought the convention to a close.

### THE BLOW AND BLUFF SOCIETY.

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A meeting of the quacks and quack-imitators of the Dominion was held on the 1st of last April, for the purpose of organizing a society for the better education of its members in the science and art of dental blow and bluff. The room was crowded to suffocation, for although the full representation of thirteen—the unlucky number—was present, and the room was large enough for a hundred, the evil odor of the members was insufferable to the reporter, who had to engage a seat on a ladder outside at an open window. One dude, arrayed in patent-leathers and diamonds, was the object of reproach, as the majority considered that he was trying to put on airs, and the atmosphere was rank enough. He retired; and returning with his feet in calf, and displaying two pawn tickets, he was allowed to continue his contribution to the melodious surroundings. On motion, it was resolved to adopt a strong-voiced goose with the motto, "Blow and Bluff," as the crest of the society, and to select the 1st of April as the date of the annual meeting. The president delivered his annual address, in which he showed that nature made a mistake when teeth were invented; she showed she was ashamed of herself, because she hadn't the gall to show her teeth at birth, but she hid them away for seven months; and even when they erupted, they decayed, showing that she was sorry, and meant them to be extracted and replaced with artificial sets. What a great profession we are that we can beat nature all hollow. Her teeth decay, pain and cause blasphemy. Ours don't! With our dental squirts, our gas, our forceps and our stone teeth; we will revolutionize the mouths of the people of this Canada of ours. See how Chicago and New York go ahead! And why? Because, from Geo. Washington down, the people get their blarsted teeth out, and they aint afraid to bite a crow-bar. We must teach our people to bite crow-bars. We must clean out the human teeth, even if we have to clean out the human race. There never would have been sin in the world if it hadn't been for the human teeth. If Eve had had bare gums she couldn't have eaten the apple, and therefore she wouldn't have done it, and therefore there wouldn't have been no sin. Every time I get my forceps on a tooth, I think of Eve, and I do my level best to revenge her. There aint no use filling teeth, but of course we must putty them up if the ignorant public want it, and we can get their dollars. Gentlemen! (At this exclamation each member looked at his neighbor very much as if the president had called them "My Illustrious Lords"). The public have got teeth; the public have got dollars too. We are after both, and we mean to have them, and I urge you to spare no pains; I urge you to advertise in papers,

on platform, in pulpit. Run the church, if you can. Take up the collections. Teach a class. Blow! Blow!! Blow!!! Bluff! Bluff!! Bluff!!! At this magnificent peroration, the president imbibed a large glass of *whiskey blanc*, took out his upper and lower sets, waved them in the air and called for three cheers for Humbug, the guardian angel of the society. The whiskey-blanc was passed and re-passed, and for an hour the members forgot what they had met for, until the secretary rose to read his report. Steadying himself with one hand on an ink bottle, he huskily reported progress. The use of show-cases was increasing. They trapped the fools like fly-paper catches flies. It was true that there had been several sheriff sales, seizures and prosecutions of their number. The public press, too, had foolishly now and then given insertion to articles against the great principles of Dental Blow and Bluff, but members could counteract this by lots of advertising. The press prefers pay to principle. You can't buy new machinery with "principle." The press cannot pay the paper manufacturer with dental ethics. Gentlemen! You can tell dental lies by the column every day in the week in every paper in the Dominion if you just pay for them as advertising. He recommended the members to encourage discord among the ethical men. Get them to accuse one another of trickery and treachery. Sow seeds of dislike and jealousy and the society will get the profit. There would be a hard fight yet, as we understand that the Provincial societies meant to take active means to "educate the people," but we have the best chance, because people like "blow and bluff," and we can give them our stone teeth "away down below cost" (aside—this is bluff, we know). Didn't Burns say that the teeth were the hell of all inventions of nature. It was something like that. We are organized to wipe out this hell and give the peop'le a new heaven of cheap stone teeth, and no family should have anything else. At this point the secretary lifted the ink-bottle, and mistaking it for a glass of whiskey-blanc, swallowed a dose, which greatly rejoiced his friends. He was immediately elected permanent secretary for the rest of his life, having made his mark. A member then arose after some difficulty and read a paper on "The Gelorious Bird of Freedom," wherein he strained himself badly in showing that if some people defended the right to commit suicide, why not the right to get rid of their teeth. Let parents have the first teeth hauled out when they appear. The children will not want meat, candy or peanuts then, and we will be the consumers of our own great Manitoba and Ontario wheat. Let them gum it for twelve years.

Another member objected to this idea. He favored hauling the first teeth out and inserting sets for the kids as well as for their parents.

The essayist said the gentleman who just spoke was an idiot.

The ruffled member rose and begged to say that the essayist was a rascal.

The essayist called for more whiskey-blanc, and replied that he was proud of being called a rascal. He would not be as proud of being called an idiot. Idiots don't make dollars; rascals do.

The ruffled member apologized and said he overlooked that fact, and he wished the essayist to exchange the opprobrious epithet of idiot for that of rascal, which the essayist did, and then hands were shaken and drinks exchanged. As the rest of the members by this time were too drunk to rise, the president slipped under the table, the secretary fell over the ink bottle, the two quarrelsome members fell into each other's arms in a maudlin condition, and we slid down the ladder.

## Abstracts.

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

**TEETH IN RELATION TO THE EAR, NOSE AND THROAT.**—Gambati called attention to the importance of not neglecting the teeth in diseases in general and especially in those of the ear, nose and throat. Disease may affect the development and formation of the teeth. The reverse is also true, a carious tooth or alveolar abscess may develop symptoms that are thought to depend, by the patient, on trouble in the nose, ear and throat. The ear especially is frequently the seat of reflex disturbances that originate from the teeth, although the nose and throat are sometimes affected in this manner.—*Laryngoscope, Mar., '97. Pacific Stomatological Gazette.*

**TOOTH EXTRACTION AND INFECTION.**—When we consider that the mouth is such a center of infection, and that so many varieties of microbes, both pathogenic and non-pathogenic are found there, and the further fact that so many dentists never sterilize their extracting instruments, it is strange that there are so few serious cases from that cause. And yet Miller, in his book cites, about sixty, of which about half terminated fatally, septicæmia, pyæmia, or meningitis, being the usual fatal complication. One instance was that of a young and vigorous man who had a lower molar extracted. The wound became infected, either from the instrument or through auto-infection; septic fever supervened and he died in four days. The autopsy revealed a large abscess in the neck, a great quantity of fetid pus in the pleural cavities and in the pericardium. In the abscess there were found stræptococci and diplococci, resembling the salivary septicæmic organism which has been segregated and studied by Miller.—*Dental Practitioner.*

No later than ten years ago the number of reported deaths from chloroform alone was but a fraction less than half a thousand. Since that time, with its more extended use, the fatalities have greatly increased. Statistics of the fatalities from anæsthesia are hard to be obtained, but as near as can be determined the facts are as follows: It is estimated that chloroform kills one patient in every ten thousand; sulphuric etherine one in every twenty-six thousand, and nitrogen monoxide one in every one hundred and fifty thousand. And please mark the significance of this fact, viz: Forty per cent. of these deaths have occurred when the anæsthetic was given for minor operations, such as strabismus, tooth drawing, etc. Forty deaths then, of every hundred during operations, which operations in and of themselves, although attended by a temporary pain, have never been known to kill. In the light of these facts, is it romancing to say that the administration of any general anæsthetic is dangerous to the extent of being unjustifiable, when used for the performance of any operation in which the shock or danger from the anæsthetic will probably exceed that of the operation? It is not to be forgotten that although the patient may not change worlds while under anæsthesia, there frequently result life-long sequelæ which make the load of life a grievous burden.—*Archibald Dann, M.D., Dent. Practitioner and Advertiser.*

WHAT OF CATAPHORESIS: IS IT PRACTICABLE, IS IT DESIRABLE?—These questions are asked almost daily. While we will not here attempt to answer these questions in detail, two or three things may be said. And first, a cataphoresis for the treatment of sensitive dentine or exposed tooth-pulps will not be successful in the hands of those ignorant of the properties of the very subtle agent used in this work: a very small per cent. of the profession, indeed, have given any attention or study to the subject of electricity, and are wholly incompetent to handle it with any definite results, and ought not to attempt its employment in the absence of a reasonable knowledge about it. The knowledge here indicated implies, of course, an acquaintance of the various instruments and appliances with which the agent is manipulated. To the second enquiry it may be replied, yes—in the hands of those competent to use it. From this it must not be inferred that the desired results can be obtained alike in all cases; there is an infinite variety in the susceptibility of different cases. This is true in regard to all methods of treatment, and of the action of all medical agents. That in the large proportion of cases of sensitive dentine, an entire reduction of that condition can be effected there is no doubt; but that in hands of the most skillful there will be occasional failures is equally certain. In many cases in which pulps are to be removed it serves an admirable purpose. In



several cases in which we have used this method for anæsthetizing the dental pulp for removal, it was in each an absolute success, but we do not accept that as prophetic of like results in all other cases. To the third query—Is it desirable?—yes, so far as it will accomplish the object sought. Anything is desirable that will allay acute sensitiveness of dentine when it is to be operated upon, and that will not be attended with disastrous results. Cataphoresis seems, in the hands of the intelligent and skillful, to be quite as effective as any other means hitherto used, and with less objectionable after-results than some other agents. In the removal of pulps by the use of cataphoresis, employing a due amount of care and skill, the liability to ill results is reduced to the minimum.—*Editorial in Dental Register.*

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## Tit Bits from the Editors.

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What renders these local anæsthetic nostrums most censurable is that they are pretentiously advertised as harmless, when, from their composition, they are far otherwise than safe to use.—*International Dental Journal.*

Very often those in authority forget that they are the servants of the people, and the laws. Even dental laws are made for the protection of the people as a community, and not to be the excuse for manipulation for personal ends.—*Pacific Dental Journal.*

The investigations upon the coagulation theory clearly prove that a coagulant, such as carbolic acid, does diffuse through dentine, notwithstanding assertions made to the contrary, and "does not form an impenetrable coagulum at the artificial ends of the dental tribuli."—*International Dental Journal.*

"The Code of Ethics" is the organic law of the dental profession. A dental journal which itself violates or encourages others to violate the code cannot be the "best journal which the resources of dentistry will permit." It becomes at once an enemy to professional progress.—*Dental Cosmos.*

In inflammation of the gums, in case of stomatitis showing on the external plates of the gingivæ, passage with the ball of the finger will be found very useful. It presses the blood out of the distended capillaries, hurries the circulation in the sluggish blood vessels and gives tone to the whole local territory, re-establishing the nutrient currents, and promoting resolution of any exudate material.—*Dental Practitioner and Advertiser.*

The National Association of Dental Faculties has done more to raise the standard of education in one year than the Examiners' Association can ever do, because it is composed of men who are themselves experienced educators, who know what dental education is, and what it should be.—*Dental Practitioner and Advertiser*.

The practice of dentistry as usually conducted is very exhausting, and as followed in many instances, within a few years causes to a greater or less degree a breakdown of physical strength and energy. The confinement in an office, as we usually find it, of from nine to ten hours per day, is a great violation of health laws. Let there be less ambition to establish and conduct a large professional business. Let the office be, so far as light, heat, air and cleanliness, and all office conditions, as nearly perfect as possible, and have every equipment of the office so perfect in system and arrangement that it will occasion no annoyance to the dentist in any particular.—*The Dental Register*.

Referring to a fatal case following the use of chloroform, the *British Journal of Dental Science* remarks: "A verdict in accordance with the medical evidence was returned, the jury being of opinion that the chloroform was skilfully administered. The chloroform may have been skilfully administered, but it was given to a subject who on no account should have taken it. If gas had been given, the man would have been alive now in all probability. But gas is a trouble, and requires several visits if much is to be done. Chloroform on the other hand is handy, easily administered, requires no apparatus, and one sitting is sufficient, and so lives are sacrificed."—*British Journal of Dental Science*.

It is contended by some that the standards in the colleges are now more elevated; perhaps so, but the dental college man must be elevated yet much higher before the dental graduate can hope to be the peer of his medical confrere. The preliminary education exacted is insufficient, if we may judge by gross ignorance of the English language displayed in letters and essays from dentists which reach this office. The editor quotes "a few gems discovered among the papers of the last list of applicants" before the New Jersey Examining Board: Of the twenty-nine who applied for examination, twenty-six were college graduates. In presenting a full set of teeth invested, ready for soldering, the editor, who was present as a witness, says: "Not one of these twenty-nine men, twenty-six of whom were graduates, had invested their pieces so that there was any possibility with the facilities at hand, to properly heat up the piece prior to throwing the flame of the blowpipe upon the solder. All had from three to ten times as much investment as there should have been."—*Items of Interest*.

## Medical Department.

Edited by A. H. BEERS, M.D., C.M., D.D.S., L.D.S., Cookshire, Que.

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**MILIARY TUBERCULOSIS OF THE MUCOUS MEMBRANE OF THE LIPS AND CHEEKS.**—At a recent meeting of the Society of Dermatology and Syphilography of Paris, Dr. Thebierge showed a man, thirty years of age, with extensive tubercular lesions of the buccal mucous membrane, which developed almost simultaneously with tubercle of the lungs. The mucous membrane of the cheek was swollen in the form of a large patch, with a considerable number of miliary tubercles. Much the same condition was present on both lips, although the miliary tubercles were not so abundant as in the cheeks. No ulceration was present, and the sub-maxillary glands on both sides were enlarged.—*Journal of Brit. Dent. Assoc.*

**OPERATIVE PROCEDURE FOR THE RELIEF OF OCCLUSION OF THE JAWS.**—Dr. J. Ewing Mears, of Philadelphia, read a paper on this subject. Occlusion of the jaws may be caused by sloughing, cicatricial contraction, or spasm. Dr. Valentine Mott referred to a case of sloughing of the cheek accompanied by closure of the jaws. The spasmodic form is usually caused by delayed eruption of the molars, in which case the jaws should be forced apart and the molars extracted. In all cases of spasmodic closure the cause should be removed. The chronic or permanent form of closure of the jaws results from rheumatic and other diseases of the articulations, as for instance: the inflammation following the use of mercury; also following fracture of the neck of the condyle, which is the most frequent cause. The speaker presented a case showing the absence of development of the lower jaw. In all cases a complete history of the case should be obtained. Deviation of the lower jaw to the affected side may aid in diagnosis. In all cases one should make a careful diagnosis in order to determine the best method of procedure for its relief. The following conclusions were drawn: 1. Jaw closure due to the presence of cicatricial tissue in the buccal spaces can be most efficiently relieved by the formation of a canal line by normal membrane by means of a ligature passed behind the cicatricial mass, reunion of the divided tissues and reformation of the nodular tissues not occurring after division when this canal has been formed. 2. Ankylosis of the temporomaxillary articulation producing jaw closure can be best relieved by removal of both coronoid and condyloid processes with the upper portion of the ramus, thus affording ample space for the formation of a freely movable false joint. The operation should be performed through the mouth, thus avoiding disfiguring cicatrices.—*Medical Review of Reviews, July 25th, '97.*

# Dominion Dental Journal

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## EDUCATING THE PUBLIC.

Medical, like dental humbug, owes its success to public ignorance. When men and women are every day deceived by departmental stores in the purchase of goods with which they have every reason to be familiar, it is no surprise that similar methods of advertising should entrap the laity in medicine and dentistry. The quack advertisers are sure to hand down their names as imposters. Some of them know this so well that a lingering sense of shame impels them to withhold them from the public press, and lie under such evasive titles as "New York Dental Parlors," "Boston Parlors," etc. New York and Boston should take it as an international compliment. We never knew a medical man who called his office "parlors" who was not a vulgar quack, or an ignoramus of the first water. These people are so tickled at their own surroundings, when they find themselves in possession of a few feet of carpet, that "office" is too small a name to use. And a dental chair, an engine, etc., are so very like the furnishings of a "parlor," are they not? The fact is, these men cannot be honest. The following extract is from an editorial in the *American Medico-Surgical Bulletin*:

"Medical instruction of the laity in the lay press is now being advocated by a number of correspondents in the *Journal of the American Medical Association*. The *Bulletin* heartily sympathizes with these writers, and believes that no greater work for the good

of the race could be accomplished than a society of medical men, each member of which would pledge himself to write and offer for publication a popular article every year. Such articles could be read in union meetings, discussed and amended, after which the society's endorsement should accompany them. No name should be signed, and only medical men should know who the authors are. The people in this way would be taught why medical men uphold a code of medical ethics, how to tell quacks from educated physicians, what their duties are to medical men, lessons in first aid to the injured, and the dangers that follow taking everybody's advice while the physician is in attendance. Who will start such a society? Once started, it will be of great advantage as a means of securing just medical legislation."

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### EDITORIAL NOTES.

AMONG the illuminations in Montreal during the Jubilee, one of our enterprising show-case advertisers had a lot of grinning artificial sets of teeth lit up by the electric light. He ought to get a medal.

DR. G. LENOX CURTIS has opened a Sanatorium for Oral and Facial diseases at No. 7 West 58th street, New York city, where patients can obtain daily personal attention. The doctor has provided rooms from \$15 to \$50 per week, including nurse.

A BARBER'S supply house in Toronto sells a small rubber-dam collar to be adapted to the neck in cutting the hair. It is intended to keep the loose hair from falling down the neck. It is also a very convenient adjunct for the dentist in the use of anaesthetics.

Isinglass glue "is good when the blood is prone to ebullitions and in bleeding of the gums." The leaves of black henbane mixed with gum ammoniac applied to the teeth will *make them drop out without pain.*" This should be tried by our "painless" advertisers. The fresh root of the plaintain "scraped and put into the ear cures the toothache like a charm." "Sugar is so far from rotting the teeth that a great authority used nothing else but loaf sugar to keep them clean and white for many years, for he was well aware of the antiseptic power of this substance, inasmuch as it would preserve flowers, fruits, roots, flesh, etc., from corruption a very long time." The sage plant "used as a gargle, is good to fasten loose teeth from scurvy in the gums"—a hint to us in pyorrhœa alveolaris. References are made to decoctions and infusions of numerous herbs, which are quoted as equally beneficial for suppression of the menses, "fluxes of all kinds," "cold, disorders of the womb," toothache and gravel!

Will the Secretaries of the Provincial Societies, outside of Ontario and Quebec, greatly oblige us by sending as soon as possible the names and addresses of all officials, and the date and place of next Provincial meeting, whether for the election of new Boards or not.

LOOKING over the aphorisms of Hippocrates, who, we all know, was born at Cos in Greece, four hundred and fifty years before Christ, and lived to the age of 109, we noticed some mention of the teeth which may interest our readers. Writing of infants, he remarks, "When they begin to breed teeth, there happens itchings and prickings of the gums, fevers, convulsions, fluxes of the belly (meaning, no doubt, dysentery), especially when they bring forth their dog-teeth (canines). These things happen to those that are very gross, fat and costive of body." In the 53 aphorism, section 4, he evidently refers to the collection of sordes and salivary calculus as a local consequence of constitutional disease: "They have fierce and vehement fevers that have a tough and vicious moisture grown about their teeth."

AN erratic dentist, who occasionally honors Montreal by a professional tour of a few months, in the intervals of waiting for the more congenial opening on the stage, is very absent-minded. His mind is always pre-occupied with the writings of the dramatists, and his conversation is interlarded with quotations from various play-wrights. It was not uncommon for him to suspend an operation, and while the rubber dam was in place, hurl forth lengthy extracts from Shakespeare, until re-called to his work. One day he was taking an impression in compound for a partial upper set, and instructing the patient not to disturb it, he went into his laboratory, where he found a friend who proposed that they should go out and "see a man." Forgetting all about the patient out they went. The patient got a book, and though he thought it was rather a long wait, in his innocence of the business he decided to keep cool, so he sat in the chair for two hours, with the impression cup protruding from his mouth. Our dramatic genius was in the middle of a game of poker when he suddenly thought of the patient, and going to the telephone he rang up his office. "Is that you, Jack? I left old —— in the chair with an impression in his mouth; tell him it is a new idea; one of my own inventions; only known in my parlors, and you might take it out, Jack, and tell him to call in the morning."

ONE of our valued friends in England recently paid us a compliment, which, we hope, we may mention without the odium of self-approbation. Our chief object in quoting it is to emphasize the fact, that the ethical policy in the conduct of dental journalism

in Canada, must count in the respect entertained for the profession, in spite of the vigorous efforts of the gutter-practitioners. "I have for many years," writes our friend, "regularly received your journal; in fact, from the birth of the old *Canada Journal of Dental Science*, and have followed with great interest the unswerving fidelity to the high standard of ethical conduct and education advocated by you at the beginning. I would not impute any reason for the neglect of most of your contemporaries in this direction, as I believe the editors, as a rule, enjoy freedom of criticism; but I venture the statement, that putting them all together, for the last twenty-five years, and making comparison of editorial policy, they have not displayed either the boldness or the persistence in attacking or exposing dereliction from professional ethics, which has characterized the *Canada Journal of Dental Science*, and its successor, the **DOMINION DENTAL JOURNAL**. Here in England we can appreciate your steady allegiance to the higher and more professional standard and the wisdom of refusing recognition where ethics are abused. It is the only safe way. Ethical scientific organizations are not moral or philanthropic missions. It is safer to force a quack absolutely on his knees, than for ethical men to go on their knees to him, as an inducement to become ethical. The British Dental Association and the General Medical Council co-operate in precisely the same direction, and in spite of the organized efforts of unregistered dentists, uniting in their force all the discordant elements, we have come out signally successful, and the association has not failed in England in any prosecution. It affords me much pleasure to witness in your journal the high tone of the standard to which you aspire. There will always be iconoclasts to drag it down, and only unceasing contention will keep it up. Everything in Canada is now of special interest to "the Mother Country," as you Canadians like to call England, and I am sure we your fellow-practitioners, who are as well fellow-Britons watch with satisfaction the sturdy determination, as shown in the Dominion Confederacy, to make the profession in Canada respected and in every way as reputable as the sister professions."

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