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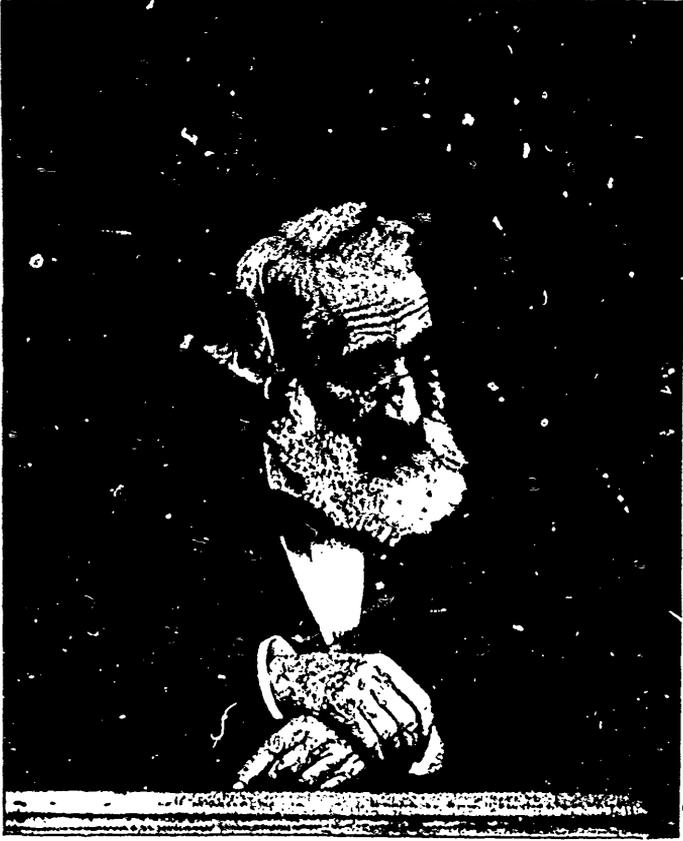
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SIR JOHN TOMES, F.R.S.

Dominion Dental Journal

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TORONTO, JANUARY, 1896.

No. 1.

Original Communications

SIR JOHN TOMES, F.R.S.

We have already alluded, in the September number of last volume, to the death of Sir John Tomes, on July 29th of last year, in his 82nd year. We are sure our readers will be glad to possess the accompanying portrait, which we received last summer from the Committee of the Sir John and Lady Tomes' Golden Wedding Gift Fund, as a memento of the occasion, and which has the double interest of having been photographed by the distinguished son and successor of the late Sir John. We are sure that we express the general wish of the profession in the suggestion, that Mr. Charles Tomes should some day give us a biography of his late father's career. Like many another eminent practitioner, he began the study of medicine under the great difficulties which existed so far back as 1831, and eventually was appointed dental surgeon to King's College Hospital; and subsequently at Middlesex Hospital, he finally began dental practice in 1840. In a letter we lately received from Mr. Charles Tomes, he refers to his father's "long and painful illness, passing the last few weeks in a state of partial unconsciousness." Mr. Tomes mentions that he has found some old account-books of his father's, of his earliest days in London, "when he was living in lodgings on less than £1 a week, and even then was commencing his microscopical work, and associating himself with Todd, Bowman, Kiernan, and other early English histologists." These and the many personal and professional reminiscences which must exist, would form one of the most interesting and inspiring volumes in the literature of dentistry. We reiterate the hope that Mr. Tomes will place us under obligations by becoming its author. Among our own pleasant

recollections, we recall kindly letters received from him when we ventured, in 1868, to establish the first dental journal in Canada. In conjunction with Sir Edwin Saunders, dentist to Her Majesty the Queen, his many little acts of friendliness can never be forgotten. Without an exception, our contemporaries have paid their tributes to the memory of Sir John, and none more fraternally than the journals of the United States.

DENTAL ETHICS.

By R. J. READ, B.A., D.D.S., Athens, Ontario.

Can dental ethics be discussed intelligently and beneficially apart from the question of general ethics? This is the first thought that presents itself, in considering the subject of this paper. In order to obtain a satisfactory answer it is first necessary to have an idea of the subject matter of ethics. This we will define to be that which is ultimately good for man—man not only individually, but socially. Dental ethics then will be a consideration not only of such conduct, but of such a disposition as will attain the greatest good of man in the capacity of dentists. The ethics of advocates and physicians will have for their end the final good of these professions. This statement suggests another inquiry. Is there a separate ultimate good for each society of men? Do these societies, of necessity, interfere with each other in the attainment of their ends?

These questions will be best answered by a consideration of the criterion by which we judge right and wrong. But first let us understand our terms. We will define a right act to be such as will advance the good of man; and a wrong act to be one that will hinder the good of man. One may be said to act morally when his act is such as furthers the ultimate good or *summum bonum* of man. Now, how do we judge the right from the wrong? To this question ethical writers have given various answers. One replies that we have a moral sense, an intuition which determines at once the right from the wrong. Another class, the egoistic hedonists, claims that self-interest is the standard of determining actions. And yet another class, the universal hedonists, advances the idea that happiness is the aim of man; yet this happiness is not to be sought solely for the individual, but for humanity as a whole; hence the necessity of duly subordinating the interests of the individual to the interests of the whole.

We will now consider happiness as the *summum bonum* of man—as that for which all men strive. If it be admitted that happi-

ness is the desire of all men, then we must learn what happiness is. But here again we have various and conflicting opinions. Some will say that riches constitute happiness. This idea can hardly be accepted, for we have many instances to prove that money does not bring satisfaction, but very often it brings idleness and consequent misery. Some will urge, not money, but the possibilities which it brings, is happiness—for example, fine houses, horses and carriages, and good living generally. Thus it is admitted that money is not the end, but only the means to procure further ends. But consider, are these further ends, as good-living, happiness? Experience denies this. A sick man groans that health will bring him happiness. Is it not admitted that healthy people are sometimes unhappy? Some contend that happiness consists in the exercise of the intellectual faculties, and that the sensualist is wrong in believing his mode of life brings happiness. Pleasure being the end, why is the life of a sensualist condemned? Why is one pleasure considered better than another? Why is the pleasure of the artist superior to the pleasures of insobriety? The drunkard contends that he enjoys life as much as, or more, than the temperate man. If intemperance brings more pleasure, is it then right? The rejoinder will be that men who in their youth spent their life in riotous living, and who afterwards, in middle age, reformed and pursued intellectual pleasures, found the latter to be more permanent and enjoyable. The reply to this will be that what would be a pleasure in youth might not be a pleasure later in life, because the former mode of living had palled the senses and unfitted the animal organization for such pleasure. If the intellectual pursuits had been followed in early life, pleasure might not have been the result. Again, that which is a pleasure to one might be a source of indifference or pain to another. If we consider the greatest amount of pleasure as the *summum bonum* of man, would we not be justified in judging that person who could enjoy the greatest amount of pleasure, whether intellectual or sensual, the most moral?

If it is now suggested that we must consider the character of pleasure, then it becomes a question of *quality*, not *quantity*. Now, the *quality* of a pleasure being urged, the theory of the greatest amount of pleasure loses its distinctive contention, and we are compelled to seek elsewhere an answer to our original inquiry, the good of man. In pursuing this inquiry there is a common error which must be avoided; this error consists in confounding the fact that the pleasure which accompanies the attaining of a desire is the object of that desire. One has a desire for food, and in satisfying that desire pleasure is present, but pleasure was not the object of that desire. Man has a desire to become something better than he is. Whence is this desire? and what is the essence of it? The

desire is derived from our capabilities, and these capabilities are known only so far as they are attained. The functions of one generation will be much greater, *pari passu*, than those of a former generation. And so our desires to become better increase in the same proportion as our capabilities increase. The essence of the desire to become better than we are is the fulfilling of our capabilities. Although the ultimate possibilities of man are unknown, and so far they are vague, yet our present capabilities are known, and so far they are definite. He who seeks for momentary and fleeting pleasure will never obtain satisfaction, for that is only attained in so far as it accompanies the realization of our functions.

Now, in what way is man related to his fellow-beings in the fulfilling of his capabilities? The basis of society is the recognition of man's individual rights. Each individual has his own peculiar capabilities, and the object of each is the realization of such. Then the rights of the individual consist, in part at least, in his being free from such interferences as will retard his progress towards the good. Since individuals form a society, then as each realizes his functions, so the possibilities of society are increased. The fact that we are yet striving shows clearly that we have not yet attained the ultimate good. To become better than we are we must recognize in our fellow-beings that same yearning for something higher—a desire common to them and us. The reformer recognizes this fact, or at least acts on this principle, when he endeavors to improve the condition of his fellow-beings. To increase our capabilities we must have the opportunities for so doing; and these opportunities occur in proportion to the increase of the capabilities of those with whom we are connected. In order that the possibilities of the dentist may increase there must be an advance in the education of the community—the people must learn what may be done for them. When they then take advantage of these opportunities they increase the possibilities of the dentist; and also by improving themselves by his services increase their own capabilities. So as the ability of the dentist increases and he performs better services, that is, as he increases the possibilities of society, so he increases the means for still greater possibilities on his own part.

The foregoing account of the theory of ethics is indeed scant. A mere mention of some of the ideas advanced by ethical scientists has been made. Replies and counter-replies as to the origin of the desire to become better than we are have not been considered. This is so of necessity, as a prolonged discussion on this part of the subject would be out of place here. So, on the other hand, an attempt to discuss the subject of dental ethics without any reference to the aim of general ethics—understood as the ethics which relate to man—would be to deprive the discussion

of much of its usefulness. It was thought better to preface what may be termed the practical part of the subject in this manner to show the way in which we are related to our fellow-beings ; to point out that though we are dentists with our peculiar aims in life, yet we are bound to our fellow-men to further one common purpose, the perfection of mankind ; and to clearly impress the idea that whatever advances the condition of the community will increase the advantages of the individual, and on the other hand, whatever militates against the rights of our fellow-men will in turn diminish our own possibilities.

We will now proceed to the practical part of the subject, and discuss our duties under the following heads and in the order mentioned : Our duties to ourselves, our duties to our profession, and our duties to our patients.

Duties to ourselves cannot be entirely separated from our duties to others, as may be seen from what has already been advanced ; for that which is good for the individual is by reaction good for the whole ; and what is good for the community redounds to the benefit of its component parts. Self-interest, or egoism, is a primary necessity in order that we may become serviceable to ourselves and others. If that care is not taken of our bodies that will enable us to fulfil our capabilities, then the amount of good that is due to ourselves and others cannot be accomplished. Therefore, in order that we may do our best, due attention must be given to our bodily welfare. Physical exercise and regard to diet will then be considered among the first duties to self. Unless the physical part of man is properly cared for, the mental capacities cannot be cultivated to their fullest extent. Reading will accomplish little unless the mind is rested and in such a state as to receive. Nor can our daily occupations receive their due attention if the body is not vigorous. All the patience of a healthy person is necessary in attending to the *minutiæ* of delicate operations. These operations are performed every day, and the same care is always necessary. If the operator is tired, then in completing the necessary details of the work there is a greater strain on the nervous system than should be ; and if the operations are not done to the best of the operator's ability, then a sense of unworthiness will follow, and the thought of not having done one's best will again have a depressing effect on the nervous system.

From this follows the necessity of having certain regular hours for practice. Too much work and confinement will militate against health, and too long office hours will shorten the time that should be given to such recreations as will produce a healthy state of mind. But what will be said of such practices where more work comes into the office than can be accomplished in the prescribed hours ? Is that work to be lost ? This is a world in which money is

necessary to achieve certain ends or fulfil certain capabilities. We will consider a practice so large that it cannot be attended to in the fixed time. In order to retain such a practice it is compulsory to have longer hours. Let us examine to what this leads. Now, the result of having longer office hours than is compatible with health is inability to do the best that one is capable of doing ; hence the excellence of the operation is less than our capability, and this, according to the theory advanced, does not tend to our greatest good. But then, shall we turn patients away, saying, " We have no time to work for you ; go elsewhere " ? It is better to do this than to become sick and irritable and do inferior work. The best rule is, Do, the best work. If we always do satisfactory work, our patients will not wish to go elsewhere, other things being equal ; they would prefer to pay us more rather than lose our services. In this way we would get more for our ability, we would conserve our dignity and health, we would gain an appreciative class of patients, we would do more good to mankind by fulfilling our capabilities, and we would enable one with a smaller practice to fill up his spare hours.

Again, we are remiss in our personal duty if we neglect to improve our knowledge of our chosen profession. It is right that we should read what others have given us of their best thoughts, that we may thus increase our capabilities. Each one who desires not only to improve himself, but others, will collect a well assorted library of the best works on dentistry. Not only is it necessary to have a dental library, but it is imperative that we should subscribe for one or more of our dental journals. Those who do not read the journals know not what opportunities they lose for improving their ability. It is not only the thoughts contained in the journals of which they are deprived, which in itself is a sufficiently important factor, but, what is of more value still, they are barren of those thoughts which these ideas might beget. Without the assistance of dental literature we cannot feel that we are doing our best ; and if we are not fulfilling our capabilities, then again, according to our theory, we are not attaining our greatest good.

Another important duty to ourselves is independence of thought and action. That which we believe to be right must be sturdily maintained in the face of all opposition. If we pursue, and have pursued, in our practice certain methods of treatment, then it is cowardly, undignified and at variance with our good to be frightened from that practice because others depreciate it. Are there any in the profession who simply repeat what others have said, who have little or no idea of the *modus operandi* of the treatment they pursue ? If there is a method of treatment or a medicine that is unfashionable, how many are there who will be sufficiently independent to admit that they make use of this same treatment in

their practice? (All credit to those who are.) True human nature must be loyal to its convictions. That which we have proved good let us maintain, and at the same time conserve our dignity. Must we introduce examples of fashionable treatments? If so, it would be necessary only to examine the history of amalgam fillings and root-canal fillings. Who but fearless men maintained the efficacy of amalgam fillings amid a storm of opposition? Some were so fearful of ridicule that they feigned horror at the mention of amalgam. Why fearful? Because some men, deservedly high in the profession in some respects, denounced it. What was the duty of each man? To prove and to hold by that which was true. Now that the heroic wave in respect to this amalgam is sweeping over the profession, when men rise up in associations to announce that they are not ashamed to use this filling material, and that great credit is due Dr. Flagg and his associates for their manliness in maintaining their convictions, let it be remembered that the other extreme is to be avoided, unless it is proved true. It is not our duty to receive with open mouths and closed understandings (if such an expression be permissible) what is told us. We must test and observe, if we are to cultivate our capabilities and fit ourselves to become better than we are. What! and shall one be willing to class himself among "the rank and file," so-called, of the profession? So one may be wrongly classed by some writers who take to themselves unwarranted judicatory functions; but such a one will know how true the classification is. If the capabilities be exercised to their fullest extent, one will not thus class himself; but a lazy and neglectful person will feel that such classification is just.

One possessed of true dignity will not do good solely for the sake of praise. The praise of our fellow-men is indeed a pleasure and an incentive; but let that pleasure be rather an accompaniment of the exercise of our capabilities than the end of our desire. Good actions should be the result of an inmost desire to become something better than we are. If we stand in public places and pray, we earn the praise of men, but at what a sacrifice! Our self-satisfaction is lost, our dignity gone. All the purer feelings that tend to elevate and lead us on to the true end of life are, in a measure, adulterated, and we are indeed miserable, let outward appearances be what they will.

(To be Continued.)

THE SALIVA IN PROGNOSIS.

By W. D. COWAN, L.D.S., Regina, N.W.T.

I have, after devoting considerable attention to it, come to the belief that the saliva is an agent which may be employed to materially assist in determining the success which will attend the filling of many cavities, and that it is of sufficient importance to warrant greater attention at the hands of the dentist than it receives.

It is true, I think, that the teeth of some are much more susceptible to after influences than others, and to successfully determine a tooth in which such influences are likely to be harmfully exerted is often a very difficult task.

We may fill two cavities precisely similar to all appearances, in different patients, physically alike; we may do our work with equal thoroughness. In one, the filling may prove a lasting blessing, while the other may, within a week or so, return and complain of inability to drink anything, either hot or cold, without causing undesirable pain, or of sharp, shooting pains, which reach to the eye or the ear, and of it being impossible to touch the filling with anything metallic. Of course, we do not become a party to the astonishment that they express, that such a thing should occur, but we must either persuade our patient that after the formation of osteo-dentine these pains will cease; or possibly proceed to the removal of the filling and the treatment and filling of the tooth by different methods. Is it possible for us to determine between the two classes of patients?

The temperament of the patient will certainly help us; so, also, will the saliva, I believe, to a much greater extent than we generally accept, and that because it is a means of revealing to us, to a certain extent, the susceptibility of the patient to pain, and to these influences which produce pain, some patients, because of a blunted sense, being less subject to these influences than others. I have noticed in my practice that it is seldom that any of my patients in whose mouths the saliva is of a thick, mucid, stringy character, and gathers in little bubbles at the corners of the mouth when the lips are closed, or forms strings, as it were, from one lip to the other when the mouth is open, or who has a gummy, sticky, generally filthy looking deposit of greater or less extent from the saliva on the lips forming a light circle at the point of contact of the lips, are troubled with the symptoms previously described. I have therefore become very confident of success in filling cavities in the teeth of such a patient by using only the ordinary precautions and following the usual procedure. On the other hand, if my patient is one who is gifted with an excess of saliva,

and that of the most watery description, I would not attempt an all metallic filling, unless the cavity was of a very shallow nature. In other words, a filling that I would insert for the first patient, with only ordinary precautions, I would for the second patient use extraordinary precautions, probably a heavier capping, a combination filling, or at least proceeding as if I knew beforehand that the tooth was going to be subject to after influence.

COUNTRY PRACTICE.

By S. W. McINNIS, D.D.S., Brandon, Manitoba.

Those of us who have been fortunate enough to practice in a city only, know very little of the difficulties in the way of preservation of the teeth in a country practice.

The patients of the city, whether resident or visiting, are educated, to a great extent, as to the value of their teeth and the possibilities of dentistry. With people living in villages and the outlying country it is not so; at least, not nearly so much so. The farmers' dental creed is very simple: "If your tooth aches, have it pulled." The brushing and cleansing of the teeth are, to the ordinary farmer, like the wearing of a white starched shirt—an uncalled for and snobbish extravagance. The farmer's wife or daughter looks forward to the time when she can have as pretty a "new" set of teeth as her neighbor, Mrs. J., with a longing proportionate to the envy, ambition and vanity of her nature. This ignorance, this lack of education, is one of the foremost difficulties to be encountered in a country practice. The next difficulty is the infrequency that the dentist is within reasonable reach of the patient, and the short length of time allowed for each visit.

Take my own case, as a fair example. I visit several villages within a radius of fifty miles of my house—my head office. Some of these villages I visit monthly, some every two months, some quarterly and some once or twice a year. The length of time spent in any one of these villages at one visit seldom, or never, exceeds two days. Patients present their mouths with teeth in all stages of irregularity, decay and disease. The patients are not rich, do not value their teeth as they should, are not willing to spend much time or money in having them straightened, filled or made healthy. All this necessitates that the operator must be ready to complete the operation within a very limited time, to fill many cavities at a slight cost and with little pain to the patient; to impart as much information as possible, and as kindly and forcibly as possible during the operation and at the conclusion to put into the hands of the patient the necessaries for properly cleansing the teeth.

It generally falls to the lot of our young college graduates, accustomed only to city practice (little or much, as it may be), to fill the openings in country districts, and it is to be regretted that in our schools so little attention is paid to preparing the young student to meet the difficulties of such a practice. No doubt, however, now that the term at college has been lengthened, and is to be still further lengthened, more time will be allowed the instructors to prepare the student for such an emergency as taking charge of a country practice.

It has been my lot to conduct a country practice for a number of years, and I have learned many things which, as a young man at college, I never heard of, and I have also found that many things which I at first thought dangerous and inadvisable, are, in themselves, good things, and often very necessary. For the sake of those who may be now placed as I was only a few years ago, let us glance at one or two of these things briefly.

The extensive use of plastic fillings becomes a necessity, because such fillings can be cheaply and quickly inserted. Amalgam, notwithstanding all that has been said against it, is the great friend of the country practitioner and the patient poor. An extensive use of Logan crowns, without bands, I have found to be very advantageous and satisfactory.

The great difficulty is the treatment of diseased teeth. I regret that the short space allowed will not permit of anything but the briefest mention of some forms of treatment advisable in the country, not generally followed in the city.

I have found that cocaine can be used to make the immediate extraction of the pulp almost painless in the ten anterior teeth, upper, and cuspids and bicuspid, lower.

I have found that punctured applications of arsenic under temporary amalgam fillings, will not only destroy the pulp, but in all probability keep the tooth comfortable till a return visit can be made three months, six months, or even a year, afterwards.

I have found that in subacute cases of peridontitis from putrescent pulp, the pulp can be removed, the tooth cleansed and filled, the peridontitis treated systematically and locally, and the patient dismissed within an hour, with every promise of the tooth becoming quickly, and remaining permanently, comfortable.

In cases of painful eruption of third lower molars, where the jaw is full of teeth, or inclined to be crowded, it is almost always advisable to extract one or both (second lower) molars, and this should be done at first presentation. To remove any salivary calculus and cleanse the teeth thoroughly with pumice and revolving brush, or soft rubber wheels, is always advisable, whether requested by the patient or not.

These are simply a few hints. I hope that some one with more time and experience will take up this subject and do it justice.

PYÆMIA AS A SEQUELÆ OF PYORRHŒA ALVEOLARIS.

By A. E. VERRINDER, L.D.S., Victoria, British Columbia.

The following case of recent date may be regarded as a typical representation of the most persistent form of this disease :

A gentleman came under my care some three weeks since, who had been for some two years past under treatment by different members of the medical profession. They had all treated him for the same malady—malaria—and his last physician had ordered a complete change, in order to save the patient's life.

Taking advantage of his vacation to have a troublesome molar attended to and filled, he consulted me to repair the wrong. Making a careful examination of the entire arch, which consisted of an unbroken denture, I found very little requiring attention. Remarkable on the general state of his bad health, and noticing his cachectic condition, I touched the right chord, and he recited his miseries of the past two years, and his looks did not belie his words, he being resigned and prepared for the worst. On further inspecting the oral cavity, I found a marked receding of the gums, and, probing, found a diseased process almost in its entirety. On pressure, a foul, unhealthy pus exuded—the first intimation I had of any odor. My suspicions now being aroused, I questioned him minutely in regard to the symptoms, and I found a febrile condition, with coated tongue and a temperature of 103°. He complained of headache, constipation, dizziness, sleeplessness, loss of appetite, and at times during the last twenty-four hours, nausea. Noting the conditions, I told him he had "no more malaria than I had," but was suffering from the absorption of this septic matter. To convince him, I placed the hand-mirror in such a position as to give him a view of the exuding pus, furnishing evidence that something was wrong. He accordingly concluded to try my suggestions, with the result that after a vigorous and stimulative treatment—both systematic and locally—combined with proper antisepsis, he began to improve rapidly, and a week since he journeyed home, expressing himself a strong and healthy man for the first time in two years.

At this writing, I have received no further communication, so conclude all is favorable. No doubt, from the slovenly way in which he had attended to the hygiene of his mouth, matters had gone from bad to worse, and, having almost a perfect arch of teeth, considered he had no use for the services of a dentist, while the absence of any severe local symptoms led his physicians astray, and from the

resulting absorption of this septic matter, blood-poisoning had actually set in. This form of disease is very prevalent on the Pacific coast, whether from the influx of an already unhealthy people, or directly attributable to the climate itself, I do not know, but I do know that these cases are more or less numerous with all British Columbia practitioners, although not so far advanced as to produce such severe constitutional symptoms, except in rare cases as stated. I feel justified in asserting that as many deaths occur from supposed malaria, when it is simply absorption of this septic matter and complications arising therefrom, as from genuine malarial fever.

DENTISTRY IN PRINCE EDWARD ISLAND.

By J. S. BAGNALL, D.D.S., Charlottetown, P.E.I.

The needs of the people here are attended to by ten dentists, an increase of seven in a very few years, but the advances along the line of better dentistry are slow, unless advertisements for painless extraction and "guaranteed good work cheap," count.

Since the passing of the law that a dentist must be a graduate of a recognized school, there has not been any students spending their summer months here as full-fledged practitioners. It is to be hoped that a greater interest in the saving of the natural teeth can be cultivated.

ANTISEPSIS AND ITS RELATION TO DENTISTRY.

By C. A. MURRAY, D.D.S., Moncton, New Brunswick.

It is a fact beyond all question, that no part of the human anatomy has received so much attention during recent years as the teeth and the surrounding parts. Science, which has in the present century done so much to ameliorate the condition of the human race, has in the last twenty-five years made wonderful strides in the department of dental surgery. In the science of dentistry, belief of individuals, and the opinions of dentists, are constantly changing in regard to the most important questions of our profession. This change usually occurs without attracting the attention of some practitioners, who think they stand on the same level professionally as those men who work out the changes and keep

abreast with the modern advancement of the profession. These practitioners make their way along the narrow path of their daily lives, and owing to the anxiety of making the almighty dollar, or by advertising and practising some quack remedy, thereby degrading the profession, their attention is not directed to the slow but continuous progress of the science. They only see the change, after it has shifted, by the practice of others; and by the time they become proficient in that change, science and advancement has effected another alteration. Hence the man who lives only in the past and looks not to the future, cannot have a clear and complete understanding of that past. Such men are incompatible with quick alterations, and work empirically and by routine, which accounts for their slow progress in their profession.

I wish to confine myself more particularly to that branch of our profession pertaining to the very important use of antiseptics. It is a fact beyond all question, that there exists a number of micro-parasites which, when they enter into the body, will cause inflammation and suppuration. When these microbes have once entered the body it is our aim to kill them, and this is no easy task after they have become a resident of any part of the human frame. There is an old saying, and a true one, "An ounce of prevention is worth a pound of cure." So it must be our aim to prevent the microbes from entering the body, and more particularly that part which we as dental surgeons operate upon. These microbes exist everywhere—on our clothing, hands, instruments, and in the air—therefore it is very necessary for us to operate, dress, and have our instruments under the most careful antiseptic precautions.

Dr. W. D. Miller, in a recent article, says: "There is no department of surgery in which the demand for antiseptic procedure is more urgent than in dentistry, for the reason that all of our operations are performed upon septic or infected tissues, and we have no means of rendering the territory to be operated upon aseptic except by the use of antiseptics of the highest character. We cannot extract a tooth, cleanse the canal of a pulpless tooth, excavate a cavity of decay, or lance the gums, we cannot even touch any point in the oral cavity without our instruments becoming coated with a layer of infectious material. We are therefore bound to use antiseptics, not only for the purpose of disinfecting the already infected tissues, but for sterilizing our instruments, to avoid the transmission of infectious matter from one patient to another. The necessity for absolute cleanliness on the part of the dentist—of his hands, as well as his instruments, napkins, drinking glasses, rubber-dam, in short, everything which comes in contact with the patient's mouth—is universally recognized; at least, there can be no one who has the courage to express a contrary opinion. We can never know what virus may be clinging to our instruments,

nor can we with certainty predict the result of a wound upon the gums, cheeks or lips with an unclean instrument."

The dental office and surroundings should present as neat and clean an appearance as possible. The floor of the operating-room should be polished hardwood or linoleum, and should be washed every morning. The operating-chair requires great care to keep perfectly clean. The head-rest should be covered with a clean napkin for every patient; the cuspidor should be cleansed antiseptically after every operation. We sometimes see in dental offices the cuspidor in such a condition that it is not only a receptacle for microbes, but an object of disgust to the patient. No dentist can be too careful as regards the antiseptic care of his instruments. Many a disease is communicated from one patient to another by the filthy condition of dental instruments.

The instruments required should be thoroughly cleansed before and after each operation, in a 5 per cent. carbolic solution. When the dentist is required to perform an operation with the knife, great care should be exercised in having the place to be operated upon and his instruments thoroughly clean. To remove the blood, small wads of sterilized cotton or gauze, which have been soaked in a 5 per cent. carbolic, should be used. After the operation, peroxide of hydrogen should be used, as it destroys any pus which may be there and it prevents the decomposition of the blood and serum, or a 2 to 3 per cent. carbolic solution may be used, as it kills or renders inert any microbes that may be in the wound.

The operator's personal appearance should be clean and tidy. He should wash his hands with soap and disinfect them in a 2 per cent. carbolic solution or in a $\frac{1}{2}$ per cent. sublimate solution. His usual coat should be removed and a clean operating one put on.

If these suggestions are carried out, the patients will soon learn the virtue of antiseptics, and will sit down for an operation with the assurance that everything is clean and that they have a dentist who operates antiseptically.

The antiseptic treatment of dental caries varies according to the condition of the tooth. In cases where the dental pulp is alive, the dentist is sometimes compelled to leave a little softened dentine over it. Where there is nearly an exposure, and in such cases where it is filled without being disinfected, the microbes covered in by the filling will produce products that will destroy the pulp, or they may penetrate the pulp and cause it to die; hence the chief cause of trouble with teeth after they are filled. It is very essential that these cavities should be disinfected before they are filled, and in doing so the dentist should be careful not to use a coagulant (such as carbolic acid) to seal the septic matter within the tooth, or by coagulating the albumen, but should use an antiseptic which will penetrate in the presence of albumen; and among the most potent agents which will accomplish this is the oil of cassia.

In opening a pulp-canal containing a devitalized pulp-tissue, great care should be exercised to cleanse, disinfect and render it aseptic before filling; and in order to accomplish this it must be thoroughly cleansed with peroxide of hydrogen, using a syringe to prevent septic matter being forced through the foramen. After the canal has been thoroughly dried of the peroxide of hydrogen by means of a hot-air syringe, an application of the bichloride of mercury is made, and the canal will be rendered permanently aseptic. When alveolar abscess exists as the result of a devitalized pulp, similar treatment is indicated, but should be repeated until all signs of the abscess have disappeared. In cases where the pulp-canal has been destroyed by therapeutic remedies, the treatment consists in cleansing, disinfecting and filling pulp-canals.

In conclusion, the subject of antiseptics can by no means be exhausted in so short a paper, but the outcome of perfect cleanliness and antiseptic precaution, will be the confidence of the patient, and the satisfaction of the operator, in knowing he has prevented some of the "ills flesh is heir to" and discharged his duty as a painstaking dentist.

ONE METHOD OF DOING IT.

By F. WOODBURY, D.D.S., Halifax, Nova Scotia.

Perhaps "pulpless" teeth are treated in a greater variety of ways than any other lesion that claims the attention of the dental surgeon. All sorts are found, from the primitive "wad" of cotton and creosote, to the most elaborate system of measurement, reaming, and sterilization of the pulp chamber, and a mixture of the rational and nonsensical exists between these extremes.

It is not my purpose to arraign any system, or lack of system, of root filling. It matters little what material is used, if it securely closes the apical foramen, and closes it at the proper place, viz., the apex. A class of pulpless teeth is constantly being treated, with large openings at the apex. These are found in the mouths of young persons, before the teeth are completely developed, and in adults where the foramen has been enlarged by the presence of an abscess, or from other causes. It would be far from the truth to say that these are among the most unsatisfactory cases ordinarily met with. After our best treatment and manipulation have been put into the case, we find that annoying, persistent soreness to the touch, slight puffing of the gum over the root, that abscess recurring which we thought destroyed, discharging a little pus under pressure. Some one or more of these conditions, with perhaps others more or less aggravating, are calculated to keep us humble.

There are many causes at work which bring about these unfavorable conditions. (Often they are beyond control.) Among them we find two, which are usually present in this class of cases, where moderately satisfactory results are not secured, viz., failure to bring about a thoroughly antiseptic condition of the parts, and failure to plug the root to the apex.

A good deal of difference is experienced in presenting the following "One method of doing it," for doubtless others have pursued the same course and will deem the particulars given as needlessly minute, but this is designed to be exact enough in directions to prevent any person who chooses to try it from wasting time in guessing what is meant. This is no universal cure-all. It works where it is indicated, like every other treatment or appliance. The great variety of cases, many of them unique in some particular, are constantly taxing the ingenuity of the conscientious and careful operator, and a suggestion is helpful. Some one will say, these are the most simple cases. Not always. We know that some of the most perplexing and annoying of these occur in the six anterior teeth, with straight roots. It is these to which I shall refer, although the same course may be pursued in any tooth with straight roots. Given one of the six anterior teeth, we have a straight away opening through the apical foramen of proportions that render it perplexing—a good large opening. Our treatment of the parts is complete and the tooth needs plugging at the apex. We know the consequences of failure to make a complete filling up there in the dark. Proceed as follows: Secure an opening in the crown of the tooth in line with the pulp canal, either by drilling away enamel on the inner wall of the cavity or making a new opening on the lingual surface. Measure the length of the tooth with a hooked nerve broach and mark the length on the end of a card. Have it exact. Write on this the name of the patient and the tooth. Select a Gates-Glidden nerve canal drill, a little larger than the apical opening. Mark the length of the root on the shaft and carefully drive your engine, allowing the point to go through the apex slowly, so that the canal at the end may be smoothly reamed, and the parts not unnecessarily wounded. In doing this withdraw the point often, so that when it passes through it will not carry a mass of debris with it. Stick the drill just used in the marked card so that it will not be mixed with others; select another, one or two sizes larger, and after marking the shank as before pass it up to the mark or within a hair's breadth of it. The point of the drill will thus be just at the apex, but being spear-shaped the cutting part will be a half-line, or perhaps a little more, short of the end of the root. This gives a cone socket-shaped canal. Stick this drill also in the card. You can now finish the operation or further disinfect, as the case may indicate. In this

case the chair will be rotated so the light will fall pleasantly over the shoulder, and the patient supplied with a recent magazine, while the operator and card will retire to the laboratory. Here is found a small slab of ivory or bone about a quarter of an inch thick. A hole is drilled through it, it is then reamed out by the smaller nerve drill in the card, then the larger one is introduced, until the point is seen level with the under side of the bone slab. Thus is found in the bone the same shaped canal as we have in the tooth. A strip of pure black tin, a little longer than the tooth, is then filed up to about the size of the large drill. It is grasped by a pair of flat-nosed pliers and gently forced through the bone slab by rotating, when through make the end round and smooth. Measure the length of the root on the tin from the card, and place it in the root, and if the measurements have been made correctly it will go to its cone-socket seat tightly and firmly. It can go no further, and there is no reason why it should not fill the apex and be smooth. If desirable to test it before finally filling the tooth, cut off the tin just inside the cavity and fill the crown with gutta percha, but leave the tin long enough to be reached with spring pliers. When the time comes to finish, remove the tin plug, cut it off about three-sixteenths of an inch long, thoroughly disinfect, and dry the cavity and pin, and carry it to its home with any flat faced instrument large enough not to slip by it on the way up, then gently tap it to its place. The operation may be finished in any way deemed best.

The nerve drills should be dipped in campho-phenique, or some other good disinfectant while drilling. This is important as a matter of cleanliness, and it makes the chips stick to and come out on the drill, instead of being pushed through the apex.

Originality is not claimed for this treatment, but I have not seen exactly this described before. It has certainly been very successful in my hands, and is hereby communicated for what it may be worth.

"TAKING COLD" AFTER EXTRACTION.

By A. H. BEERS, M.D., D.D.S., L.D.S., Cookshire, Que.

It is not an uncommon occurrence for patients to complain of pain, swelling, and other symptoms of inflammation, after having teeth extracted. We find the tissues about the socket congested and swollen, and often see a sloughing condition present. A great many people attribute this condition to having "caught cold" in the socket of the tooth extracted. Notwithstanding the great precautions that may be taken by the patient, such as wrapping the head

up in numerous shawls and handkerchiefs "to keep the cold out," and this occasionally in mild weather, they will positively state that they have somehow managed to "catch cold." It is an almost useless task with the average rural patients, to explain to them, and differentiate between the different kinds of toothache. Where the existing odontalgia is caused by the form of dental disease known as periodontitis, there will generally be some signs of more or less severe inflammation in and about the socket of the tooth after extraction. We often see inflammatory signs on the mucous membrane, analagous to erythematous inflammation on external parts. Cold may cause inflammation, but the more common causes of this trouble after extraction are probably due to disease of parts comprising the socket of the tooth, and very generally a filthy and neglected state of the mouth. When we consider the presence of millions of micro-organisms in the mouth, it is a wonder that there is not more trouble resulting from wounds therein, although wounds on healthy mucous membrane heal more rapidly than external ones.

Prophylactic treatment will avert or lessen the disturbance. After extracting teeth showing signs of root or periosteal trouble, the socket should be well syringed with some warm antiseptic solution and bleeding encouraged, as this will lessen the congestion. A plug of cotton, wool, or any other substance should not be left in the socket, as this retards healing. Of course this would not apply to treatment of excessive hæmorrhage. A mouth wash may be prescribed to be used frequently, especially during the first couple of days after extraction. An efficient and pleasant wash is as follows :

R. Listerine,
 Glycerine..... āā ℥ i.
 Aq. Rosæ(ad) ℥ viii.

M. et ft. lotion. Sig. Rinse the mouth out with a wineglassful several times a day.

If there is great swelling, cold applications externally are in order. Pain can be lessened by washing out the socket with warm water and putting in a piece of cotton, soaked in tinct. opii with chloroform and oil of cloves, and leaving it there for an hour or two. I find that if the patient keeps the mouth clean, and uses some antiseptic wash, such as listerine, borine, or euthymol, that there will usually be very little bother in healing. Dirty instruments may cause different kinds of infection, and filthy, careless dentistry will certainly augment any inflammatory trouble. Various local septic diseases, such as erysipelas, phagedena, etc., may be caused. Healing may be retarded by mechanical irritation, such as is caused by the presence of small fractured pieces of the alveolus. These, if

easily got at, should be removed sooner than allowed to "work out." Irritating lotions may interfere with the healing process. Pyogenic cocci may flourish in the mould. These are powerful peptonizing agents and bring about liquefaction of albuminous substances. The blood clot may disappear, and the tissues forming the surface of the wound become liquefied. Tissues, if vigorous and healthy, may resist successfully the attack of micro-organisms. If the tissues have been much bruised their vitality is certainly impaired.

Diminishing the number of micro-organisms by being cleanly with instruments, and keeping the wound clean, will lessen severity of inflammation, as effects of organisms greatly depend on their numbers. Irritating so-called local anæsthetics, very often produce inflammatory effects. It is practically impossible to altogether exclude micro-organisms from mucous cavities, but we can minimize their action. If granulations become excessive they can be touched with silver nitrate, or copper sulphate. If they become weak and œdematous, some stimulating lotion, as alum, or zinc sulphate—two to four grains to the ounce of water—may be used.

Translations

FROM GERMAN DENTAL JOURNALS.

By CARL E. KLOTZ, L.D.S., St. Catharines, Ont.

ALVEOLAR SARCOMA OF THE SOFT PALATE.—A child twelve years of age was brought to Dr. A. Schmidt, who had had during eighteen months previous a small swelling, about the size of a pea, on the palate removed several times, but always a short time after recurred. Dr. Schmidt found on the left half of the soft palate an arrow-shaped swelling, two cm. long, one and a half cm. wide, and one-half cm. high, very deep red in color and with a plainly described surface, which had a glazed appearance, and which seemed to him like highly hyperæmic mucous membrane, and bled at the slightest touch. The surroundings appeared normal, perhaps a little firmer than the opposite side. Rhinoplastic the nasal cavity did not appear to be affected, nor were the lymphatic glands swollen. In the removal of the swelling it was seen that it had diffused into the loose tissues and muscles of the soft palate. The submucous expansion was about three times the size of its outer surface. A large piece of the mucous lining of the nose had to be

cut away. To cover the defect or wound, which was of the size of a twenty-five cent piece, the mucous lining of the soft palate and the greater part of the hard palate had to be made movable by the Langenbeck operation on the left alveolar margin. Recovery uninterrupted. Microscopical examination showed accumulations of large epitheloid cells, separated by tender walls of connective tissue. This structure is characteristic to alveolar sarcoma. Up to date the author could not find a report of a similar case in medicine or dental literature.

ALLEVIATION OF PAIN AFTER EXTRACTION.—Amyl nitrite has been recommended by a number of authorities as a specific for the alleviation of pain after extraction. The patient inhales it for from three to four seconds and then remains quiet in the chair for at least five minutes. It is not only used after ordinary extracting, or after narcosis, but also after using a local anæsthetic. One drop of a one per cent. solution of nitro-glycerine in a wineglassful of water has likewise been recommended and used for the same purpose. Both remedies have been used successfully in neuralgia and for headache; they are also used for patients with affections of the heart, who are afraid of a dental operation for fear of a cessation of the action of the heart. Amyl nitrite and nitro-glycerine (Glonoin) should be in every dentist's cabinet.—*Zahnärztliches Wochenblatt.*

COMPLETE ANÆSTHESIA PRODUCED BY THE APPLICATION OF A LOCAL ANÆSTHETIC.—Two cases given by Dr. H. Carlson, of Gothenburg. A young lady of about eighteen years of age came to my office to have a first upper molar extracted. As she desired a local anæsthetic, I injected æthylchloride, and the tooth was very easily extracted. Immediately after the extraction I noticed that the patient was completely anæsthetized, but regained consciousness in a very few moments. After questioning her, she stated that she had been anæsthetized before on one occasion with bromethyl for the extraction of a tooth, and the second time with chloroform for a surgical operation. In the operation of extracting the above molar, she said that as soon as she began to become unconscious she did not experience that feeling of suffocation nor difficulty in breathing, and that this anæsthesia was much more pleasant than the former. Patient did not experience any pain in extracting. After bleeding ceased, she remained in the office about an hour and showed no symptoms of nausea, dizziness nor headache and was in good spirits the next day. Patient was of a lively and jolly disposition, had a good constitution and very healthy. The next day she came to have another tooth extracted and asked to have the same local anæsthetic used, which was done, but this time without producing complete anæsthesia as the day

previous. The second case was that of a boy of fourteen years of age, under the very same circumstances as the first, only that this patient was very weak and anæmic. In both cases anæsthesia was produced by the inhalation of the gas of the æthylchloride, by breathing it through the mouth, although I always instruct the patients to breath through the nose when I use this local anæsthetic, but it cannot always be prevented. That æthylchloride is not an absolutely harmless remedy is proven by these two cases, but the great and good results that have been attained by its use have induced me to use it in my practice daily, but certainly with every precaution. I think that the danger is minimized by the napkins used in keeping the parts dry, as they in a great measure prevent the penetration of the gas. I have heard it stated by practitioners that, to some patients, it is more painful to apply the anæsthetic than to extract a tooth without it; this, I think, is only when the æthylchloride is brought into contact with an exposed pulp, which is certainly very painful. In such cases I cover the pulp and sometimes the whole tooth with wax. A good method to reduce the unpleasant sensation of applying the anæsthetic is to brush the gum with a little shellac dissolved in alcohol.—*Correspondenz Blatt. fur Zahnarzte.*

FROM THE FRENCH JOURNALS.

By J. H. BOURDON, D.D.S., Montreal.

To prevent nausea when taking an impression, get the patient to inhale spirits of camphor before and during the operation.—*Zahntesch. Reform Progres Dentaire.*

CARE OF TEETH DURING PREGNANCY.—Genital complaints of woman take effect on the dental system. Affections of the pulp and gums are frequently met with in pregnancy. The thought that we have to leave those affections without care may have been sanctioned by the doctors themselves, but Dr. Kovaes, in the *Pest. Med. Chir. Presse*, protests against this theory. We can open abscesses and extract teeth without fear of interrupting pregnancy. On the contrary, the treatment of dental affections during pregnancy will permit women to feed conveniently. Conditions that act during pregnancy to impair the teeth are direct or indirect. These are analogous to those found in chlorosis; besides, pregnancy produces towards the bones and teeth certain alterations. Such as in chlorosis, pregnancy will act on the constitution of

teeth brought by digestive troubles, accompanied by acid secretions that will attack the enamel and dentine. Once decay has commenced, being generally soft, it will cause pain, leading the patient to neglect the care of her mouth, inasmuch as it will aggravate the trouble. The easy way by which teeth are involved is explained by the fact, that pregnancy will bring decalcification to the benefit of the foetus(?). Kovaes thinks that in the second period of pregnancy special care should be given to the teeth, and gives the following advice: Pregnant women should have their teeth examined every three months, in order to arrest any decay that might appear. Absorb calcareous, drink calcareous waters, cleanse the mouth morning and evening, avoid acidulous antiseptics; brush the teeth up and down. If brushing the teeth should cause vomiting, the mouth should be rinsed with a light solution of chlorate of potash, thymol, saccharine, boracic acid, etc. After an acidulous vomiting the mouth should be rinsed with an alkaline solution.—*Dr. Soma Kovaes, France Medicale Progres Dentaire.*

AN ASIATIC HABIT.—I passed the last season in Crimea, the population being composed of Tartars, Karaimes and Tziganes, whose manners and customs are in a primitive state. According to their religion, the Tartars must consult the doctors; will admit as an exception, exterior treatment, such as massage, friction, etc. Naturally the dentist is unknown to them; nevertheless I was astonished to see such fine teeth, two rows of them would shine upon those Asiatic faces. When taking professional information, I observed a habit, especially among women, of chewing a white substance. This was an interesting fact. The substance was "gummi mastica"; an addition of white wax gave it a slimy consistence. This fact is also observed equally in Siberia; nevertheless, as Crimea and Siberia are far apart to the outmost of Russia, they include different nations. But from Faimenoff, the health of the teeth is due to the use of chewing a kind of mastic and tar called sulphur. This popular ingredient is found everywhere. All Siberian women, peasant, lady of quality, children from the age of two years, indulge in the habit of using this mastic. The result of masticating this substance will, by its use, develop the maxillary teeth, and cleanse them as if using a dentrifice. A proof of the productive effects of this mastication, is that dental caries are of rare occurrence in childhood and in youth, except in institutions, where the children of the wealthy people are kept, who are forbidden to use this mastic, it being a vulgar habit.—*By M. S. Broussilowsy, D.E.D.P., L'Odontologie.*

DENTAL HAIR-DRESSER.—This summer a clerk went to a barber-shop in Rostaw. While there a tooth caused him excruciating pain. The barber proposed to him to have it extracted;

to which the young man consented. The would-be operator attempted the extraction with the key of Garengot, when the patient died suddenly. Autopsy proved that death was caused by a cardiac aneurism. Bad luck.—*M. S. Broussilowsy, D.E.D.P., L'Odontologie.*

MERCURIAL POISONING.—Mr. Albert, of Vienna, has described to the Royal Imperial Society of Doctors of Vienna a remarkable case of personal poisoning by mercury. He was troubled with gastritis very intensely, and sustained the loss of three teeth, apparently sound, the nails becoming soft. Had urine analyzed; it contained a notable quantity of iodide of mercury. He imputes his gastric troubles to the use of a solution of sublimate, usually employed in his operations.—*Bulletin Medical L'Odontologie.*

Correspondence

THE TITLE OF "DOCTOR" IN DENTISTRY.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—I have before me, as I write, your editorial in the February, 1894, issue, wherein you not only reiterate the objections you have always held to the use of this title by dentists who do not possess a medical degree, but you suggest to the National Association of Dental Faculties, and the dental colleges generally, the invention of some other title which would be its equivalent, and which, under the improved professional government of the profession in the United States, could not have the stigma attached to it which everybody knows is attached, and must always remain attached to the D.D.S. as given indiscriminately years ago. I admit that this hereditary reproach cannot disappear, until every man who received the D.D.S. under those old and now obsolete rules is dead. But we must let the past bury the past. The profession to-day is no more responsible for the irregularities of the old *regime*, than you or I may be for the sins—if they had any—of our grandfathers. It is too late to obliterate a title which, as you have shown yourself, was granted last year in the United States alone, under the improved and unobjectionable regulations, to no less than 1,243 candidates, while there were 5,366 matriculates.

You will observe, in the reply sent to one of the Post-card Dots in this issue, that the medical profession has no priority of claim in the use of the title of "Doctor." If the dentists infringed this

claim of medicine when the Baltimore Dental College adopted it sixty years ago, the physicians infringed it when they adopted it without leave or license from its original creators, the lawyers. That argument of priority will not hold water to-day. Moreover, if it is recognized as a title worthy of being conferred upon the veterinarians, who confine themselves to the diseases of cattle and domestic animals, it is surely worthy of bestowal upon the dentists, who treat an important part of the human body, and whose curriculum embraces not only most of the primary studies, but the entire pathological and surgical departments which the general surgeon and physician have long ago abandoned to the dentist, both in the college curriculum and in practice. You argued that the oculists and aurists take the full medical course. But you must remember, that it is within the memory of young men when this became a specialty in Canada; and I go so far as to deny that if the oculists and aurists confine themselves to this specialty, as the dentists confine themselves to the teeth, there is no more use, direct or indirect, of the chief subjects of the final year in medicine to the one specialist more than the other. Why should a student who intends to give the public service exclusively in the dental organs, be compelled to spend six or seven years to become a dentist, when he is not asked to spend more than four to become a physician and a surgeon? And if within the four years a dental student takes the necessary primary course in connection with the medical classes of a reputable university, receiving the same instruction by the same professors at the same time and place, with the medical students, and at the end passing with them the same examinations, why should it not be recognized as a full equivalent to the work of the medical student if he has in addition to take two complete courses in a reputable dental college, taught by dentists, examined by dentists, and passed by dentists? No honorable physician to-day would have the presumption to pretend, that the education received in the best of medical schools to-day qualifies him to pose as a didactic, much less a clinical, lecturer on dental pathology, materia medica and therapeutics, dental surgery, or even dental anæsthetics, so far as the uses of nitrous oxide and other specially dental anæsthetics are concerned. Professors of these branches are not made to order out of the desultory reading of dental text-books. Dental anatomy and physiology cannot possibly be sufficiently taught by teachers who, in order to prepare for the duty, have to get their first and only knowledge from dental text-books, because there is no purely medical text-book in existence, which pretends even to skim the surface of these subjects.

The dental student to-day who covers and conquers the curriculum of the reputable dental colleges, receives no "major degree" in

the "Doctor" of Dental Surgery for a "minor qualification." His qualifications to practice his profession are not only fully up to the standard of those of the student who has to practice medicine, but his clinical qualifications are infinitely superior, simply because he has a hundred opportunities to perform operative and mechanical work upon the teeth, to the one which the medical student can possibly enjoy, during his four years' course in any medical school in the world. The business in life of the dentist is to save or replace the teeth. The diseases of the teeth are few. The opportunities for practice are present in the mouths of almost every citizen, well or ill. Decay of the teeth is the most prevalent disease in existence. At a glance, anyone can see, that when the dental student becomes a D.D.S. he has received a major qualification, and, all things being equal, is infinitely more equipped to tackle the diseases of the teeth, than the medical student who becomes an M.D. is equipped practically, to treat the many diseases of the body which were embraced in his curriculum. The University of Toronto recognized this fully; so have twenty-nine universities in the United States. The dental students of Ontario and Quebec to-day, pass a matriculation examination fully up to the standard of that required for entrance to the study of medicine. The term of study is longer, because it embraces three or four years of twelve months each—the time that is not passed in college being passed in daily practice in the office of the dentist.

As I remarked before, it is too late to obliterate the D.D.S. It would also be a gross injustice. Dentistry is now recognized as a distinct and separate profession, and while I agree with you that a full medical and surgical course would add to the general and special knowledge of the dentist, and enable him to go beyond the bounds of purely dental practice, the interests of the profession and the public whom we serve demand, that we develop and improve the special theoretical and practical studies which pertain to the treatment of the teeth and their adjacent structures, embraced in the curriculum to-day of the D.D.S., as demanded by the National Association of Dental Faculties.

Yours,

B.

[Since the above was written, the "Dental College of the Province of Quebec" has been affiliated to the University of Bishop's College, for the purpose of obtaining the degree of D.D.S. Full particulars will appear in the February issue.—ED. D.D.J.]

Reviews

The Diseases of Children's Teeth, their Prevention and Treatment.

By R. DENISON PEDLEY, M.R.C.S., L.D.S. England. Illustrated. London, Eng.: I. P. Segg & Co., 289 Regent Street W. Philadelphia: The S. S. White Co. Pp. 268.

The chief object the writer has in view in this work, is to educate medical practitioners in the knowledge of the diseases of the teeth. The necessity for this has more practical significance in England than in America, as medical men on this continent have long ago resigned these diseases to the dentist. And yet it must be admitted, that if the medical practitioner could be induced to return, theoretically at least, to this abandoned branch of medicine and surgery, in so far as to take an intelligent interest in the early development, the functions and the care of the teeth, it would be a great boon to the public, and an advantage to the general practitioner himself. It would no doubt surprise the average medical man, to realize the progress made in the knowledge and treatment in dental pathology, and would add materially to the respect which should exist towards the educated dentist, if the physician were able to diagnose, if not to treat, the many oral affections which come within the sphere of the dentist, and which are so frequently the direct cause of severe and often of serious constitutional derangements. After two chapters dealing with the structure and eruption of the teeth, the author discusses the etiology of caries, recognizing the dependence of this disease upon the presence of micro-organisms; repudiating the "vital" or inflammatory theory; yet not devoting sufficient attention to the constitutional causes which are most likely to come under the attention of the family physician. Pulpitis and the diseases of the periodontal membrane, necrosis and other sequelæ, are discussed in a manner to awaken thought and conviction on the part of medical practitioners. Quite a large part of the work is devoted to the irregularities of the teeth, while the chapter on "The Hygiene of the Mouth, and Treatment," affords many valuable and practical hints. Of late years a great deal of attention has been paid by the teachers in dental schools to the connection of the teeth with various constitutional diseases. The author has not overlooked this important connection. We heartily recommend this work to students and practitioners, both of dentistry and medicine.

Saturday Night, Toronto. One of the very best weekly papers of its stamp on the continent. The editorials of its editor are as classical as convincing.

Dominion Dental Journal

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THE PRESS—A FOE AND A FRIEND.

The medical and dental professions agree to ignore the advertising fabrications of the quack and impostor. They stand helpless and discouraged in the face of the enemy, passing futile resolutions on ethics, and making feeble protests of disgust. It is a question if it would not be more in the interest of the professions and the public, to carry the war into Africa, and declare one of aggression on the charlatanism which the public press—even the religious papers—do so much to promote.

In the best educated communities to-day we observe a susceptibility to imposture, which cannot be surpassed by the credulity of the backwoods *gobe-mouche*. Educated people will swallow lies and pills together, with the ignorant faith of pilgrims to Ste. Anne, and even when the effects are not what they expected, their faith in falsehood, is intensified, rather than chilled. It is no surprise to find this mental condition greatly enhanced, by the indisputable and frequently inexplicable fact, that people whose faith has risen to fever heat, have had miracles performed upon them by the use of bread pills, as well as by their belief in the collateral efficacy of the

marble figure of a saint. The influence of the emotions upon the involuntary muscles and the organic functions; the influence of certain mental states upon disorders of sensation, motion and the organic functions, are physiological facts, which the exposure of imposture cannot weaken. We do not wish to discuss this subject in any of its bearings upon religious belief or custom, and yet fraud has been repeatedly proven in this very connection. Our business is to let the public go to Heaven by any route they may please; but equally to protect them while they are here, from the dangerous impostors, who not only have license to cry their gilded pills in the streets, but who to-day enjoy the prestige which the daily press bestows upon them as regular and profitable advertisers. The question occurs, "Why are so many of the well-educated, as well as of the ignorant, so easily deceived by medical and dental charlatanism?" There can be no doubt that the daily and weekly press is chiefly responsible. "To lie like a dentist," was once a proverb in France, in the days when the extraction of teeth was the principal duty of the operator. In our time it may have a much wider application—"To lie like the press." The functions of the press to-day seem to combine the incongruous editorial censure of principles and actions, which in the next column enjoy advertised homage! The function of a responsible press is to protect the public from all sorts of fraud and imposture. But in one responsible column, we may read indignant anathema against public indifference to sanitary law, against public neglect of the laws of health, against public indifference to higher education in the medical and dental professions; while side by side, in the columns for which the editor states he is "not responsible," but which the publisher cannot repudiate, we find highly colored and illustrated approbation of quack medicines, of quack doctors, and quack dentists, who are permitted to lie most lavishly at ten cents a line! The charlatan who would be kicked out of the editor's sanctum is welcomed in that of the publisher! This Janus-sort of arrangement enables the publisher to stick to his "principles" in one room, and back out of them in the other; to maintain these principles in one column, and retain his profits in the other. It is a curious illustration of the principle upon which the newspaper press is now conducted, that the most shameful humbug in medicine and dentistry, even that which has been proved to be of serious detriment to public health and morals, can find the most conspicuous admission to its columns, provided it is paid for as advertising! That publishers are *particeps criminis* there can be no question, unless they voluntarily admit, that the function of the press is to protect the public from fraud and imposture, *only if it pays*; that the drunkard-maker, who is licensed to ruin the souls and bodies of our young men—and who

faithfully keeps his contract!—can use the press for his purpose, *if he pays for it.*

Once upon a time the medical and dental impostor, and the miserable brute who makes drunkards, could not advertise outside of the legitimate advertising columns. But now we see them ingeniously sandwiched between religious and other respectable advertisements. If the press to-day is the editorial guardian of public morals, it is frequently the advertising abettor of public shame.

It is not hard to explain why there are so many gullible people in a community where the press is conducted upon such principles. We have, in years gone by, advocated fair and open warfare against all impostures, putting to public and professional test the pretensions of the physicians and dentists who profess to perform miracles on dead bones; the use of the schools, of the rostrum, and of the press, to expose these ever-flowing fabrications. The public get no ken from lights hidden under bushels. Quacks, like thieves, hate the light. Do we not do injustice to the public as well as the profession, in giving these rascals their own undisputed way?

THE SILENT MEMBERS.

We are not all gifted with the power of expression by tongue or pen, and many of the best men in our ranks are those who think with Cato, that "The post of honor is the private station." To get men of action who are also men of thought; active workers who are wise thinkers, courage with discretion, scrupulous truth-tellers with broad-minded charity—surely these be characteristics which should commend their owners to public and professional consideration. Official life is apt to reveal the lowest characteristics, especially in the Province of Quebec, where intrigue has become a part of political science, and duplicity never a reproach unless it is discovered. Do the best the best men can do, and unless they can defeat the strategy of the intriguer, by that straightforward honesty which sometimes puts the crafty to rout, underhand intrigue becomes like one of the statutes of the land—a thing to be defended however much it may be assailed. A great duty lies within the scope of the quiet and unobtrusive men, who, because they are never heard from, fancy they have no influence. There are many who have never attended the meetings of the associations. They hate to talk, and they hate even to listen—

especially to the sort of talk which sometimes makes our gatherings unpleasant and unprofitable. The very presence of these honest men, even if they are silent, is influential. It is not the active men in the societies who always do the best service. Most of them do the best they can, and many of them would gladly serve rather than rule. There are a large number of dentists from Newfoundland to British Columbia, who should try the experiment of using their pens, even if they are shy of using their tongues. The amount of unwritten practical material of value in the possession of these quiet practitioners is incalculable.

THE DEGREE OF D.D.S. IN QUEBEC.

We have only space to state, that an honorable compromise for affiliation of the Dental Collège of the Province of Quebec to the University of Bishop's College, has been made, for the purpose of obtaining the degree of Doctor of Dental Surgery. The French University of Laval was not prepared to offer affiliation upon any terms. McGill offered to pitchfork to the profession a valueless and meaningless title, with inferior social and professional relations, which a body of hostlers would not accept. The affiliation with Bishop's will meet the requirements of the dentists fully. We shall give further particulars in our next issue.

TO PREVENT VOMITING AFTER THE USE OF CHLOROFORM.

The *New York Medical Journal* comments editorially upon the method adopted by M. Lewin (*Revue de Chirurgie*) to prevent vomiting after chloroform amæsthesia. In 125 cases there was complete success, in forty-nine there was slight vomiting. M. Lewin considers it very dangerous to use pure chloroform, and recommends that it should contain a certain quantity of alcohol, which renders its decomposition during narcosis more difficult. The method of application consists in saturating a small towel with vinegar, placing it on the patient's face, over the mask, which is afterwards carefully withdrawn, care being taken not to allow the air to gain access to the face too suddenly, for it ought to pass through the small towel before being inhaled. The cloth must be kept on for three hours at least; if removed too soon nausea will set in. Fresh towels thus saturated may be put over the first one

before the latter is drawn away, in order to prevent the air from touching the face. Chloroform is eliminated almost exclusively through the lungs, partly as free chloroform and partly as formic acid and chlorine. The chlorine irritates the larynx and the trachea, and this is one of the chief causes of vomiting. When the cloth with vinegar is held over the nostril the chlorine combines with the acetic acid as fast as it is evolved, and forms trichloroacetic acid.

THE PROFESSIONAL KICKERS.

There are a number of men in our profession in Ontario and Quebec, who should organize a society for the purpose of kicking each other. For many years they have done the grumbling and the criticizing, but they have never done anything else—excepting mischief. They constitute an element, ready at any time to support one another in any resistance to educational reform, and will even travel at their own expense to Toronto or Quebec, to lie and lobby among their legislative friends. Legitimate opposition is our birthright. We are all born rebels against something or other. But we never hit below the belt, or intrigue in the dark, or deliberately lie, to achieve our aims. The errors which are common to humanity frequently are committed; but not by any underhand trickery. Yet it has been repeatedly observed, that here and there in our profession we have a number of schemers, who play the part of the dog in the manger, and play it in a way that the meanest cur would never attempt. They should each get a medal. They should each organize a society with a big-sounding name, in which they would each be the chief high-cock-a-lorum. They should each take turns in kicking each other, for they have failed to kick anyone else.

VERMONT STATE DENTAL SOCIETY, ETC.

On account of press of matter we have to defer until next number particulars of the forthcoming annual meeting in Montreal, the organization of the Ottawa Dental Association, report of the Nova Scotia Dental Society, etc.

EACH PROVINCE REPRESENTED.

Original articles appear in this issue from the different Provinces of Canada.

POST-CARD DOTS.

"WHAT profession has priority in the use of the title of 'Doctor?'" The legal profession. The first person upon whom it was conferred was Irnerius, a Professor of Law, at the University of Bologna, in the twelfth century. He induced the Emperor Lothaire XI., whose chancellor he was, to create the title; and he himself was the first recipient of it. Subsequently, the title was borrowed by the Faculty of Theology, and first conferred by the University of Paris, on Peter Lombard, the celebrated scholastic theologian. William Gordenio was the first person upon whom the title of Doctor of Medicine was bestowed. He received it from the College at Asti, 1329.

"IS not the custom of using show-cases at the door, among some dentists in the Province of Quebec, contrary to the Code of Ethics and unprofessional?" When you are in Rome, you may have to do as the Romans do, even though it be against your "Code of Ethics." We certainly disapprove of the custom. Happily it is not as common as the use of the gilded pestle and mortar over the doors of many physicians in Quebec Province. Unfortunately, as there are a large percentage of the population who cannot read, it is regarded by these dentists and physicians as a necessary means of drawing attention to their occupation. We believe there is not a show-case used in any other of the seven provinces.

Otto Arnold, D.D.S., of Columbus, Ohio, in a paper, entitled "Alveolar Dental Hæmorrhages," read before the Tri-State Dental meeting, says: "My universal method of procedure in the management of hæmorrhage following tooth extraction is to have the patient rinse the mouth freely with hot water. This encourages free and uninterrupted bleeding from the wound, and stimulates a normal reaction in the tissues, soon followed by a natural cessation of the hæmorrhage. If any considerable amount of laceration has taken place, I attempt to replace the tissues by compressing with the fingers or stitching into apposition any pendant portion of the gum, prescribing as a dressing:

℞ Tannic acid gr. xx.
 „ Listerine,
 Aqua dist. āā ℥ iv.

M. Sig.: Apply frequently to the wound."—(Extract from the October number of the *Dental Cosmos*.)