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Dominion Dental Journal

VOL. IX.

TORONTO, DECEMBER, 1897.

NO. 12.

Original Communications

TREATMENT OF PULPLESS TEETH.

By VINCENT M. MURIER, D.D.S.

When I read of the different methods of treating devitalized teeth, I marvel that we have in our profession, gentlemen who seem to think that there are cases that require so many treatments before bringing a tooth in a condition to fill.

Only the other day, I read of a gentleman who opens the pulp chamber of a tooth in the quiescent state and after thoroughly cleaning out the canals, washes with hot water and bi-chloride of mercury, then packs cotton saturated with spirits of camphor in the canals and leaves it for twenty-four hours. When the patient returns he pursues the same treatment with iodoform. Then the same gentleman goes on to say that when the tooth is ready for filling he uses hot air and goodness knows what not and finally fills the tooth.

For a dentist who desires to linger over his work this method is excellent, or a dentist who hasn't much to do it is the finest kind of a fine treatment. But, when you are in a busy office you must boil things down to the smallest kind of a margin as is consistent with first class workmanship, and get rid of all the horrid smelling remedies which go to make a dental office a young hospital.

The simplest method for treating a pulpless tooth is the method employed by the late Prof. Frank Abbott, the Dean of the New York College of Dentistry. This treatment with one addition is the method I use and have yet to record my first failure.

It is a clean, neat and odorless treatment and a patient would not know they were within ten miles of a dental office as far as the odor of medicine is concerned.

A patient presented herself at my office with a swollen face and

upon examination found an abscess on the apex of the left upper central root; she had been suffering for ten days, but was feeling much better when I first saw her.

There was a discharge of pus from the gum margin but no fistulous opening; an ordinary sized cavity was in the tooth. On account of the discharge of pus which had been going on for some days, the soreness had quite disappeared so I was able to excavate the cavity and expose the canal when I removed portions of dead matter and allowed the pus to run down the canal.

I made up a 1-10,000 bi-chloride solution, and right here would say, that by buying John Weyths Tablets, taking one of these tablets and dissolving it in a pint of Krystateid distilled water you get a 1-1,000 solution which can be kept as stock and from it make 1-10,000 whenever you need it. The 1-1,000 solution will last for six months without deteriorating.

Injecting the 1-10,000 solution through the root until the canal and abscess seems clean, and then a fine broach with a little cotton, this to be dipped in a 40° solution of sulphuric acid and worked up and down the canal a few times, then using an alkalic bi-carbonate soda, saturated solution which brings away any foreign substance that might be lying in the root, after which use your bi-chloride again until the cotton shows no stain. Then take a solution of chloride of zinc, forty grains to the ounce of water and inject it in the abscess bag.

This you will find has thoroughly cleaned the canal and abscess bag of all pus and dead matter and now the root is ready for *immediate* filling. No further treatment is required and all other treatments are a waste of good time, both to yourself and to your patient.

The method for filling the root is very simple and very successful as years of practice has proven.

The root is allowed to remain moist. The bi-chloride and oxy-chloride of zinc is mixed to the consistency of cream and pumped into the canal by the use of a smooth broach, care being taken to reach the apex of the root, this is allowed to crystallize when the filling for crown may be put in.

The question might be asked how could you remove the root filling if the trouble should arise. I would answer that you will not have trouble if ordinary care is taken in cleaning the root as the oxy-chloride zinc mummifies any matter remaining in the root.

I know I have left portions of pulp in the root, it being impossible to remove pulp on account of the crooked canal.

In such cases where patients complain of soreness, I apply to the gums over affected tooth equal parts of the concentrated Tr. aconite rad and iodion.

More than four hundred cases have been treated by this method without a single failure and I earnestly recommend all who have not tried this method to begin at once and you will be charmed with the result.

120 West 87th St., New York.

TOO MUCH DRUGGING.

By L. D. S.

During one of the winter carnivals in Montreal a number of independent young ladies from Chicago, none of them over twenty-three, were visited by a young married Canadian woman at the Windsor Hotel. After they were pretty well acquainted and had several jolly days tobogganning, skating and rollicking it generally in the snow, and felt all the better for it, the eldest of the girls asked Mrs. — in a confidential way, "Tell us, Mrs. —, what diseases have Canadian girls got?"

"I don't understand you," said Mrs. B. —

"Well, you know, we've been wondering how the Canadian girls enjoy the winter so immensely. It has put new life into us, and do you know not one of us has taken any of our medicine since we've been here. What medicines do the Canadian girls take?"

"Why, my dear, they never take medicine unless they're ill."

"Well, we aren't ill enough to go to bed, but we've all got something the matter. Haven't Canadian girls got womb complaints too?"

"I never heard of such a thing, unless perhaps in very rare cases."

"Oh, my! rare cases! Why, we've every one of us got something to complain of there, and we've just concluded that we are swallowing a lot of medicines, using tight corsets and not getting exercise, and that's what's the matter."

I might use this as a long text for a short sermon on the use and abuse of the materia medica of dentistry. It is simply preposterous the empirical way in which many dentists use drugs; experimenting without knowledge of the specific action of many of the drugs; using incompatibles, and, in fact, drugging the teeth and gums, like the boy who gave his dog such a thorough washing that when he made up his mind he had given him enough he discovered that he had drowned the dog. I believe in a proper limitation of all the drugs for whatever purpose used in dentistry. If we have one thoroughly effective remedy, why experiment with any that are not known and that cannot possibly any better accomplish the object aimed at?

Take a case of hæmorrhage. One may use powdered tannin and fail to stop the bleeding. It then occurs to him to use perchloride of iron. At once tannate of iron is the result; an incompatible mixture. Either if persisted in alone might have succeeded; now combined they are both inert.

I once witnessed a clinic where an operator in treating a blind abscess used peroxide of hydrogen, carbolic acid, oil of gaultheria, oil of peppermint, hot water, chloroform and iodine, all separately and successively. I felt as if they ought to be passed down his own throat in one dose, for the sooner an idiot like that was out of the world the better it would be for humanity.

Let me simply warn young practitioners and some old ones, too, to learn first the action and proper uses of the drugs, and avoid multiplication as much as possible, to learn incompatibles, and to remember that in the teeth and gums nature is often as ready to help as elsewhere. Many of the "complaints" of the oral cavity as well as those of the womb, etc., may be due to drugging.

DECIDUOUS CUSPIDS.

By B.

It is a trite observation, that the deciduous set of teeth are of more than temporary importance; they have functional duties as well as their successors. One might write voluminous arguments, tracing their growth and development from the earliest period of intra-uterine life, until the normal period for their shedding to show that their importance is not fully appreciated. But I wish briefly to draw attention again to the mischief done to the development of the permanent set by the premature extraction of the temporary cuspids specially. In fact, we need to pay particular attention to the six teeth anterior to the first deciduous molars, but the cuspids, like the two pillars of an arch, are by far the most important in ensuring regularity of development. It will be observed that if these cuspids are prematurely lost, the first bicuspid of the permanent set rapidly travels forward, whether it is developed or not, and the permanent cuspid, whether it is developed or not, has a contracted space for entrance and crowds the centrals and laterals in a way to predispose them to caries. Fortunately these cuspids rarely decay. But by the absorption of their roots, they frequently loosen and fall out, when it would be advisable to retain them. In such cases I have been in the habit of fitting a small plate to the hard palate and letting vulcanite take the place of the lost teeth. The necessary space for the successors is in that way retained, and as they appear the vulcanite can be filed away until the plate can be dispensed with.

IODINE AND ACONITE.

By B.

Of the therapeutical value of this preparation, first introduced to the profession by the late Dr. Frank Abbott, in the treatment of periodontitis and other inflammatory conditions of the oral cavity, I have for many years found nothing to equal the official preparations of these drugs, as follows :

Iodine (St. George's Paint).
Aconite (Fleming's).

Equal parts. The commercial tinctures are, in the large majority of cases, absolutely useless. Young practitioners need, however, to realize that they are dealing here with two dangerous poisons, and remember that it is better to repeat the painting of the part by small quantities, than to saturate the gums to such an extent that the throat and alimentary tract are irritated, and the stomach disturbed. I am led to give this warning on account of several very nearly serious cases witnessed, wherein a young practitioner applied a large swab of cotton, dipped in the mixture, to one side of an affected tooth. Such practice is safe in the use of astringents, as a rule, but it is highly reprehensible with iodine-aconite. In one case the entire mucous membrane of the mouth, throat and tongue was discolored from the excessive quantity used. In another case there were all the symptoms of aconite poisoning, and for several days the patient was under the care of a physician. In the use of poisons in dental *materia medica*, it is wiser to do too little than too much.

Proceedings of Dental Societies.

DENTAL ASSOCIATION OF NOVA SCOTIA.

The first session of the Seventh Annual Meeting of the Dental Association of the Province of Nova Scotia was opened at 9.30 a.m., in the Temperance Hall, Wolfville, N.S., on August 25th, 1897, with the President, Dr. F. H. Parker, in the chair.

The minutes of the last annual meeting were read and passed.

The election of officers was the first order of business, which resulted as follows :—

President, Dr G. K. Thomson, Halifax ; 1st Vice-President, Dr. M. P. Harrington, Bridgewater ; 2nd Vice-President, Dr. M. K. Langille, Truro ; Secretary, Dr. J. A. Johnson, Parrsboro'.

Members appointed to the Dental Board were Drs. A. C. Cogswell, J. A. Merrill, and F. W. Ryan. Members appointed to the Executive Committee—Drs. G. K. Thomson, A. J. McKenna, A. C. Harding, E. N. Payzant, and J. A. Johnson.

The report of the Provincial Dental Board was then read as given below:—

WOLFVILLE, N.S., August 24th, 1897.

To the Dental Association of Nova Scotia:

MR. PRESIDENT AND GENTLEMEN,—The Report of the Dental Board for the year ending August 24th, 1897, is respectfully submitted.

The Dental law has been enforced during the year, and has, with a few exceptions, been respected by the profession and public.

The legislation was not secured too soon. The Dental profession in the various States of the Union have been raising their standards of qualification, and every Province in the Dominion has a Dental law. For years steady enquiry has been made respecting the terms of our Act, and if our law had not been a workable and good one, Nova Scotia would have been overrun with men who could not qualify elsewhere.

It is well within the truth to state that since 1891 about one hundred persons have, by letter or verbally, expressed to the Secretary a desire to practice dentistry in Nova Scotia, who have not chosen to comply with the requirements of the law, and therefore could not practice.

Every facility has been granted for the registration of qualified persons. The case of Cogswell vs. Matheson has, through some legal technicalities, been postponed, but will, without doubt, be tried in the October term of the Supreme Court at Pictou; other cases of illegal practice have been reported which will be dealt with without unnecessary delay.

DENTAL REGISTER.

The Register has been published in the *Royal Gazette* as the law directs, also in the "Transactions" for 1896, and Belcher's Almanac. Copies of the Transactions containing the Register were sent to every dentist in the Province.

Number of names on the Register August 24th, 1897, seventy-five. No members of the Association have died this year.

Five students have passed the Matriculation Examination as follows:—

Arthur M. Shaw, Middleton, Dr. Crocker, Preceptor.

Albert O. Sproul, Parrsboro'.

Jeremiah S. Clarke, Wolfville, Dr. A. J. McKenna, Preceptor.

H. Ernest Morris, Wallace, Dr. E. L. Fuller, Preceptor.

Clarence N. Davis, Wolfville, Dr. A. J. McKenna, Preceptor.

TEXT BOOKS FOR MATRICULATION COURSE.

Latin for year beginning October 1st., 1897, Virgil, *Æneid*, Book II. Latin for year beginning October 1st., 1898, Cæsar Gallic War Books, II. & III. Greek for year beginning October 1st., 1897, Xenophon, *Anabasis*, Book V. Greek for year beginning October 1st., 1898, Xenophon, *Anabasis*, Book II. French for year beginning October 1st., 1897, Prosper, *Mérimée*. Columba. French for year beginning October 1st., 1898, Voltaire, *Charles XII.*, Books I. & II. German for year beginning October 1st., 1897, Hauff, *Die Karavane*. German for year beginning October 1st., 1898, Hauff, *Das Wirtshaus, im-Spessart*.

MATRICULATION AVERAGE.

All persons who take the Matriculation Examination must, in order to pass, make a minimum total average of 50 per cent. ; and in no single subject fall below 25 per cent.

RECOGNIZED DENTAL COLLEGES.

The Board passes as reputable the list of colleges accepted by the National Board of Dental examiners, also the degree of D.D.S. from Toronto University. Students from any of these Colleges must submit to the requirements of the Dental Law and the rules of the Dental Board of N. S.

1. Baltimore College of Dental Surgery, Baltimore, Md.
2. Boston Dental College, Boston, Mass.
3. Chicago College of Dental Surgery, Chicago, Ill.
4. College of Dentistry, Department of Medicine, University of Minnesota, Minneapolis, Minn.
5. Dental Department, Columbia University, Washington, D.C.
6. Dental Department, National University, Washington, D.C.
7. Northwestern University Dental School, formerly Dental Department of Northwestern University, (University Dental College) Chicago, Ill.
8. Dental Department of Southern Medical College, Atlanta, Ga.
9. Dental Department of University of Tennessee, Nashville, Tenn.
10. Harvard University, Dental Department, Cambridge, Mass.
11. Indiana Dental College, Indianapolis, Ind.
12. Kansas City Dental College, Kansas City, Mo.
13. Louisville College of Dentistry, Louisville, Ky.
14. Missouri Dental College, St. Louis, Mo.
15. New York College of Dentistry, New York City.
16. Northwestern College of Dental Surgery, Chicago, Ill.
17. Ohio College of Dental Surgery, Cincinnati, Ohio.
18. Pennsylvania College of Dental Surgery, Philadelphia, Pa.

19. Philadelphia Dental College, Philadelphia, Pa.
20. School of Dentistry of Meharry Medical Department of Central Tennessee College, Nashville, Tenn.
21. University of California, Dental Department, San Francisco Cal.
22. University of Iowa, Dental Department, Iowa City, Ia.
23. University of Maryland, Dental Department, Baltimore, Md.
24. University of Michigan, Dental Department, Ann Arbor Mich.
25. University of Pennsylvania, Dental Department, Philadelphia, Pa.
26. Vanderbilt University, Dental Department, Nashville Tenn.
27. Western Dental College, Kansas City, Mo.
28. American College of Dental Surgery, Chicago, Ill.
29. University of Toronto, Ont. Degree of D.D.S.
30. Dental Department of the University of Denver, Denver, Col.
31. Department of Dentistry of Detroit College of Medicine Detroit, Mich.
32. Dental Department of Western Reserve University, Cleveland, O.

FINANCIAL STATEMENT OF SECRETARY-REGISTRAR.

HALIFAX, N.S. Aug. 24th. 1897.

Dental Association of N.S., *in acct. with* Frank Woodbury, *Secretary-Registrar.**Receipts.*

To amount of Annual Dues to Aug. 24th, 1897	\$79 00
" Matriculation fees	80 00
	—————\$159 00

Credit.

Nov. 10th, 1896. By cash paid F. W. Stevens Treasurer.....	\$72 00
By cash balance in hands of Secretary-Registrar	87 00
	—————\$159 00

REPORT OF TREASURER.

WOLFVILLE, Aug. 25th, 1897.

Provincial Dental Board of N.S., *in acct. with* F. W. Stevens, *Treasurer.*

To balance on hand Aug. 24th, 1896.....	\$166 43
Nov. 10th. Received from Sec'y of Board....	72 00
	—————\$238 43

1896.		<i>Expenditure.</i>	
Sept. 14th.	J. A. Johnson, printing, stationary, stamps	\$3	52
	Y. M. C. A., rent of hall.....	0	00
Nov. 12th.	Prof. Murray, Matriculation Exam. fees	25	00
1897.			
Jan. 7th.	Wm. Macnab, printing, etc.....	21	75
	To exchange on two cheques.....		50
		<hr/> \$56 77	
	Amount in People's Bank, Halifax..	\$181	66

NOTE.—Dr. Stevens resigned the Treasurship on account of ill health. The Secretary-Registrar was therefore ordered to prepare the above report of the accounts of the Treasurer.

A number of bills are at present unpaid.

The following will show the actual balance :

Amount in Union Bank	\$181	66
" hands of Secretary-Registrar	87	00
	<hr/> \$268 66	
Bills outstanding ordered paid Aug. 25th, 1897.....	174	90
	<hr/>	
Balance in hand.....	\$93	76

This is to certify that we have examined the books, papers and vouchers of the Secretary-Registrar, Dr. F. Woodbury, and the books, etc, of the Treasurer, Dr. F. W. Stevens, and found them correct.

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

Halifax, N. S. August 24th, 1897.

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

By vote of the Board the following resolution, which was passed last year, will remain in force until September 1st, 1898.

Resolution passed that until September 1st, 1898, any students of dentistry who have attended Dental College before passing the matriculation examination may have such time allowed, provided that this does not include private preceptorship.

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

Respectfully submitted,

A. C. COGSWELL, *President.*
F. WOODBURY, *Sec'y-Registrar.*

Resolved, That the Report of the Dental Board be adopted. Passed.

Resolved, That Dr. Johnson be paid \$25.00 for his services for 1895-96 as Secretary of the Association. Passed.

Resolved, That this Association extend a vote of thanks to Dr. F. Woodbury for a donation of \$50.00 to the Association. Passed.

The meeting adjourned to meet at 7 p.m.

WOLFVILLE, August 25th, 1897.

The evening session opened at seven o'clock with the newly elected President, Dr. G. K. Thomson, in the chair.

The minutes of the morning session were read and passed.

The report of the annual meeting of the Dental Board was read as follows :—

WOLFVILLE, N.S., Aug. 25, 1897.

To the Dental Association of Nova Scotia :—

MR. PRESIDENT, GENTLEMEN,—The Dental Board beg to report from the annual meeting held this date.

The following officers were elected for the ensuing year :—Dr. A. C. Cogswell, President; Dr. A. W. Cogswell, Treasurer; Dr. F. Woodbury, Sec'y-Registrar; Prof. H. Murray, Matriculation Examiner.

The Board recommends that the Dental Association send greetings to the New Brunswick Dental Society and ask them to unite with this Association in a joint meeting next year, together with the profession in Prince Edward Island.

Respectfully submitted,

A. C. COGSWELL, *President*.

F. WOODBURY, *Sec'y-Registrar*.

Resolved, That the resolution of the Dental Board in reference to a joint convention between the Dental Societies of Nova Scotia, New Brunswick and Prince Edward Island be carried out, and that a telegram be sent to the New Brunswick Society (now in session at Fredericton) to that effect. Passed.

Resolved, That our next annual meeting be held in Halifax, if a joint meeting cannot be secured. Passed.

Through the kindness of Dr. McKenna, of Wolfville, the delegates were favored with a most delightful drive through the Gaspareau Valley and Evangeline Beach, returning in time for the evening session.

Invitations for a drive on Thursday to the Lookoff were received from Drs. Mulloney, Saunders, Lawrence and payzant. but owing to the limited time was postponed, very much to the regret of the visiting delegates.

Resolved, That a vote of thanks be tendered to Dr. A. C. Cogswell for his valuable paper on "Nicotiana," also to Dr. H. Woodbury for his interesting paper on "Cataphorsis."

Resolved, That this Association extend a vote of thanks to the resident dentists of Wolfville and Kentville for the royal manner in which the visiting delegates were entertained. Passed.

The question box was the next order of business, and occupied the remainder of the evening session.

The meeting adjourned to meet at 9.30 a.m.

WOLFVILLE, Aug. 26th, 1897.

The morning session opened at 9.30 a.m., President Dr. G. K. Thomson in the chair.

The principal object of this session was to talk over and try to secure in some way an interest in our annual meetings.

Resolved, That in view of increasing the interest of the annual meeting, each member who expects to attend the next meeting of the Association be requested to bring some other member of the profession along with him, Passed.

Upon motion, the Seventh Annual Convention adjourned.

G. K. THOMSON, D.D.S., *President*.
J. A. JOHNSON, D.D.S., *Secretary*.

CODE OF ETHICS OF THE DENTAL ASSOCIATION OF THE
PROVINCE OF NOVA SCOTIA. ADOPTED 1893.

The Duties of the Profession to Their Patients :

Sec. 1. The dentist should be ever ready to respond to the wants of his patrons, and should fully recognize the obligations involved in the discharge of his duties towards them. As they are in most cases unable to correctly estimate the character of his operations, his own sense of right must guarantee faithfulness in their performance. His manner should be firm, yet kind and sympathizing, so as to gain the respect and confidence of his patients ; and even the simplest case committed to his care should receive the attention which is due to operations performed on living, sensitive tissue.

Sec. 2. It is not to be expected that the patient will possess a very extended, or a very accurate knowledge of professional matters. The dentist should make due allowance for this, patiently explaining many things which might seem quite clear to himself, thus endeavoring to educate the public mind, so that it properly appreciates the beneficent efforts of our profession. He should encourage no false hopes by promising success, when, in the nature of the case, there is uncertainty.

Sec. 3. The dentist should be temperate in all things, keeping

both mind and body in the best possible health, that his patients may have the benefit of that clearness of judgment and skill which is their right.

Maintaining Professional Character :

Sec. 4. A member of the dental profession is bound to maintain its honor, and to labor earnestly to extend its sphere of usefulness. He should avoid everything in language and conduct calculated to dishonor his profession, and should ever manifest a due respect for his brethren.

Sec. 5. The person and office arrangements of the dentist should indicate that he is a gentleman ; and he should maintain a high-toned moral character.

Sec. 6. It is unprofessional to resort to public advertisements, such as cards, hand bills, posters or signs, calling attention to peculiar styles of work, prices for services, special modes of operating, or to claim superiority over neighboring practitioners ; to publish reports of cases or certificates in public prints ; to go from house to house soliciting or performing operations, to circulate nostrums, or to perform any other similar acts. But nothing in this section shall be so construed as to imply that it is unprofessional for dentists to announce in the public prints, or by card, simply their name, occupation and place of business ; or, in the same manner, to announce their removal, absence from or return to business ; or to issue to their patients appointment cards, having a fee bill for professional services thereon.

Sec. 7. When consulted by the patient of another practitioner, the dentist should guard against inquiries or hints disparaging to the family dentist, or circulated to weaken the patient's confidence in him ; and if the interests of the patient be not endangered thereby, the case should be temporarily treated, and referred again to the family dentist.

Sec. 8. When general rules shall have been adopted by members practising in the same locality, in relation to fees, it is unprofessional and dishonorable for persons subscribing to such rules to depart from them, except when variations of circumstances require it. It is regarded as unprofessional to warrant operations or work as an inducement to patronage.

Sec. 9. Dental surgery is a speciality of medical science.

Physicians and dentists should both bear this in mind.

The dentist is professionally limited to the diseases of dental organs and the mouth. With these he should be more familiar than the general practitioner is expected to be ; and, while he recognizes the superiority of the physician in regard to the diseases of the general system, the latter is under equal obligations to respect his higher attainments in his speciality. Where this princi-

ple governs, there can be no conflict, or even diversity of professional interests.

Sec. 10. Dentists are frequent witnesses, and at the same time the best judges, of the impositions perpetrated by quacks; and it is their duty to enlighten and warn the public in regard to them. For this and the many other benefits conferred by the competent, honorable dentists, the profession is entitled to the confidence and respect of the public, who should always discriminate in favor of the true man of science and integrity, and against the empiric and impostor. The public has no right to tax the time and talents of the profession in examinations, prescriptions, or in any way, without proper remuneration.

OFFICERS FOR 1897-'98.

President, Dr. G. K. Thomson, Halifax; 1st Vice-President, Dr. M. P. Harrington, Bridgewater; 2nd Vice-President, Dr. M. K. Langille, Truro; Secretary, Dr. J. A. Johnson, Parrsboro'; Treasurer, Dr. A. W. Cogswell, Halifax. Executive Committee—Dr. G. K. Thomson, chairman, Halifax; Dr. A. J. McKenna, Wolfville; Dr. A. C. Harding, Yarmouth; Dr. E. N. Payzant, Wolfville; Dr. J. A. Johnson, Secretary, Parrsboro'. Auditors—Dr. A. W. Cogswell, Dr. H. H. Bigelow.

PROVINCIAL DENTAL BOARD OF NOVA SCOTIA.

Dr. A. C. Cogswell, Halifax, president; Dr. J. A. Merrill, Halifax; Dr. M. P. Harrington, Bridgewater; Dr. A. J. McKenna, Wolfville; Dr. F. H. Parker, New Glasgow; Dr. F. W. Ryan, Windsor; Dr. H. Woodbury, Halifax; Dr. Frank Woodbury, 137 Hollis St., Halifax, Secretary-Registrar.

NATIONAL ASSOCIATION OF DENTAL TECHNICIS.

The fifth annual meeting of the National School of Dental Technics will be held at the Palmer House, Chicago, December 29 and 30, of this year. Its programme will entitle it to even greater success than experienced at any time during its previous years of existence. Its leading paper, from Dr. G. V. Black, on "Instrument Nomenclature, with Reference to Instrumentation," will mark a historical period in methods of teaching the manual of cavity preparation.

D. M. CATTELL, *Sec.-Treas.*
HENRY W. MORGAN, *Pres.*

Question Drawer.

Edited by DR. R. E. SPARKS, M.D., D.D.S., L.D.S., Kingston, Ont.

QUESTIONS.

Q. 38.—May abnormal conditions of the eye result from dental practice?

Q. 39.—Does an operator use both eyes at once? If not, which one?

Q. 40.—Is any ill effect likely to result from operating with artificial light, as electric, etc.?

Q. 41.—Explain the blue line on the gums, as the result of the introduction of lead into the system.

Correspondence.

SHOULD A DENTIST SMOKE?

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—When I was at college in Philadelphia, our Dean used to advise the boys not to smoke; said it would injure practice as well as health. Well, we found out that he was quite a smoker himself. I think myself the use of tobacco ought to be forbidden students.

Yours, F. C. MURRAY.

[The Dean, no doubt, meant the boys to do as he advised, not as he did. There are many good and godly men who smoke; there are many mighty mean rascals who do not. To forbid students smoking in the college or in the office is proper; but how would you propose to enforce the rule in their own rooms? When laws are made too oppressive to one's liberty out of bounds, they are generally better followed in the breach than the observance. "Stolen sweets are always sweeter."—ED. D. D. J.]

OVERCROWDED.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—When is the overcrowding of the profession to stop? It is a fact that we are all working at high pressure for less than half the fees our predecessors got, and they took life easy. It is common to find dentists open now until ten o'clock at night, and there are some who work on Sundays. One pair of hands cannot do

more than a certain amount of work. Only a certain amount can be well done in a given time. A great deal of this cheap dentistry is necessarily badly done. No one not a fool will give ten dollars' worth for two; but there are simple people who really think there are such philanthropists in the profession. "Cheap Jack" knows it, and he does not blush when his falsehoods are detected, not he.

Yours,
R. M. T.

WHAT IS THE USE ?

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—For twenty years you have been hammering away at quackery, and still we have quackery. What's the use?

Yours,
J. T. F.

[For over eighteen hundred years men have been hammering away at sin, and still we have sin. Would you say, "What's the use?" If good men did not hammer away at sin there would be much more of it. From all appearances it is only the "hammering away" at quackery that holds it within any bounds. We shall keep up the hammering to the end, and leave our "hammer" as a legacy to our successor.—ED. D. D. J.]

"OVERCROWDED."

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—At the last meeting of the Eastern Ontario Association at Cornwall, it was argued by some that we are not overcrowded in Ontario. Gentlemen with well-established practices, who even hire assistants to keep everything they can from younger practitioners in the same place, and who have several ways of bringing grist to their own mill, do not talk unselfishly. Now I mean no personal allusion to any one at the Cornwall meeting, as I refer directly to others who talk in the same way and with whom my recent experience may be of interest. I travelled about the province for two months, looking for a fair place to settle. When I called upon one of the gentlemen who says the profession is not overcrowded, and spoke to him about settling in his town, and not far from him, he wonderfully changed his tune. "Come along if you like, but our circumstances here are peculiar; we are overcrowded here and our fees are low. Why don't you try ——?" Now, Mr. Editor, I'm almost decided to give this gentleman a dose of his own medicine, and if the old-settled practitioners in such a place have cut down their fees, why will they object if I cut down mine?

Yours,
D.D.S., L.D.S.

KEEP IT UP.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—It is a bad sign when we hear a dentist who desires the respect—and the votes—of his confreres, speaking disparagingly of the only dental journal we have in Canada. I cannot understand why a gentleman can feel any personal reflection cast upon him when you go for the quacks and quack advertisers. I know I do not. These men have brought us in Ontario to a pretty low ebb financially, and would ruin us socially, so that by and by we would rank no better than the barber. I see most of the journals published, and none of them have so persistently attacked these enemies of our profession as our own, and I think the publisher deserves our thanks for giving the editor a free hand. I can name several who were converted from the unethical error of their ways by your determined opposition, and I am sure the JOURNAL has a leavening influence in the profession which is well appreciated by the very large majority, however much it may be hated by the few.

Yours, LONDON.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—Would you consider the enclosed advertisement unethical? I am a young practitioner, a recent graduate of the R. C. D. S., and I find it impossible to pay my expenses unless I make my existence known through the public press. Yours, ———

[We see nothing objectionable in your card. It would be unreasonable to expect general conformity to any fixed form of advertisement, any more than to any restricted line of practice. It would be as intolerant to restrain a young practitioner from modest advertising as to declare it illegal to devitalize pulps or to extract teeth. We know that pulps are devitalized and teeth extracted with as little regard to the principles of conservative treatment, as were a surgeon to amputate a foot on account of a bunion, or a finger on account of a wart. Yet the liberty of the subject in practice has great scope after one has his license. One code of ethics cannot control methods of advertising any more than methods of practice. A voluntary society can ostracise a violator from membership, but there is no legal power to cancel a license no matter how arrant the falsehoods and pretence of the advertiser. These advertisements are like the boomerang, they fly back to their author. We have hundreds of young men like yourself in our ranks in Canada, who are honestly struggling to obtain a reputable practice, and who prefer modest success with honor, to a sensational career of disrepute.—ED. D. D. J.]

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—What do you raise such a row about sensational advertising in dentistry for? Can we claim to be any better than medical men? Some of our highest authorities in medicine and surgery use the local items in the press to report operations. Of course they are got in as "mere locals," but they are ads. all the same. And what sort of ethics do you call it when some doctors have their relations tooting for business in various societies, to which they belong, giving the cards of the doctor to members of the committees. I know of several cases where the wives of doctors gave their husbands' cards to Lady Aberdeen. I think you are too hard on our right to push business. Yours, B. S.

[No medical man in Canada advertises after the manner to which you refer. The perambulating corps of physicians who infest the cities for the usual short periods, are not Canadian practitioners, but are "covered" by the license of some speculative Canadian M.D. There is no law to prevent your wife "tooting" for business for you if it is in her line, and she has the official opportunity. Perhaps you are a crusty bachelor; you'd better marry and have a "tooter," too.—ED. D. D. J.]

Abstracts.

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

PACKING pyorrhœa pockets with aristol, quinine or alumzol gives happy results.—*Dental News.*

DR. S. L. WATSON, San Jose, Cal., claims that broken nerve brooches can be easily removed from root canals, after a dressing of twenty-five per cent. pyrozone, applied on cotton, has been left in the canal for a few days.—*Items of Interest.*

PULP CAPPING.—Dr. Atkinson, of Brunswick, Ga., writes to the *American Dental Weekly* protesting against the sacrifice of dental pulps so prevalent in the profession. In his opinion the dentistry of the 19th century has not yet solved the problem of pulp capping as it will be solved in the future. Dr. Atkinson's method is to flow in a paste of iodoform and creasote, covering this with creamy cement.

DR. HASKELL believes that so far as prosthetic dentistry is concerned the instruction should be largely practical and not in lecture form. Even in the laboratory the student labors under great disadvantage in being taught in classes, and especially large classes, with but two or three demonstrators, and they often inex-

perienced men. If the lecturer could spend more of his time in the laboratory of a practical man, his students would learn far more quickly and thoroughly.—*American Dental Weekly*.

WE have often observed our friends working in cramped positions, and their lamentations about press of work causing the back muscles to assume rheumatic aches, are repeatedly heard. The eye and hand should be so educated in the dental operator that he may be able to work in remote and inaccessible cavities by means of his mouth mirror. If this is accomplished these aches, pains and stiffened backs just mentioned will be things of the past.—*Dental News*.

NON-COHESIVE GOLD.—Dr. D. J. McMullen, writing in the *Western Dental Journal*, advocates the use of non-cohesive gold in crown and gingival cavities in molars and bicuspid. Amalgam is often inserted in these cavities in preference to gold on account of the difficulty of applying the rubber dam and the patient's dislike to a mouthful of rubber. The dam is unnecessary in non-cohesive gold, and by its use a higher standard of dentistry may be maintained, and consequently higher appreciation of the dentist in the community.

DR. EAMES and others have spoken of communion cups. Just compare for a moment the number of people who go to communion with the number of school children who drink in common from dirty cups. We ought all to support, in an effective way, any movement to improve the conditions existing in our school-houses. We ought to attend meetings which give expression to the care of text-books, drinking cups, pencils, etc., for the school is a decidedly more important place to begin our reform than the church.—Dr. WERNER, *American Academy of Stomatology*.

DR. A. C. HART, San Francisco, believes that the secret of preventing decay in teeth lies in the hardening of the intercellular cement substance. The use of tobacco and alcohol has this effect. The use of nitrate of silver for the prevention of decay has been advocated by many, and is certainly very effective, but the staining caused by it is very objectionable. Dr. Hart claims that "The ability to harden albumen and render it insoluble to the action of bacteria, is the process by which all known bacteriacides act. That they are powerful in preventing decay, just in proportion to their ability to form insoluble albuminates with the teeth and other structures of the body." To prevent decay recurring at the gum margins or around fillings he dries carefully, applies twenty-five per cent. pyrozone for three minutes to thoroughly cleanse, then applies formalin. Solution forty per cent., full strength, for five minutes, then dries thoroughly and melts paraffin and salol over the surface.—*From Items of Interest*.

AMALGAM-CEMENT FILLINGS.—Dr. Cobey, of Washington, in *Cosmos*, says of his method: Mix the amalgam after preparing the cavity to be filled, thoroughly fill this cavity with cement while it is in a "flowing" condition, and as soon as the cement has set sufficiently to offer just a slight resistance to the touch of an instrument, begin to pack small pieces of amalgam in the centre of the cement, forcing it in with small pointed instruments, being careful not to let the instrument penetrate the amalgam far enough to be in contact with the cement. As more amalgam is added use larger instruments, spreading the amalgam until the margins are reached. When the cement has sufficiently hardened to clean away from the margins nicely clear them of cement and continue the amalgam to a finish.

CLEANSING TEETH.—Dr. Albert H. Brockway says in the August *International*, of cleansing the teeth that few operations are more generally beneficial or more highly appreciated by our patients. In his practice he makes it preliminary to all other operations, as it familiarizes one with the character of the mouth and the condition of the teeth, and also serves as an excellent and comparatively gentle introduction to the more severe operations which are to follow, which is important with timid or inexperienced patients. The artificial teeth of to-day are unnatural in that they are baked to yield a glistening appearance. A diminution of this high glossness is what we should hope to attain. By dipping artificial teeth, prior to setting, into hydrofluoric acid the surfaces become more lifelike. Select the color with reference to the complexion and age of the patient, and never permit the latter to lead you from the path of professional knowledge, rather choose teeth somewhat darker than you first conclude. The teeth always appear lighter when placed in the mouth than they do when on the wax baseplate.—Dr. CARL KNIEWEL, *Danzig*.

DR. LINDLEY H. HENLEY, of Marshall, Texas, sends the following suggestion in relation to obtaining perfect occlusions: "Ninety-ninths of all failures with artificial teeth are probably the result of inaccurate bites. I believe I have a plan which obviates this difficulty. Having obtained an accurate model I cover it with a thin sheet of rubber, and vulcanize it just enough so that it will retain its shape. This plate is partially polished, and my teeth are set up on it and can be tried in the mouth without danger of subsequent change. The teeth are thus set exactly as wanted for proper occlusion and to restore facial contours, and the piece is flaked and fresh rubber packed in and vulcanized to unite the plate with the teeth."—*Items of Interest*.

Medical Department.

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

HORSLEY'S ANTISEPTIC WAX.—This preparation consists of beeswax, seven parts; almond oil, one part; and salicylic acid, one part. Professor Keen introduced this preparation into Jefferson Hospital several years ago, and uses it extensively to arrest bleeding from the bone during operation. After removal of a growth from the jaw, as an exostosis or an epulis, the bleeding can be controlled by this application. The wax is of great service in bleeding from diploe or cancellous bone.—*Med. Record*.

EXTIRPATION OF THE GASSERIAN GANGLION FOR NEURALGIA.—Mugnai (*Il Pol. clinico*, September 1st, 1897) records the case of a woman, aged fifty-two, suffering from incurable neuralgia of the right superior maxillary nerve. In October, 1895, this nerve was excised by the author. For about fourteen months the patient was entirely free from pain; it then returned, not only in the second division of the fifth, but also in the first and third. The author decided to resect the Gasserian ganglion. This was done on January 14th, 1897, by the Krause-Hartley method, viz., temporary excision of the squamous portion of the temporal bone. The operation lasted an hour and three-quarters, and although much collapsed at the time the patient made a rapid recovery, and when seen six months after the operation had no return of the pain, and was better in every way. Sensation had returned over the area of the second and third division of the fifth nerve.—*Brit. Med. Jour.*

CASE OF ACUTE NEUROSIS OF ALVEOLAR PROCESS OF SUPERIOR MAXILLA IN A BABY TWO DAYS AFTER BIRTH.—On September 25th, I attended Mrs. B., aged twenty-eight, in her first confinement, which was quite normal, though tedious. Two days after birth the nurse called my attention to the baby, which had not yet opened its eyes. There was slight chemosis of both eyelids, which I thought might have been due to injury during birth. Next day was requested to examine its mouth, and on doing so, I found the alveolar process of the left superior maxilla much swollen. The day following, there was extensive sloughing, and after having removed the slough with a pair of forceps, I extracted two pieces of bone. The child progressed favorably under treatment until the twelfth day, when an erysipelatous eruption appeared on the abdomen, subsequently spreading to the genitals and nates. The baby died on the fifteenth day, apparently from sepsæmia. I have never heard of neurosis coming on so soon after birth. No history of syphilis, struma, etc.—FRED. C. WOOD, L.S.A., in *Brit. Med. Jour.*

TREATMENT OF ULCERO-MEMBRANOUS STOMATITIS.—Marfan (*La Médecine Infantile*, September 1st, 1897), in a clinical lecture, describes under the title of ulcero-membranous stomatitis a case of septic gingivitis, which, by inoculation, had produced ulceration of the mucous membrane of the right cheek. This condition is often called aphthous stomatitis, but must be distinguished from it and from diphtheritic stomatitis. It requires vigorous local treatment to prevent complications such as fistula, noma, osteitis. Chlorate of potash given internally is useless, and the treatment which has been employed for fifty years at the Hôpital des Enfants Malades is to rub in finely powdered chloride of calcium into the affected areas. On the following day the plaques become detached, and healing rapidly follows. If, as but rarely happens, this method fails, recourse may be had to a strong solution of carbolic acid (1 in 10), lactic acid (1 in 3), or per manganate of potash (1 in 300) applied by means of a probe covered with cotton wool. The mouth should be washed out at least twice a day, as well as after food, with boiled water, and the margin of the gums should be touched daily by cotton wool soaked with boracic acid.—*Brit. Med. Jour.*

Tit Bits from the Editors.

IT has been one of the most discouraging features of educational labor on proportional lines that those who know the least of this are the ones ever ready to rush into the arena of professional politics, for a means to cripple the system which the few earnest men have sought to build up and make more and more perfect during the passing years.

IN answer to a beginner's question as to what he should charge for Logan, Richmond and gold crowns, writers in the *Dental Brief* play a good high low game, principally low, however; \$4 to \$15 is the range. If the question is a real one, we would like to say to the asker, that he who puts a gold crown on a front tooth, should receive the pay of a sentence of the penitentiary, provided he is proven sane.—*American Dental Weekly*.

AS we note the ever-increasing number of so-called "dental parlors," and see the columns of the daily papers disfigured by the advertisements of the disreputable practitioners of dentistry, it becomes more and more evident that the evil of dental quackery is rapidly increasing. It cannot be wholly eliminated, for while time lasts and men inhabit the earth, just so long will the unthinking and the credulous fall a prey to those who are unscrupulous and dishonest. So long as is inherent in the human heart the desire to

get something for nothing, the man who offers to meet that want will secure patronage.—*Pacific Stomatological Gazette*.

THE National Association of Dental Examiners [this must not be confounded with the National Association of Dental Faculties, a distinct and useful body.—ED. D.D.J.] has passed the stage of tolerance, and if the State Boards would cease to send delegates to it, one cause of a vast deal of trouble would be removed. As it stands to-day, it is a positive menace to the colleges of the country, and should be abated without any reservations as an obstruction to healthy dental progress.—*International Dental Journal*.

IT is frequently quoted, when some of the products of our dental educational system are under criticism for their imperfections, that "a stream can rise no higher than its source," the implication being that the dental profession is the source of supply for the recruits annually added to its ranks. This is neither true nor is it complimentary. The schools alone are responsible for the character of the product sent out, and no amount of dodging or hedging can alter the fact. But, unfortunately, the advertisement game is like chess or checkers in one respect, *i.e.*, it is always played more brilliantly by the looker-on than by the participants, and as a consequence, much of the criticism of our dental educational methods is of the destructive sort by those who, while condemning the method and its result, offer no suggestions for their improvement; or, still more, demand reforms utterly impossible, in view of the conditions to be met. What is needed, and what will be gladly welcomed by all honest educators in dentistry, are suggestions which can be practically utilized for the improvement of our system. Criticism of the constructive type always commands respectful consideration, and is generally received.—*Dental Cosmos*.

Selections.

THE VALUE OF POST-GRADUATE INSTRUCTION.

By G. LENOX CURTIS, M.D., New York.

Many of you will doubtless recall the fierce attack upon the dental colleges made by the Philadelphia *Medical Times* some years ago, in which the editor (Professor H. C. Wood) stigmatized their degree "D.D.S." as the "badge of a partial culture." You will recall also how the late Dr. J. W. White, who took up the cudgels for the dental schools, showed from Professor Wood's own testimony that they were at least doing what they claimed to do—grounding their students in the principles of dental practice—which, if the

same witness was to be believed, was a good deal more than could be hoped for from the medical colleges of the day, notwithstanding the *Times* held them up as the only proper educators for practitioners of dentistry as of any other specialty in medicine.

The sense in which the *Times* used the phrase "partial culture" was that the dental college could not, *per se*, fit a student for the practice of dentistry, because it did not and could not give him the proper medical knowledge. It is not necessary now to enter into the merits of that contention, but there is a broader sense in which the D.D.S., when granted even after the most thorough course of instruction enforced in any dental college, is the "badge of a partial culture." But it is no more so than is the M.D. of the callow medical graduate, the diploma of the unadmitted law-school fledgling. Each of these bears testimony to the fact that its holder has passed the required curriculum of study. The young dental graduate, for instance, has been taught the general principles of practice, but his time has mostly been occupied in acquiring knowledge, so that when graduated he is merely ready to learn how to apply that knowledge. He is, however, extremely ready, his training having made him apt in the absorption and application of methods. As Dr. Kirk puts it, "The most that has been absorbed when the diploma has been won is a knowledge of the more important principles, a familiarity with typical methods, a limited facility in technique, and, what is equally important, if not more so, the establishment of a habit and method of study giving the ability to readily acquire further knowledge and practically apply it as occasion arises."

The bare statement of the acquirements of the recent graduate testifies his need for further study. He is ready to "begin practice, of course, but who will say he is prepared to cope with the complicated conditions which, common enough in their occurrence, yet test the resources of even the skilled practitioner? Of theoretical knowledge there is no lack. So far as this phase of his qualifications is concerned, the recent graduate can almost surely pass a better examination than his more skilled brother of twenty years' active practice; better fourfold than he himself can when twenty years of active work have made him a shining light in his profession. What he stands most in need of now is the fertility of resource, the keen discernment, the accurate diagnosis, the trained judgment, and, most of all, the manual dexterity which twenty years of active practice will give. How shall he conquer these, so that patients at the outset of his career shall have as useful service as they will receive at his hands twenty years after? It is most of all in the face of this lack that his D.D.S. is the "badge of a partial culture."

Dr. S. B. Palmer, in a paper published in the *International Dental Journal* for February states the weakness of college instruction when he says, there is not sufficient time spent with students

in manual training to enable them to meet the requirements of prosthetic dentistry ; so when they graduate they have made one or two practical dentures and from twelve to fifty fillings in all."

How is this to be remedied? There seems but one answer—by the post-graduate school. Extension of the term of studentship has done much to correct evils formerly existent in our scheme of education. There is now no lack of theoretical knowledge of the science of industry in the average graduate. His greatest weakness is in the direction of manual dexterity, which, after all, stands very near the first essential to the practical dentist. A fourth year in college, of exclusively clinical and practical work under the guidance of skilled instructors, would meet the difficulty to a large degree ; but even then the student would not have sufficient opportunity to decide certainly what particular line of work he would wish to follow, and as no man can be an expert in all things, a year or two of private work would be required to show him what he really needed, when the post-graduate school would afford the means to supply his wants.

Then, again, there is that large class of men who have entered upon practice without the advantage of a college training. Many of these would be eager to avail themselves of the opportunities for practical instruction to be found alone in a properly-conducted post-graduate school or practitioner's course.

If dentistry hopes to maintain the dignity which it now claims, it must lay out a course of clinical study covering the higher grades of work, to be taught by men having the requisite knowledge and the ability to impart it. By this means the average ability of the profession at large would be sensibly increased. Not every man who is perfectly competent to deliver a lecture before a class of raw students is fit to demonstrate the fine arts of delicate manipulation before a body of graduates and practitioners. These do not sit in open-mouthed wonder as at revelations of an occult science. They are prepared to question whatever is not clear, and they test with more or less keenness the practicality of what is offered. Their instructor must needs know his subject thoroughly, must not merely be "up" in its present development, but must be familiar with the steps by which that development has been reached, even the errors which experience has demonstrated ; in a word, he must be a real expert in the particular branch he essays to teach. Dentistry does not lack for such men. What it does lack is the opportunity and the means to avail itself of their knowledge, their skill, and their willingness to give of their store to the general stock of knowledge, which the general establishment of post-graduate schools would make available. Indeed, in view of the importance of the subjects involved, it may be a question whether attendance upon post-graduate instruction should not be made obligatory upon all graduates.

Men whose good fortune it has been to take a course or courses in post-graduate work are loud in its praises. It is well to read in the journals descriptions of practical methods of procedure; well to hear them discussed in society meetings. It gives one food for thought, broadens the mind, perhaps suggests new ideas. But the moral effect is as nothing compared with seeing every step of the operation, and then under the eye of the instructor doing it one's self. It gives one confidence in himself, a state which always inspires the confidence of his patients.

In these days, for instance, no dentist can be accounted an all-round, finished workman who does not possess a thorough knowledge of crown and bridge-work. Yet it is safe to say not four per cent. of practitioners have this knowledge. Many more think they have it; but they judge from a biased stand-point,—their own work, not that of experts. To acquire this knowledge requires special training, without which the proper practice of this important branch of our work is impossible to the great mass of dentists. Its importance will be the better recognized when we reflect that it is the agency which is rescuing prosthetic dentistry from the low estate into which the introduction of vulcanite plunged it. Were it for no other reason than to assist in this rehabilitation in the esteem of all men of a once-honored department of dental practice, the knowledge of the principles and procedure of crown and bridge work should be universal. Since the introduction of this beautiful work we hear less and less of the one-time Shibboleth, "I do no mechanical work," by which the sheep of the profession sought to distinguish themselves from its goats.

Few men fresh from college are able to construct a bridge properly; fewer still—and this applies also to the mass of practitioners—can do any real surgery in the mouth. The reason why is suggested by Dr. Palmer's remark before quoted. Most of the difficult work, such as surgery, bridge and continuous gum, in the colleges is done by the professors or the demonstrators; so that a practical knowledge of more than the simplest operations is too seldom obtained. In a properly conducted post-graduate school a vastly different rule prevails. It should be manned by competent instructors, experts in each branch such as I have previously described, who would be there to teach, not to practise, to show those sitting under him how to do and then supervise their efforts to do. That is the kind of instruction which is now mostly required to elevate the standard of dentistry. Rightly carried out it will place the schools upon the highest level which can be demanded of them.

To sum up its advantages, the post-graduate school brings the man who seeks it for instruction into close contact with greater men, suppresses his egotism, broadens his intellect, draws forth his

noblest qualities, and inspires his highest ambitions; fosters his inventive faculty and instills into him a reverence for science; in a word, it places within the reach of every man who will learn a practical knowledge of the highest development of dental procedures, and by so much advances the true interests of the profession and of the race.

I have said that it is a question whether post-graduate work should not be made obligatory upon all graduates. I am persuaded that the experiment of a post-graduate school founded upon the lines herein indicated and conducted with an eye single to the advancement of those in attendance, would, by its results, so react upon the moral sense of the profession as to make the post-graduate course, or its equivalent, a necessary preliminary to entrance upon practice.—*International Dental Journal*.

Reviews.

Tin Foil and its Combinations for Filling Teeth. By HENRY L. AMBLER, M.D., D.D.S., Professor of Operative Dentistry and Dental Hygiene in the Dental Department of Western Reserve University. The S. S. White Co., 1897. 12mo., 108 pages. \$1.00.

This little volume is a compilation of all the literature on the subject of tin foil, and should be useful not only to the student but also to the practitioner, no matter whether he has used tin in his practice or not. Dr. Ambler is an enthusiast in the use of this much neglected material, and says in the preface to his work: "It is hoped that what has been said in this volume will enable those who study it to save more teeth and stimulate them to make improvements on the material and methods, doing much better than has been described or suggested."

DR. I. W. FARRAR'S second volume, "Irregularities of the Teeth and Their Correction" (800 pages, 750 cuts), will appear next month. The work is a monumental one, and the author is the leading authority on orthodontia. We shall review the work as soon as possible, and place it beside Vol. I., in the library of the R.C.D.S. Its appearance will be the professional literary event of the New Year.

Dominion Dental Journal

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A WORD TO OUR FOES.

If one has any grit in his composition, his most helpful "friend" is a "foe." When one serves no selfish interest, and heeds no malevolent aim, the enemies he makes are a stimulus, yet they can do him material harm. They can slander him behind his back; they can hinder his projects; they can stab in the back. But it is true as truth itself that such enemies, whether they are the travelers for dental depots or the principals themselves who do not pull with us, or dentists who are quacks, or who act like quacks, or cranks who can distil no goodness from the zealous work of other people—it is true that such foes in the long run harm themselves more than they hurt those whom they dislike.

One Canadian dental firm—only one—revels in depreciating this JOURNAL. The money of Canadian dentists alone gives the proprietor his bread and butter. We have upon several occasions abstained from referring to some of the "peculiar methods" of the establishment. We have been in possession for some time of facts in this connection, which may yet have to be aired in the courts if the systematic efforts to damage this JOURNAL are not stopped.

Naturally we have other foes, and some are so solidly indifferent that at least they cannot be counted as our friends. No journal is without them; no editor escapes calumny.

SATAN REBUKING SIN.

In an interview Mr. Stead, the editor of the *English Review of Reviews*, had with the notorious Tammany "Boss" Richard Croker, the latter assumed a virtue denied him by his enemies, and incidentally dropped a few trite thoughts which we may aptly apply to the "principles" of the quack and quack advertiser. "The law is that although wrong-doing may endure for a season, right must in the long run come to the top. Human nature is not built so that roguery can last. Honest men must come to their own, no matter about the odds against them. Lying, thieving, calumny, may have their day, but they will pass. Nothing can last but truth. If you put ten honest men into an assembly with ninety thieves, human nature is such that the ten honest men will boss the ninety thieves. 'Honest' John Kelly used to tell me, 'never mind the odds against you if you are in the right. Being in the right is more than odds.'"

"CROWNS AND CROWNS."

A student who had become quite accomplished in the mechanical construction of gold crowns, once came before us to be examined in operative dentistry for his license to practice. He had in the chair a victim whose right central incisor was badly decayed, yet with a live unexposed pulp. We instructed him to treat the case precisely as he would were he in actual practice and regardless of expense. There were a large number of students on the treadmill, and we did not interfere with our genius until the next morning, when he came and asked us to look at his patient. Instead of filling the cavity, or at least *in extremis*, placing on a presentable porcelain crown, he had a glaring all-gold crown, showing its hideous deformity. "What do you think of that, sir? Won't that pass me?"

"As a specimen of dental jewelry and mechanical adaptation it is as near perfection as anything of the kind I ever saw. As an illustration of gross violation of good taste and common-sense it is also quite as perfect. I might pass you on the work as a jeweller, but I pluck you on the work as a dentist. It is good jewelry, but very bad judgment. If you would do an operation like that for a member of my family, I would take an action against you for damages and disfigurement."

Now, on the other hand, there is a great deal of botching going on in crown work. Men who cannot do this work themselves try to get it done by men who never see the patient, and the result in

time is very poor. We have recently examined a number of mis-fitting crowns, to which were due subsequent periosteal disease and loss of the teeth. Cases have come under our observation where pulps have died as the result of the rough treatment by carborundum wheels. We have removed many, the bands of which were so badly constructed that the cementum was a constant mechanical irritant, and the band was a nidus, with all the best conditions for bacteria.

ENCOURAGE OUR BOOK PUBLISHERS.

An extensive experience has convinced us, that the intensely practical character of our profession has prevented very many of our most skillful dentists from cultivating thorough reading of dental literature. It would be an absurd conception, that could imagine an educated physician or surgeon worthy of high rank, who was not familiar with the progress in theoretical medicine and surgery, and who did not keep pace with professional literature. The bane of dental education has been this—that hundreds of men got into its ranks before "book larnin'" was considered as necessary as it is to-day. In the rush, too, of our modern education, it is difficult and often next to impossible to subdue the over-meaning conceit, that the "practice" of dentistry should hold a prominent place, and that the fundamentals, however necessary they are for a pass examination, are burdens that may be relegated to the realms of forgetfulness when they are escaped.

Practical teachers fully realize the supreme importance of technical teaching. A great deal of didactic teaching, especially on prosthetic and operative dentistry, is like pouring water into a sieve. Yet we are confident that experienced teachers of technique prefer to demonstrate to students who know the general principles and science upon which intelligent practice is based. Empirical use of dental drugs; hap-hazard efforts in the treatment of pathological conditions of the oral cavity; mistakes and blunders in practice are largely due to an ignorance of the leading principles, the study of which should precede as well as accompany technical training. From start to finish, education is smoothened for both student and teacher by this knowledge. There is nothing in heaven or on earth that can be learned by guess-work.

The system of dental education in Canada, especially in Ontario, makes this theoretical training compulsory. Our students are obliged to follow precisely the same curriculum as medical students in the subjects taught at the medical universities. They must pass precisely the same examinations and conform to the same regulations in order to make the primary pass for the

degrec. Like medical students they are apt to throw aside the text-books of the first two years which are used in the universities. In relation to dentistry proper, this is impossible to one who wishes to keep well informed. The practitioner who expects to make old editions and old education serve his purpose, must expect to drop out of the march of professional progress. Our dental literature is a daily post-graduate course. It pays intellectually and financially to keep fresh with the times. Many who would not retain an obsolete method in practice, stick to obsolete teachers.

The practising dentist owes it to himself and his patients to keep posted on theory as well as practice. The publishers who at great expense supply our profession with its literature should get a good return for their enterprise, and we trust that the new year will infuse new aspirations in this direction into every province of Canada. A fairly complete dental library ought to be one of the useful ornaments of every dental office.

EDITORIAL NOTES.

THE next annual meeting of the Vermont State Dental Society will be held in Rutland, Vt., next March, 16th, 17th, 18th. We propose to give a full report of the proceedings.

THE bound volumes of the DOMINION DENTAL JOURNAL are a valuable adjunct to any Canadian dentist's library.

WE reiterate our advice—carefully read the advertisements and keep up with the times.

YOUNG theologians have a panacea of their own for sin: they start into their first pulpit with the conviction that the devil is now to get his due, and the law and the prophets their true interpretation. One of our young divine friends worried himself for the first year of his pastorate to confirm his conviction that there is no devil; forgetting that the souls of his flock would not be a penny the worse or better for proof positive one way or the other. We have asked many of our readers to give us any advice or suggestion for the better conduct of the DOMINION DENTAL JOURNAL. Much of it has been valuable, and has been acted upon. Some of it is impracticable; some impossible; but it was agreeably received all the same. One new graduate has asked us to publish his ideas on the subject. They may be thought Quixotic, but they are not half as deserving of the reproach as many ideas of our own. It is easy to formulate brilliant plans on paper, but when the vulgar questions of paying the printer and other such trifling obligations are taken into account, the romance of the projects disappear like a

premature snow-flake on a running stream. However, our warm-hearted young friend must speak for himself :

Dear Dr.—My associate, Dr.——, showed me a letter you wrote inviting him to give you any ideas that had occurred to him in any way to improve the DOMINION DENTAL JOURNAL. We both think that the publisher gives us a good deal more than value for our dollar, and that you have succeeded in getting a good deal more original matter than most of the journals which have behind their backs the great interests of large depots. Now, my ideas, the Dr. says, are "wild," but I'll give them to you. 1. Enlarge to sixty pages. 2. Illustrate every issue. 3. Publish portraits of all officials of all the provinces, and follow with portraits of all the members of the societies. 4. Get articles from leading writers everywhere. 5. Offer competitive prizes for the best papers on subjects to be named. 6. Personally visit every dentist and get everyone interested.

[We will dream over this, my boy. But we fear that the nearest approach to reality will be that we shall dream we dreamed a dream.—ED. D. D. J.]

"I WISH you'd just mind your own business and not trouble yourself about my methods of managing my own practice. Who appointed you the dictator of dental ethics? If I find I make more money by adopting my present methods what is that your business? I don't object to your ways of managing your business. You accuse me of imposing upon the public: you say I lie because I advertise the best sets of teeth for \$5. I say you lie if you deny it."

WE like the out-spoken cheek of this post-card correspondent. One of the best ways to make an enemy of a quack is to attempt his reformation. If you try to show him that he is acting like a fool, he will laugh in your face and simply prove himself a knave. When you try to prove to him that his slap-dash way of doing his work is downright imposture; that, in fact, he steals from his patients quite as surely as the common thief, he thinks he has reason for wrath, though he be caught red-handed. Thieves do not, as a rule, advertise their thieving intentions. What boots it whether the thief steals your purse on the sly or robs you of your money by giving you light weight, departmental goods, or shoddy dentistry? The meanest backyard thief is not a circumstance to the polished dental quack

MESSRS. ASH & SONS (London, Eng.) recommend that in using carbondum wheels, that they should be run at as high a speed as possible. This will, to a great extent, prevent the rapid wearing away of any soft places which there may be in them, and thus tend

to keep them true in use. Although great care is taken in their manufacture, they cannot yet be produced of equal hardness throughout.

THE lawyers seem to have a pretty close monopoly of the power to cancel the privilege of practice for breaches of their ethics. Recently one of the fraternity in Quebec was threatened with the removal of his gown because he publicly advertised that he had money to loan! It is extraordinary that medical men and dentists can publicly advertise the most infamous falsehoods; can even boast in print of conduct which can be easily proven as imposture upon the public, and there seems no redress, except by professional excommunication. And that sort of punishment the imposter will court as it gives him notoriety. An agitation in our Legislatures on this subject must be made some day. Even if unsuccessful, it will be one of the best means of educating public opinion.

WHEN YOU WANT TO BUY ANYTHING in the line of dental goods, look over our advertising pages. You can rely upon the men who advertise in the DOMINION DENTAL JOURNAL. There are quack depots as well as quack dentists, and we exclude both.

ONE WHO TAKES NO INTEREST, or a merely perfunctory interest, in the efforts made to elevate the social and moral tone of the profession, is indirectly an abettor of those who are busy dragging it through the mire.

IT IS A WORTHY AMBITION to desire the respect and friendship of one's conferees.

Obituary.

DEATH OF DR. THOS. W. EVANS.

Dr. Thomas W. Evans, the American dentist, who aided the flight of the ex-Empress Eugenie from Paris in 1870, has died very suddenly. Dr. Thomas W. Evans was born in Philadelphia about seventy-five years ago, and went to Paris in 1846, where he won a great reputation. Since his advent in the French capital, Dr. Evans has attended to the teeth of nearly all the crowned heads of Europe, to say nothing of almost innumerable members of the royal families, except Queen Victoria. He attended Napoleon III. and the Empress Eugenie, and assisted the latter to escape from Paris in his carriage after the battle of Sedan. Dr. Evans's fortune was estimated above twenty-five million dollars.

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No. 12.

HYPODERMATIC TABLETS FOR

Local Anæsthesia DENTAL

Formula of N. L. HOFF, D.D.S.

Our Hypodermatic Tablet No. 81, "Local Anæsthetic (Dental)," is made, as stated above, after the formula of Dr. Hoff, and we beg to quote from his paper upon the subject, published in the *Ohio Dental Journal*, as follows.

"The combination I am now using as a local obtundent yields good results. I use sterilized water to make the solution, and, to prevent possible decomposition, make daily or as needed for use. The formula I use is as follows:

℞ Cocaine.....	gr. 1-2
Sulphate of Morphine.....	gr. 1-8
Sulphate of Atropine.....	gr. 1-200
Sterilized water.....	gtts. xxx
Mix and inject hypoder. gtts. v to xv.	

"For convenience I have had the Cocaine, Morphine and Atropine made into soluble tablets by Parke, Davis & Co., of Detroit, and in this way solutions of any strength desired may be quickly and accurately made with little or no inconvenience. As a solvent I use distilled water containing from 8 to 10 per cent. Euthymol to keep it sterile. If desired to make a 2-per-cent. solution all that is necessary is to dissolve one tablet in 25 minims of water; a 1-per-cent solution can be made by dissolving one tablet in twice this quantity of water, or 50 minims. A 4-per-cent solution can be made either by reducing the water one-half or adding another tablet to the 25 minims, etc."

In Tubes of 25, 45 cents per tube * or four tubes (100 tablets), \$1.65 * or, in bottles of 100 tablets, \$1.55 per bottle * but these tablets particularly being made very friable in order to be quickly soluble, are best kept in tubes of 25 * * * *

Our Descriptive Price List of Pharmaceuticals of Especial Interest to Dentists will be promptly forwarded upon request. Just drop us a postal card.

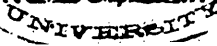


Parke, Davis & Company,

WALKERVILLE, ONT.



THE NESBITT PUBLISHING CO., LIMITED, TORONTO, CANADA.



PRESCRIBE
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FOR PATIENTS WEARING
BRIDGE WORK OR DENTURES,
AND AS A GENERAL

Antiseptic and Prophylactic Wash

FOR THE MOUTH AND TEETH.

LISTERINE is kept in stock by leading dealers in drugs everywhere, but in consequence of the prevalence of the **SUBSTITUTION EVIL** we earnestly request **DENTAL PRACTITIONERS** to

PRESCRIBE LISTERINE IN THE ORIGINAL PACKAGE.

LISTERINE is invaluable for the care and preservation of the teeth. It promptly destroys all odors emanating from diseased gums and teeth, and imparts to the mucous surfaces a sense of cleanliness and purification; used after eating acid fruit, etc., it restores the alkaline condition of the mouth necessary for the welfare of the teeth, and employed systematically it will retard decay and tend to keep the teeth and gums in a healthy state. **LISTERINE** is valuable for the purification of artificial dentures and for the treatment of all soreness of the oral cavity resulting from their use. Patients wearing bridge work should constantly employ a **LISTERINE** wash of agreeable strength.

LISTERINE is used in various degrees of dilution; one to two ounces of **LISTERINE** to a pint of water will be found sufficiently powerful for the general care of the deciduous teeth of children, whilst a solution composed of one part **LISTERINE** and three parts water will be found of agreeable and thoroughly efficient strength for employment upon the brush and as a daily wash for freer use in the oral cavity, in the care and preservation of the permanent teeth.

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