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THE
CANADA JOURNAL
OF
DENTAL SCIENCE.

VOL. I.]

APRIL, 1869.

[No. 9.

ORIGINAL COMMUNICATIONS.

EDITORIAL NOTES ON PRACTICAL SUBJECTS.

TREATMENT OF ALVEOLAR ABSCESS.

In my remarks on the treatment of this disease, I propose to confine myself to those cases which arise from the destruction of the nerve, either from exposure from decay, or from the use of devitalizing preparations. The first thing to be done is to discharge the abscess. If no opening has been formed through the alveolus and gums, I clean out the pulp chamber and open the nerve canal, and then pass a small broach up or down, through the apical foramen, (this can be done much more easily after suppuration has taken place than while a devitalised nerve remains in the canal) and allow the pus to escape through the tooth. When all the pus has escaped, that will pass out of itself, I inject tepid water into the canal so as to clear it as thoroughly as possible from all putrifying matter, and close the cavity of decay with cotton dipped in sandarach, and allow it to remain in that condition for a day or two, when I cleanse it again with tepid water, and inject a weak solution of nitrate of silver into it. I use the nitrate of silver for the purpose of *stimulating* the inner surfaces of the abscess to a healthy action; I then close the cavity again for another day or two with cotton and sandarach, and almost invariably find that nature has cured the disease when I next examine the case. If not, I use a dressing of kreosote or carbolic acid and tincture of Iodine for a few days longer. When there is an opening through the gums I open the nerve canal as before, but I also cut down through the gums and alveolus to the apex of the root

of the tooth, and discharge the pus from the abscess through the gums. I then endeavor to pass the solution of nitrate of silver through the tooth and out through the external opening which I have made. After filling the nerve canal with cotton to stop any fetid matter from passing into it, I pass a tent of cotton into the external opening so as to prevent its closing, and stopping the discharge from passing out through it. One, two or more dressings may be required, according to the health and vitality of the patient, but I always feel *certain of success* if I have been able to adapt the treatment perfectly, in the manner indicated.

As soon as the tooth appears to be in a healthy condition, that is, when I find that it is firm in its socket, and no pain is produced on tapping it smartly, I, at once proceed to fill the root or roots, and the cavity of decay with gold. I do not think it is necessary to wait for the external opening to heal, as there is very little fear that any trouble will arise, after the nerve canal has been so perfectly closed that nothing can pass into it through the opening at the end of the root.

EXTRACTS FROM AN ESSAY

Read before the Union Dental Association of Ontario, at Toronto, January, 1869.

BY T. J. JONES, BOWMANVILLE.

MR. PRESIDENT,—Having been invited by the Committee appointed to arrange subjects for discussion—to prepare an Essay to be read at this Meeting—I have hastily thrown together a few remarks on Artificial teeth. There is no branch of Dentistry requiring more skill or talent than is necessary to constitute a good Mechanical Dentist. I do not refer to the mere preparation of the different materials employed for bases, or the working, fitting up and polishing of them, but to that *Art* which readily adapts the best means, through a close appreciation of that peculiar want which every case for inserting possesses, as a personal characteristic, which is seldom, if ever, found to apply, in all respects, to any other case, and consists in the perception of the particular size, shape and shade of teeth required to give a correct expression to the countenance, with the experience, patience, and skill required in selecting such materials as will fill the many wants demanded. * * * * A set of teeth may be of the proper form size and color, answering every purpose of an artificial substitute for mastication and enunciation, and yet

not possess a *life-like* appearance, without which it is comparatively valueless. A great deal of tact and taste is required on the part of the Dentist, to combine elegance, beauty, and a correct *expression* of the features, with the exigencies of actual service. It is in the *combination* of these—appearance and service—that most of us fail. We find in nature the most perfect and beautiful conformation without that mechanical regularity and precision which characterise most sets of artificial teeth, and which renders the detection of them as such, unavoidable, however serviceable they may be. This is caused more by the appearance of *each particular tooth* in relation to the whole number of teeth, than to the exactness of the entire piece, in the same manner that harmony of all the features gives character to the countenance. In nature no one tooth can be made to take the place of another without marring the whole denture, as well as the whole face. Not only in form and size, but in color and shading, we find nature sustaining this relationship by an almost imperceptible variation in each class of teeth, according to the complexion and anatomical symmetry of the face. * *

I grant that it requires a nice judgment on the part of the Dentist in selecting teeth for the various cases with which he meets, to detect these variations with accuracy; particularly, as there is an almost endless variety of shades and tints in the different classes of human teeth. Unfortunately, the manufacturers of artificial teeth have not as yet been able to supply us with such a variety as we require, so that we are very often compelled to use those which are not well adapted to the case which we have in hand. I admit that very great improvement has been made in the manufacture of teeth since rubber first came into use, but there is still room for improvement. In form, most of the *sections* of gum teeth are far from perfect; single gum teeth are much further from perfection than the sections. *

* * * * * It is to be hoped that as chemical combinations become more thoroughly understood, we shall be able to obtain teeth, modelled so exactly after the natural organs in form, size and shading, that we shall be able to construct sets of teeth for our patients so perfect in appearance that they cannot be detected.

THE DIGNITY OF THE PROFESSION.

BY W. G. BEERS, MONTREAL.

Continuing this subject from the February number, we purpose briefly

reviewing a few other customs derogatory to a high professional standard, and injurious to the dentist to some extent, in a social respect. They who love the profession should honor its good name, and instead of settling to the level of the worst, should aim to elevate themselves to the dignity of the best. Every profession has its period of transition, when it emerges from a lower to a higher degree, demanding new and superior views and practices, and the removal of the rust of ignorance or isolation. Taking the results of dental organization, legislation, and journalism, in the Provinces of Ontario and Quebec, the present marks the era of transition. In reviewing customs of to-day which we think clog advancement, and hamper professional aspiration, we therefore, do not impugn the right of any one to advertise, or to practice customs as he may please, but we venture to suggest that the time has come when many of these customs should be discarded, which were perhaps, excusable in the past.

Would it not be advisable to abjure the use of "dental cuts" in newspaper advertisements, which to our mind, are as undignified as a skull and cross bones would be over the advertisement of a physician. Supposing that some eye and ear doctors use eye and ear "cuts," that is no argument why dentists should follow suit. The Canada Medical Journal lately censured the custom of oculists thus advertising, and an oculist or a dentist who resorted to such a fashion in England would lose caste forever. Of all dental cuts, that of the circle of dental instruments &c., is the most vulgar, and in its bad design, recalls one's impressions of the "operating" instruments of the Inquisition.

Show cases are, of all catch-penny tricks of business, the lowest, and deserving of the general condemnation they received at one of the first meetings of the Dental Association of Ontario. The public feeling is opposed to them, and they only serve to entrap the ignorant.

Let every Dental Association frown them down, and compel their members to discard them.

A man may wear for ornament what best suits his taste, but we certainly cannot see where the ornament comes in, in a molar filled with gold, suspended at the watch chain, or a polished cuspid, ever so beautifully set with gold, doing service as a breast pin. This by the way.

Cheap work and running down prices may come under the head of ethics, but is a subject deserving of ventilation at any time. People must form very low opinions of our professional labor if at one office

they are offered fillings from fifty cents to a dollar, and at another from two dollars upwards; or artificial sets on vulcanite in one office for ten dollars an upper set, and in another for forty or fifty. This too, by the way.

We need a code of ethics, and a better understanding among ourselves as dentists. We know instances of unjust depreciation of a neighbors talents, unjust disparagement of a confrere's work, which, true enough, are not rare in the early history of any profession, but which go to show that we need a Code of Dental Ethics in Canada, as well as our brethren in the United States.

It must be apparent to the poorest established dentist, that to no one is the elevation of the profession of more concern than to those who have much to learn, and earn. If certain measures dignify the calling at which we labor, they dignify the members, and on the other hand, the respectability and high mindedness of the individual dentist reflects credit upon his calling. The surest and truest course to pursue to dignify the profession, is for each one, in his private and public character to dignify himself.

A MISCELLANEOUS ESSAY.

Read by L. W. Bristol, of Lockport, before the gentlemen of the Western New York Dental Association.

It has fallen to my lot to write an article upon miscellaneous subjects connected with Dental Surgery.

You have given me a "Roving Commission" covering a great deal of ground, a subject somewhat difficult to handle; there seems no place at which to commence, and then again, there are so many places to begin.

[At this point the Doctor struck some hard blows at those who have obtained patents for inventions pertaining to Dentistry; arguing that every Dentist should make all inventions and improvements pertaining to the Profession, public property, instead of "hiding them under the bushel" of a patent; so much of it, however, was so mixed up with matters purely local, that we omit most of it.]—ED.

They patented Collodion and attempted to set teeth upon that, calling it by the beautiful name of Rose Pearl, although it would have smelled as sweet by any other name. Some dentists bought the right to use that, but it proved to be too "Flexible."

They patented chairs that turned every way, like the flaming sword

at the gate of the garden of Eden, when in fact it was not practical to use only two or three of the movements. They patented spring plates, the manner of using which was as old as the practice of dentistry. Allone had to do was to forward on the money and take his license. They patented Aluminum Star Solder, eight parts aluminum and one tin.

It would not be surprising to receive a notice of a patent granted on the application of forceps, or the manner of holding them. Should such a demand be made, rather than contest, I should be inclined to settle and save annoyance and expense, in fact I expect to see a patent on the use of the bur, an instrument as old as the profession, since one of the close communion dentists of the present day,—and thank God they are few,—said he had invented a new "Tool" for cleaning out cavities, and as a great favor showed, and explained to me how he made nothing but the old ancient discarded bur ; and when I said to him, why Doctor that form of an instrument is as old as the hills, said he never knew that: he had actually sent on to the patent office and filed papers for an instrument, nothing more or less than the old jewellers pin tongs, worked with a nut on the end of the handle.

When I asked him why he did not attend our meetings and see all the improvements of the times, he replied "I never mix up with other dentists." A severe loss to the profession.

If there could be a patent obtained, and I see no impediment under the existing easy manner of obtaining patents in the United States, by which we could take the parents, and put them through a course of purification and regeneration, and compel them to observe strict conformity to all the natural laws, previous to begetting offspring, and a strict observance after, with just the right kind of food, exercise, temper, bone, muscle and blood making material, much might be done to mitigate the suffering of the coming and rising generation. That man would be a public benefactor, and I do not think there would be found any one mean enough to claim priority of invention.

Exostosis.—I present a few specimens for your examination that have fallen into my hands during my practice ; each one has its private history that I have not time now, nor you to spend with. I only present them and refer to the subject to show the importance of a careful, thorough examination of cases we are called upon to relieve. It will not always do to dismiss a patient suffering from pain about the jaws or teeth, with the assurance that their teeth are perfectly sound, and that their trouble is only neuralgia, or the effects of a cold, as you can-

not always detect *exostosis* previous to extraction. The specimens presented, you will observe are sound teeth as a general thing ; there was no redness or swelling of the gums nor peculiar fullness, nothing to indicate the true cause of suffering ; percussion did not cause pain, but they described it as a "dull constant hard pain ;" the usual remedies were all resorted to ; blistering with Kreosote, as was so highly recommended by a member of this association one year since, not only in the mouth, but behind the ears, and medicating generally without avail, but extraction proved the cure. The bicuspid root was a very difficult thing to get out, the crown had been broken before the case came into my hands. The tooth with the binding wire around it was taken from a skull found at an Indian mound in the town of Cambria, the teeth were all sound, the number complete. I used to examine that skull with a great deal of interest, especially the teeth, for from my acquaintance with the Tuscarora and Onondaga tribes of Indians, I found their teeth very poor ; good, sound, beautiful teeth the exception. One day in examining it I saw a little enlargement of the process on the left second bicuspid, I cut it out and that is the tooth. None of the other teeth were effected in the least.

Why nature sets to work to manufacture a new deposit of bone on the fang of a particular tooth and not on them all is one of those miscellaneous, unaccountable cases that cannot be accounted for, unless we reply as did a peasant on the island of Corsica "it is a caprice of the eternal father." The treatment or prevention of exostosis of the teeth admits of no argument, no carbolic acid, no arsenical application, no drilling into or extracting the nerve, but simple, straightforward, good, honest extraction. Have a care gentlemen in extracting teeth with exostosis, they do not tumble out very easy.

OSSIFICATION OF THE NERVE PULP.—I have met with three cases of that description in the course of my practice, I regret that I have laid two of them away so nicely that I could not put my hand on them for this occasion, one I think I gave to Dr. Ford, and he placed it in the cabinet of the Dental College at Syracuse.

PHOSPHATE OF LIME.—A great deal has been said at our meetings upon this subject ; some, being disposed to treat it lightly and jokingly, apply the epithet of Dr. Phosphate ; that is all right, have your jokes and laugh ; I know of no subject discussed by the profession more interesting to me. I would not compel every one to feed upon lime, but when the indications are that it is needed, it is indispensable. If I were asked to state what the indications were where phosphate is

needed, I should say, the article enters largely into the manufacture of teeth and bones. You find a female small of stature, with thin pale skin, small bones, teeth white and chalky, and you will find that she has always fed on finely bolted-flour-fruit-cake, and has never partaken of food containing the bone making element; that woman needs the phosphate, and if she is ever to bring into the world offspring, must have it or the child will suffer the consequences.

See a child, the offspring if you please, of such a mother as I have described, large head, clear, waxy, clammy skin, pale, thin lips and gums, small bones, small chalky teeth, call in Dr. Phosphate, with his bone, muscle, and blood making material. Here we have the opportunity to prescribe materials that shall help to make a good set of natural teeth. Some will say the dentists only manufacture false teeth, very true, you may furnish a skilful workman with the materials, and direct him to make an artificial set of teeth; that has seemed to be all the profession has sought to accomplish in the old foggy days of "whipping the cat" "tooth carpentering," but thank God, those days are past. There are in the dental profession to-day as scientific, intelligent high minded men as in any other of the professions. The scientific dentist can also direct and prescribe the materials and assist nature in producing in her great chemical laboratory a natural set of teeth,

On the other hand we find in many cases an excess of lime, the system full of it producing calculi, tartar around the teeth etc; in some cases astonishing!! I present a few specimens. No. 1 was, what was called, by a medical man, who thought what he did not know was not worth knowing, *a bone cancer*, and he doctored it accordingly for about one year, and it continued to grow all the time. At last the lady called on me, and I rolled the thing out and "the big bone cancer" was cured, and the doctor was so indignant because I had pronounced it nothing but an accumulation of tartar adhering to an old root, that he would not forgive me, or be on friendly terms until the day of his death. He said I should have called it a bone cancer and burned it and charged her fifty dollars for the operation, that I was not a scientific man, nothing but a tooth carpenter and I did not dispute with him.

The specimen in the paper box is calculi formed in the bladder of a gentleman of our city, he suffered exceedingly for the space of two months, while it was passing through the urethra. His medical attendants, three in number, pronounced the difficulty to be neuralgia, and treated him accordingly. Mr. W., being an intimate friend of mine, and having had charge of his teeth for twenty years, where I always

found an excess of tartar, and his system full of lime, I insisted upon it that his real difficulty was gravel or calculi, and advised the free use of mucilages; his medical advisers consented, as it would not interfere with their treatment. In about two weeks from the commencement of the free use of mucilages, at about five in the morning, after a night of intense suffering, that specimen passed, and his son came running to me in a very excited manner, completely overjoyed, bringing that little *porcupine*, saying you have beat all the doctors; and there was as great rejoicing in that family as there would have been over the birth of twins, with fully as much suffering experienced; the spasms at times having been terrible.

I also present some specimens of lime and other ingredients held in solution, from different locations and deposited in the Stilwell heaters in an incredibly short space of time. These heaters are calculated to render more pure the water where there is a great amount of foreign matter; some are the accumulation of one week, some two weeks, some nine days; the labels will show the time.

PLASTER OF PARIS.—I have come to the conclusion that there is as much difference in the quality of plaster, at least for dental purposes, as any other article indispensable to the dentist. The fine "*dental plaster*" advertised by many, I regard as worthless, especially in Rubber work. I have found coarse ground, well calcined plaster the most desirable, less likely to give in pressing together the flasks, and setting more quickly.

I find great advantage gained in damp weather by taking, say a quart pail of the plaster and setting it on the stove, until all the moisture is dried out; when cool, it will set much sooner as any one may see by trying the experiment. Plaster that has been stored for any considerable time in cellars or damp store rooms, is not fit for use until reheated. The grade of plaster I refer to is known to the dealers as "*casting plaster*."

GENTLEMEN:—Allow me in closing this "Roving, rambling, miscellaneous paper" to suggest, and I think the suggestion was made very early in the organization of this society, that each member, not only prepare an essay, but present some peculiar specimen, connected with the profession. We all meet to learn something, all in pursuit of knowledge, we get a better idea by examining a specimen, of the manner of doing a thing, than we can by a written or oral description. Be the subject ever so small in our own estimation or of others, it is a big thing to somebody; if it does nothing more it suggests an idea,

that may be enlarged and improved upon until a very desirable improvement is developed, that may benefit the entire profession. "Tall oaks from little acorns grow" is an old and true saying.

OFFICE MANAGEMENT, AND THE DEPARTMENT
AND HABITS OF THE DENTIST.

BY. R. TROTTER, GUELPH, ONTARIO

The dentist, although he may be perfect, as a gentleman and operator, is often considered as a horror to the community; even foolish mothers frequently restrain their children in their naughtiness by threatening to take them to the dentist; nearly everything that the public have to do with him professionally is classed among the troubles and trials of life. This being the case it is highly essential, for the success of the practitioner and the comfort of his patrons, that his office and everything pertaining to it, should not only be divested of all that is unnecessarily disagreeable but should be made as pleasant and attractive as possible, even to the most fastidious. To this end the office should be fitted up in as neat, attractive, and cheerful a style as possible. Many dental patrons are persons of refinement and good taste, and they, as well as those who are not so, are very much encouraged and fortified on entering the office to find everything neat, clean, in good taste, and inoffensive. Gentlemanly deportment in and out of the office, and tidy and correct personal habits are essential requisites of the dentist. If any man has an excuse for bordering on foppishness it is he. His calling permits him to dress neatly and be always clean, and the comfort and confidence of his patients demand it. The habits of smoking and chewing tobacco, snuffing, drinking strong drinks, ought to be eschewed, if not totally, until after office hours. His hands should always be washed before commencing to operate, and burs, excavators, and files should, as a general thing be cleansed with a brush and water in the presence of the patient. This is something that I think is generally overlooked by the profession, but not by patrons, as I have frequently heard patients speak with disgust of instruments being used in their mouths without cleansing, which had but a short time before been used for others.

The dentist ought to consider a bad breath as tantamount to a disability to practice, and when it exists ought to use immediate and effectual means to remove it.

Many other hints under this caption might be given, but the writer

is satisfied that the good sense and intelligence of the profession will prevent their losing sight of the little, but not unimportant details of their calling.

PROCEEDINGS OF SOCIETIES.

DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

MONTREAL, APRIL 20th, 1869.

BOARD OF EXAMINERS.

The first meeting of the Board of Examiners, in compliance with the Act of Incorporation, which we publish in the present issue of the Journal, was held at the office of Dr. Bernard, Montreal, to-day.

The following members were present, A. Bernard, C. F. F. Trestler, J. H. Webster, J. A. Bazin, W. G. Beers, of Montreal; P. Baillargeon and J. McKee, of Quebec. Dr. Bernard was appointed chairman, and W. G. Beers, Secretary, pro tem.

Dr. Bernard read the Act of Incorporation, after which the election of officers took place, and resulted as follows, the Quebec members preferring that all the offices should be in Montreal for the present. President, A. Bernard, Montreal; Secretary, W. G. Beers, Montreal; Treasurer, J. A. Bazin, Montreal; Registrar, C. F. F. Trestler, Montreal.

The rules and regulations of the Royal College of Dental Surgeons of Ontario were read, and alterations suggested, adapted to the circumstances of the Province of Quebec; and a committee of three appointed to finally revise them, and report next day, after which the meeting adjourned.

April 21st, 1869.

The adjourned meeting of the Board was held this afternoon at Dr. Bernard's office. Present, A. Bernard, C. F. F. Trestler, J. H. Webster, C. Brewster, J. A. Bazin, W. G. Beers, of Montreal; P. Baillargeon and J. McKee, of Quebec.

The report of the committee on rules, regulations, &c., was submitted and adopted with several amendments. The fee to be paid for certificates was made \$50.00; \$40.00 to be refunded rejected applicants.

The following were appointed Examiners. A. Bernard, Institutes of Dentistry; P. Baillargeon, Dental Physiology; C. F. F. Trestler,

Dental Anatomy; J. H. Webster, Mechanical Dentistry; C. Brewster Dental Chemistry; J. A. Bazin, Filling Teeth; W. G. Beers, Dental Pathology; E. Lefavre, Anaesthetics; H. Ross, Irregularities, and Anomalies; J. McKee, Dental Surgery; M. Pourtier, Dental Hygiene.

Works recommended. Tomes Dental Surgery, Harris' Principles and Practice, Taft's Operative Dentistry, Richardson's Mechanical Dentistry, Piggott's Dental Chemistry, Handy, and Gray's Anatomy, Carpenter's Physiology, Bond's Dental Medicine.

The officers elect were appointed a committee with full power to obtain a proper Seal, Certificate, blank forms etc. The President and Secretary were authorized to grant certificates of License to applicants entitled to them without examination. A vote of thanks was unanimously passed to Mr. Carter, M. P. P., for his active support of the Act, and the assistance he had given the profession; also to Mr. O'Donnell, of Peterboro, Secretary of the Royal College of Dental Surgeons of Ontario, for furnishing forms of certificate, application, rules and regulations of the Ontario Board, &c. The meeting then adjourned to meet on the third Tuesday in September next, at 9 o'clock, a. m., to examine students, and do such other business as may come before it. W. G. B.

ODONTOGRAPHIC SOCIETY OF PENNSYLVANIA.

The regular monthly meeting was held on Wednesday, March 3d, 1869, at the Philadelphia Dental College building, No. 108 N. 10th St. The President in the chair.

The subject of "The Relative Merits of Clasps and Atmospheric Pressure for retaining Partial Plates" was taken up.

Dr. Moffit, who first spoke, said that he would be guided by the positions of the teeth, of the two maxillæ, when occluded. If the lower protrude and artificial teeth are mounted on suction plate, the leverage may be too great, and thus interfere with the use of the case for mastication.

Sometimes it is impossible to obtain accurate impressions; the natural teeth being formed much larger at the crowns than around the neck, they will draw the material used for taking impressions, or cause it to be broken so as to prevent a perfect model of the mouth being made; then we may be compelled to use clasps.

He had found a brace to be of service, where there was a tendency in the plate to tilt or drop at the back ; this he arranged so as to come in contact with the posterior surface of the natural molars, and thus counteract on the force applied to the plate by the biting.

In fifteen years' practice, he had not known of one, two, or three incisors mounted on suction plate that would perfectly answer the purpose of mastication ; he thought but few cases could be successful except where a bicuspid or molar was attached to the plate.

Dr. Harris' whole experience has been against the adjustment of plates by means of bands around the remaining teeth ; whether wide or narrow, the same results are produced. A degree of irritation is set up, softening, loss of tooth structure, and eventually of the teeth, supervene. Happily, as the profession advanced, the atmospheric pressure came to its aid. This gentleman had for years supported single teeth upon suction plates, and he thought that, if even retained by silk ligatures, the same consequences as from the use of the metal clasps would result, from the accumulation of food. its consequent decomposition, and general interference with the healthy functions of the teeth.

He had seen the teeth worn by Washington, a set of both upper and under, each adjusted by simply a half-round wire with spiral springs. From the time these were constructed to the present, a gradual increase in the width of plates has been made. until now the whole roof of the mouth is covered, adding much to the comfort of the individual and the usefulness of the denture.

Another point to which he wished to call attention was, that as the absorption of bone progressed, the plate receded, and the lateral pressure of the bands very frequently raised the natural teeth from their sockets, thus first impairing their use, and finally causing their entire loss.

Although there is at times much more inconvenience occasioned, at first, by the introduction of atmospheric plates, than by those attached with clasps, the recollection that "patience and perseverance overcome all obstacles," may encourage the wearer to persist and thus surmount the difficulty of retaining the former. He narrated a case where the death of a husband had caused the wife to forget the minor trouble occasioned by a plate, and before she was aware of it the artificial teeth had become a great comfort. Sometimes the dentist is subject to sad disappointments. He remembered one of his own that seemed worth giving. A lady, who had worn a narrow plate for several

years, had suffered so much of a change in her mouth, from the absorption of the alveolar processes, that the plate would never have been supposed, from its appearance, to have been made for her; one end actually riding across the alveolar ridge, caused the cheek to protrude as if wearing a plumper on that side. He very naturally concluded, that if such an inconvenient piece had been put up with, anything approximating to a correctly made denture might readily be worn. To his surprise, upon having neatly adjusted a properly constructed set, the first exclamation made was, "Don't you see I can't wear these teeth!"

The doctor thought that sometimes irritation of the soft parts is occasioned by the continual exhaustion of the air from the cavity of the plate; but this is more easily cured, than we can replace the loss of structure or loosening of the teeth when bands have to be kept upon them. This was not presented as a theory, but as facts observed during an experience of thirty-five years as a practitioner.

In conclusion, he expressed his views to be, that to obtain correct adjustments of plates to the mouth is a very delicate operation, and and probably the most annoying of all the duties of the dentist are met with in the mechanical work; he hoped the two branches, this and operative, would soon be separated, as it certainly would be a great relief to many.

Dr. Nones deemed it always advisable to use the atmospheric pressure; sometimes the plates may not be readily retained without clasps, particularly when being used in the process of mastication. The peculiarities of each case were so numerous that he always considered them, and generally allowed this to govern his actions.

Dr. Long noticed a remark made by a writer in last month's DENTAL COSMOS, that "no intelligent dentist would insert teeth in any other way than on a suction plate;" did not approve of such sweeping assertions; knew quite a number of very intelligent dentists who used clasps to secure the plate, when the case seemed to require it; had often seen the decay of teeth caused by badly-fitting clasps and by want of cleanliness, the patient allowing food to remain under them; thought the best plan to make a neatly-fitting clasp was to press a piece of well-annealed platina around the model of the tooth, and melt upon it scraps of gold.

There were some objections to the air chambers in plates, from their tendency to work forward, as any one knows who has made a number of sets for the same patient; the edge of the chamber will

be in danger of impinging upon the anterior palatal canal, causing severe pain by pressure upon the nerves. To avoid this, it is best to place the cavity as far back as possible. He preferred plates without chamber, depending upon accuracy of fit to hold them in position, but seldom found patients willing to dispense with the extra anchor for their "false substitutes." Although advocating that method for the insertion of artificial teeth, he rarely practices it; finding, as Shakespeare makes Portia say, that he "can easier teach twenty what were good to be done, than to be one of the twenty to follow mine own teaching."

Dr. Howard thought that, by giving a decisive preference for either of the methods, he should place himself in a fort from which he had no retreat; and, to make the best of it, would most likely be compelled to succumb to the powers which had a free range. He had met with cases that struck him with astonishment, not being able to account for their adhesion; these were small plates, composed of either silver or gold, extending upon the roof of the mouth as far as the rugæ are found, and longitudinally or circumferentially from cuspid to cuspid, right and left; held originally with clasps, but now by nothing but the perfection of adaptation. This he thought settled the problem. To obtain satisfaction from the beginning cannot be invariably accomplished in partial cases, without the use of a stay clasp or springing of the plate with force about the palatine or labial necks of the teeth. Therefore he concluded by saying that both clasps and atmospheric pressure are good, yet neither should nor can be made obsolete.

Dr. Stellwagen had inserted single teeth upon suction plates, and found them to answer well for all purposes required, although subjected to rigid tests. He thought clasps should only be used after the atmospheric pressure was found to be inadequate to meet all the requirements. He often met parties able to wear plates from which the clasps had been broken, yet prior to that accident the patient had deemed them essential to comfort and success in wearing.

Prof. Smith thought the subject under consideration to be one of great practical importance, affecting as it does the appearance and comfort of a very considerable number of patients, while often taxing the skill and jeopardizing the reputation of the dentist. A matter of so much moment demands careful study, and requires that in forming conclusions, we be assisted by sound judgment and practical experience. Very opposite opinions have been expressed this evening

as to the efficiency and utility of the different modes of applying partial dentures—some claiming that in no case can an artificial piece be retained in the mouth by other means than atmospheric pressure, without positive injury to the natural teeth; others giving as the result of their trials that from one to three of the oral teeth inserted without the aid of clasps, cannot be retained in the mouth during the process of mastication. Speaking from his own observation, he could not acquiesce in the views presented by either side. He would go neither to the one extreme nor the other, but stand upon the middle ground; this he believed most emphatically a tenable position, sustained by facts and the teachings of every day practice. While in most cases his preference would be for suction plates, yet he unhesitatingly discarded the theory of necessitated and positive injury from every form of clasped denture.

English dentists, for more than half a century, have used partial plates clasped, almost exclusively; their testimony is not such as to lead to utter condemnation, but rather to a continuance of the usage. Much injury has unquestionably been done to the natural teeth by clasps, but he believed that in almost every instance it could be directly traced to the neglect or want of cleanliness on the part of the patient; to the injudicious selection of natural organs to which to apply them; to the improper form of the support, or the want of adaptation. If our American students were as thoroughly schooled in the manipulations pertaining to dental mechanism as the English are, he believed far less mischief would be observed from clasped plates. There is too great a tendency to confound as synonymous, in these days of the reign of cheap materials, the ability to adjust a set of section teeth on a base of rubber, and mechanical dentistry. It is here, in a want of knowledge of the principles of mechanical dentistry, that we find the source of evil from clasped plates; just in proportion as we understand these principles, and by nice manipulation are able to put them in practice, will we diminish the injury to the natural teeth from the use of bands. This style, when well adjusted, will need a clasp only to steady it; its *main* support being from accuracy of adaptation to the parts upon which it rests. Often, very often, plates are formed and clasps adjusted in such a manner as to compel them to do *all* the work of sustaining the piece. Where such is the case, detriment to the natural organs must be the result.

Classes of teeth entirely unsuited for such a purpose are not infrequently selected as supports for partial cases. He had often seen

clasps about the cuspid teeth, and in one or two instances about central incisors.

That a clasped plate necessitated the absorption of the processes about the natural teeth more than a suction plate would do, he believed to be without foundation in fact. In regard to a clasp about a natural tooth interfering with its normal condition, as a spring embracing muscular tissue interferes with its functions, he thought we had no evidence to justify us in concluding. The damage which is done to a tooth he conceived to be purely external, and when the plate is properly formed and the clasps nicely adjusted, there is little danger from this source. A marked want of attention to the cleanliness of the piece, assisting the mechanical action of the clasp, may be, and doubtless is, a prolific source of harm.

While he believed the clasping of partial cases, in the present condition of dental prosthesis, to be decidedly *good* practice, he nevertheless discarded the view that suction plates cannot be made to answer where the teeth had no antagonists. He felt no hesitation in inserting from one to six oral teeth on suction plates, when such a course seems most in harmony with the requirements of the case; had a number of such in his own practice, and had seen them from the hands of various gentlemen in the profession.

An objection urged against suction plates for partial cases, was the difficulty of obtaining a perfect impression in wax. He recommended plaster: where there is liability of displacing the wax in withdrawing from the mouth, it is the material to meet the demands; it does not draw but breaks, and in such a manner as to preclude the possibility of getting it into any position but the correct one when adjusting the broken pieces. The cup may be detached from the plaster in the mouth, then cut, if hot, so as to break in a manner to best facilitate removal. One of the most valuable properties of plaster as an impression material is its quality of resisting displacement, when set, without breaking. With plaster, as perfect an impression of the mouth can be obtained for a partial as for an entire case.

In regard to chambers, he was satisfied that the very best form of suction plates were those without them; as commonly made they are too deep. A shallow cavity is far more efficient than a deep one, as the part is only put upon the stretch, while the deep is soon filled, often with an indurated mass, which renders it worse than useless. Prof. Smith called attention to the spring plates patented by E. B. Goodall, of New Hampshire, and explained the manner of construct-

ing. Objection being raised to this method because of the patent, he confessed his inability to understand why a professional man, simply because he is such, should be debarred from protecting an invention by legally obtaining a patent, while the mechanic is applauded for such a course.

He considered mechanical dentistry, so called, by far the most perplexing department of dentistry, requiring for its intelligent practice an extended range of experience and information. He hailed with open arms any discovery or invention, patent or otherwise, that would assist in securing more certain and satisfactory results than have yet been reached in this branch.

Prof. McQuillen said that his experience with regard to mechanical dentistry had been so limited of late years that it might appear almost presumptuous for him to express an opinion on the subject, but he could not refrain from stating that he had known of several instances in which one or two teeth, attached to suction plates, had been worn with comfort and advantage for years by patients who had come under his care. He recalled in particular two sisters, one of whom lost a central, the other a central and a lateral incisor, which were replaced by artificial teeth, so perfectly adapted, and secured by atmospheric pressure, in each instance, that only a very critical eye could distinguish them from the natural organs. The adhesion of the plates to the roof of the mouth was such as to demand some force to dislodge them. While making this statement, he fully recognized that cases are frequently presented to the practitioner in which suction plates could not succeed (owing, however, more to mental than physical difficulties) and in which bands would be absolutely indispensable. The maladaptation of bands was calculated to abrade the teeth, cause decay, and loosen them, but when properly adjusted, for patients who are careful to use the tooth-brush, these injurious results do not supervene, even when such plates have been worn for many years.

Dr. Moffit had received a circular from the "Spring Plate Company," and he had examined some of the work; but did not see how it could be used without eventually spreading the arch of the teeth, in which case it could not be retained. The action of this style of plate would be the same as some of the appliances for treating irregularity where the arch is contracted. He thought there would be more mechanical than chemical action causing the abrasion of teeth where clasps are used, owing to the constant motion of the plate.

Dr. W. H. Trueman inquired what was claimed as original in the

patent spring plate,—the idea of retaining them in position by pressure upon the natural teeth in the manner described, or the application of rubber to that particular form of plate? If the former, it is no novelty. He had seen gold and silver plates made upon precisely the same principle, pressing upon from one to four teeth on each side, ten or twelve years ago. The idea was an old one then. He had seen rubber plates retained in the mouth by the same means. They answered very well for a short time, but the teeth would spread. Nearly, if not all, the spring plates he had made, sooner or later came back, either to be replaced by new, or to have bands extended around the teeth. Some few lasted three or four years. He could see no difference between them and the usual form of regulating plate made for the purpose of expanding the arch. To be retained in place, there must be pressure upon the teeth, and this pressure will move them—a fact admitted by the gentleman *claiming* to be the inventor. He tells us in a recent article upon the subject, that, “if the plate bears too hard upon one tooth, it will move out so as to equalize the pressure on all the teeth,” and then goes on to say something about widening the arch a little, treating it as a small matter. What is to stop this a motion from continuing as long as the pressure exists? It is true, it is not so rapid when acting on three or four as on one. These teeth being constantly held out of place, a deposit of bone around their fangs will render the deformity permanent, especially in young patients. He did not think the interlocking of the cusps during mastication could be depended upon to prevent this; at least it had not done so when they were formerly in use. He believed the adaptation of artificial teeth, especially partial sets, required the constant exercise of judgment; had, within the last week, met with a case on gold, nearly a full upper, which had given perfect satisfaction fifteen years, and to all appearances was likely to continue useful fifteen more, which was held up, or at least depended for support, upon a clasp of heavy half-round wire thrown around a wisdom tooth, and made to touch on only two opposite points; every time the patient closed the mouth, the plate was pressed up and oscillated upon these two points. In this case the motion was unavoidable; the dentist who made it showed his judgment in making provision for it. The only visible injury was a slight depression where the band pressed. He had no doubt if the band had been made to fit, as the books tell us they always should, *accurately*, and an effort had been made to prevent this motion, the tooth would have gone long ago.

As a general rule, he preferred to make clasped cases for *men*, and suction plates for *women*. The latter in most cases have a decided advantage, but men as a rule will not be bothered with them. They want something they can put in their mouths and use without any "getting used to." Ladies on the contrary (the side they are mostly on,) have more patience, more perseverance, and their tongues being so much more active and accommodating, it don't take them so long to feel at home with a plate in their way. He very often puts little stay bands on plates, so as to hold them until the patient becomes accustomed to and learns how to manage them; then he cuts them off. When the integuments are soft and flabby, the plates will sometimes cut up into them and produce serious irritation; half-round wire on the edge generally gives relief in such cases. He thought the injury to clasped teeth was more a chemical than a mechanical action. He had no faith in the idea suggested, to allow the saliva free access between the band and tooth; cleanliness on the part of the patient is the all-important preventive. The standard clasp had perhaps some little advantage, but could seldom be used. He had seen a perfect groove worn in a tooth by gilling twine used in regulating cases, undoubtedly by chemical action, as mechanical abrasion in this case was impossible. The extreme sensitiveness at the neck of the tooth, he thought due to the fact that at this spot the cementum and enamel, each brought to a thin edge, unite often without lapping over, leaving in many cases the dentine poorly protected. This can readily be seen with the naked eye—better with the microscope, by making a longitudinal section of a canine or incisor.—*Dental Cosmos*.

SELECTED ARTICLES.

DISEASES OF THE JAWS.

BY THOMAS WATERMAN, M. D., BOSTON.

I.—*Naso-pharyngeal Polypus*. *Extirpation preceded by Temporary Displacement of the Superior Maxilla*.—B. F. F., *æt.* 39. A polypus of the left nasal fossa has been steadily growing for four years. It is visible just within the anterior nares, can be felt behind the soft palate, and can be seen by raising the palate with a spatula. It is hard and firm to the touch, does not readily bleed, and is not accompanied by deafness. Its point of origin is plainly from the posterior

part of the nasal fossa. The left side of the nose is distended by the polypus, giving to the face the characteristic expression accompanying similar growths.

In view of the size and obviously fibrous character of the growth, as well as its inevitable tenderness, no other mode of removal than its direct excision at its point of origin seemed admissable, and this could be effected only by removing the upper jaw in a way and to an extent, sufficient to expose the whole nasal fossa.

Operation.—A vertical incision was made from the nostril through the upper lip, and the cheek dissected up freely from the bone. The maxillary bone was then sawed horizontally across just below the floor of the orbit, from its outer border to the nasal fossa; the intermaxillary suture was divided by bone forceps, the mucous membrane of the hard palate having been previously incised along the median line. A broad chisel inserted into the cut made by the saw depressed the bone, fracturing it posteriorly at its connection with the palate bones. By this displacement and without any further detachment the origin of the polypus could be easily reached; the growth, which consisted of many firm lobules, was cut and torn away from the sphenoidal bone into the cells of which it had penetrated. The point from which it grew was then thoroughly swabbed with Squibb's liquor ferri subsulphatis, care being taken not to bring it in contact with the cut surfaces of the displaced bone. No ligatures were required. The polypus being removed, the bone was replaced and held in position by a silver wire twisted around the incisors on either side of the median section, a cork wedge was placed between the posterior molars, and the lower jaw bandaged firmly against the upper.

On the ninth day after the operation the patient was out of doors, on the eleventh an attack of erysipelas confined him to his bed again for a fortnight, but with no detriment to the progressing union of the jaw, which was perfected sufficiently to permit the removal of the wire on Oct. 18th, five weeks from the date of operation (Sept. 14th.) On Oct. 28th, he was discharged from the Hospital by his own request. He had been able for ten days or a fortnight to chew meat with the teeth of the affected side, so firm was the union, and there was no deformity of the face, the trifling scar of the lip being invisible under his moustache. Two or three days before he left, a triangular piece of dead bone, about one inch long and one-third of an inch broad, came out through his nose. It appeared to be a portion of the palatal process of the superior maxilla.

Temporary resections, or osteoplastic resections, as they are termed in Europe, are characterized by the displacement of a bone still partially held in place by the soft parts; and by replacement of the bone, which has been thus rendered moveable, as soon as the extirpation of the tumor is complete. The traces of the method by which the surgeon obtained access to the tumor are thus effaced.*

The result of these procedures, as well as that of complete excision of the upper jaw, illustrates the extent to which operations may be successfully practised upon the bones of the face which protect and enclose important parts, but are independant of vital organs. The particular operation under consideration is undoubtedly a valuable resource in many cases hitherto requiring a still severer mutilation, but as shown in the case next reported, it does not admit of universal application. The improvements of modern dentistry are available for the diminution of much of the deformity entailed by the entire removal of the superior maxilla; an artificial jaw of vulcanite not only restores the dental arch, but obviates the unsightly falling in of the cheek usually consequent upon this operation.

II.—*Pharyngeal Tumor. Extirpation preceded by Resection of Superior Maxilla.*—J. S. I., æt. 33. Fourteen months since a tumor of the size of a hen's egg, springing from the vicinity of the left tonsil, was removed by the ecraseur. It was thought at the time to be probably malignant, but his recovery from the operation was rapid, and on examining his throat no trace of its existencce or point of implantation can now be seen. Within two months his ability to blow air through the left nostril has gradually ceased, at present it is entirely obstructed. The right nostril is also partly obstructed, and to an increasing extent. His deglutition as well as respiration is difficult. On introducing the finger behind the soft palate a growth having a broad surface of origin from the basilar process of the spheno-occipital bone fills the left half of the space between the base of the skull and the posterior nares. The finger can with difficulty be swept around the tumor on account of the small space unoccupied by it, but its attachment and the constriction of its base can readily be felt. No part of the tumor enters the nasal cavities, it cannot be seen from the anterior nares, nor is there any external or visible deformity. The tumor is symmetrical in shape, bleeds on touch as it also does spontaneously or from sneezing, is firm and hard,

* Rapport sur les Progres de la chirurgie, Paris, 1867; In this work a history of the operation of temporary displacement of the upper jaw may be found, also in the Sydenham Year-Book of Medicine and Surgery, 1862, pp. 271 and 295.

though friable, and is not painful or sensitive. There is no enlargement of the lymphatic glands. It was not inspected with the aid of the Rhinoscope. As the disease was inaccessible for thorough and complete removal, without the excision of the left superior maxillary bone, neither the division of the soft palate (*Manne*) nor the partial removal of the hard palate (*Velaton*) offering any chance of getting at the tumor, that operation was performed Oct. 12th, by the method usually described as of Velpeau. Through the aperture thus afforded the tumor was rendered visible as well as accessible, presenting a round convex mass an inch and a half in diameter furrowed by the septum of the nostrils. It was removed with the aid of curved scissors, the bone from which it grew was cut away with the gouge, although not apparently diseased, and the surface thus denuded, as well as the soft parts adjoining, were swabbed with Squibb's liquor ferri subsulphatis. Two or three ligatures only were required.

The tumor under the microscope proved to be glandular, rather than malignant. According to Dr. C. Ellis, "it was composed of rather small nuclei, with pale nucleoli somewhat larger than those usually found in glandular growths, but resembling them in other respects. A few doubtful lobules and some fragments of lobules were also seen. There were also found some fibrous tissue and a few minute blood-vessels. Very few, if any cells, and those of small size."

On the third day from the operation the stitches were removed from the incision in the cheek; on the ninth the patient sat up, and on the fourteenth he was discharged.

In February last he visited the Hospital, wearing an artificial jaw, which, exclusive of the palatine arch, was not more than one inch in diameter, so completely had the cavity left by the operation filled up. The scar on the cheek was invisible beneath his whiskers, there was no falling in of the cheek, drooping the lower eyelid, nor paralysis of the face. The tone of his voice was not noticeably nasal, and there had been no recurrence of the tumor.

III.—*Hypertrophg of Gums. Partial Resection of Superior Maxilla.*—M. A. S., a young woman of average mental capacity, æt. 27. She has never been in good health. Her mother and her nurse say that the disease of which she is the subject is not congenital, but ever since the patient herself can remember she has been asked "what is the matter with your gums?" She has repeatedly had abscesses about the mouth, gum-boils, catarrh, and suffered most of

her life from thick speech, deafness, difficult deglutition and dull pain in the jaws.

On examination the gums are seen to be hypertrophied along each side of the dental arches, not uniformly, but more prominently at some points than at others. The principal outgrowths are in front of the canine and incisor teeth in the upper jaw; in the lower jaw they occupy the place of the molar teeth on both sides. In the palatine arch of the superior maxillary bones two projecting excrescences, having their attachment anteriorly, pass backward, concealing the soft palate; in the cleft between them the uvula can be seen. On passing the finger into this cleft it can be swept around slightly, the soft palate and a small part of the hard palate not being connected with the growth. These excrescences feel quite hard and non-elastic. The portions which project backward are somewhat movable, and can be pressed up so as to touch the palate.

At various times several teeth have been extracted, and the patient thinks that this has caused the growth to shrink somewhat, but the changes have been slight during the last eight years.

On the 26th of June all the teeth of the upper jaw were extracted, and at the same time those portions of the excrescences of the upper jaw which concealed the soft palate were sliced off. The patient was discharged on the 3rd of July, and re-entered the Hospital Oct. 7th. The disease in the meantime had remained quiescent.

Oct. 9th, the whole of the outgrowths were removed with the gouge, and the dental border of the superior maxilla sawed off. The wounds healed rapidly, and on the 21st of Oct. the patient was discharged, with the cut surfaces granulating in a healthy manner.

The rarity of the disease has led me to report this case, the interest of which centres in the peculiarity and infrequency of such an hypertrophy, rather than in the result of the operation.

I find but three recorded cases of this disease, one by Professor Gross,* one by Mr. Pollock,† and a third by Mr. Heath,‡ occurring under the care of Mr. Erichsen, in Univ. Coll. Hosp. In the first two cases the disease was congenital and returned to some extent after removal. A very remarkable specimen of this disease presented itself in the person of a female of feeble intellect, covered with a remarkable hairy growth, who was exhibited by a showman in this city some ten years ago under the name of "Bear Woman." The

* Gross's System of Surgery, 2d edition, Vol. II., p. 534, fig. 530.

† Holmes's System of Surgery, Vol. IV., p. 18.

‡ Injuries and Diseases of the Jaws, London, 1868, p. 189.

hypertrophy of the gums was even more conspicuous than in the recorded cases. It is a little singular that Mr. Pollock's case was characterized by an extraordinary pilous development, and the patient a subject of epilepsy. Dr. Gross's patient was a stunted and feeble-minded boy.—*Boston Medical and Surgical Journal*.

[TO BE CONTINUED.]

EDITORIAL.

MEETING OF THE ASSOCIATION.

As most of our readers are aware, the next meeting of the Association is to be held in Belleville, on the fourth Tuesday (the 27th) of July.

Our old friend Dr. Relyea, writes to us, that he wishes the next to be the best meeting that we have ever held, and for that reason, asks us to call the attention of the members to the fact, that in order that the meeting may be so, it will be necessary, for all who intend to take part in the discussions, to be making the requisite preparations. Since writing the above, we have received a letter from Dr. Rowe, on the same subject. As there are many matters of importance to be brought before the Association, it is to be hoped that, every one will come to the meeting with his subject well *digested*, so as to take up as little time as possible. A code of ethics is sadly needed, and we hope that something of the kind will be brought before the meeting. It appears to us, that the matter of *fees* might, with great propriety be discussed at this next session; not that we expect that all dentists could, or would be willing to agree to one fixed scale of fees, but, we do think that a minimum might be fixed, which would be acceptable to every dentist in the country.

There are several other matters, to which our attention has been called, which we will notice in a future number. C. S. C.

GYNÆCOLOGICAL SOCIETY.

We have been favored with a neat little pamphlet containing the "Constitution and By-laws of the Gynæcological Society of Boston."

The society aims at something high we should judge; its active members are limited in number, to twenty-four, who must be residents of Boston or its vicinity, while those only, can be corresponding members who are men of known good standing in the medical pro-

fession, and of eminence as Gynæcologists. The founders of the society are themselves, men of the first professional reputation.

Gynæcology is everywhere recognised as of ever increasing importance, not less by the medical profession, than by the general public ; and the latter, in its pursuit of relief from the diseases included under this head, is nearly giving itself over into the hands of Specialists, many of whom are charlatans. Judging from the names of the founders of the Gynæcological Society, it is one of its objects to prevent the separation from the general practice of medicine of a very delicate branch of the medical arts, and in this we agree with the aims of the society. The family physician is the right man to treat those diseases, and anything which will aid him in acquiring a more competent knowledge of them, is a benefaction to the profession and the public. This end we believe this society is calculated to forward ; its "Transactions" will be perused with profit ; and practitioners in the country who are actuated by the praiseworthy ambition to improve their own professional standing by being publicly associated with leading men in useful labor, will, no doubt, exert themselves to procure the honour of a place among its corresponding members

PRACTICING WITHOUT LICENCE.

An impression seems to have obtained that any one can practise dentistry that pleases ; that the only restrictions are, that no fee can be collected ; that if the *soi-disant* dentist can manage to get his pay at the time he performs his operations, he is all right so far as the law is concerned.

Acting under this impression, there are quite a number of parties travelling about the country, picking up an odd job here and there, and literally snapping their fingers in the faces of those who have paid for and received their licenses in accordance with the law.

We have frequently been asked by the latter, what they can do to prevent these perambulating gentry from carrying their wares from house to house ; whether they could be compelled by law to stop practise, or whether there is any penalty attached to the breaking of the enactment.

In reply, we beg to say that the law is very explicit on these points, being in effect as follows, viz : no person calling himself a dentist, unless he holds a valid and unforfeited certificate of license from the Board, has a right to perform, even the simplest opera-

tions in dentistry, for which he can take payment, without incurring the risk of being compelled to pay a fine of twenty dollars for every offence.

We published the act entire, in the first number of the *Journal*, for the purpose of enabling every dentist in the Province to learn exactly what its provisions are, but, it seems that other portions of the law have taken up the attention of many of the members of the profession, and caused them to forget this most important clause. For the benefits of all, therefore we print below the 18th section, which refers entirely to this subject, and we hope that no licensed practitioner will allow it to remain a dead letter. We have, most of us, striven hard to obtain the law, and if the spirit of it is carried out fully, it will be a great benefit to all, not only to the dentist, but to the people,

C. S. C.

18. "If any person, after the period of twelve months after the passing of this act, not holding a valid and unforfeited certificate of license, practices of said profession of Dentistry for hire, gain or hope of reward, and wilfully and falsely pretends to hold a certificate of license under this Act, or takes any name, title, addition or description implying that he is duly authorized to practise the said profession of Dentistry, or shall falsely use any title respecting that he is a graduate of any Dental College either in Great Britain or other countries he shall be liable to a summary conviction, before any two or more Justices of the Peace, for every such offence, and shall, on such conviction, be liable to a fine not exceeding twenty dollars, which said penalty, in default of payment, shall be enforced by distress and sale of the offender's goods and chattels; and it is further provided that no such person shall recover in any Court of Law for any work done or materials provided by him in the ordinary and customary work of a Dentist."

MORE EXPEDITIOUS THAN PLEASANT.

A patient of ours who had his incisors operated upon in Jamaica by a colored gentleman the dentist—gave us a description of one part of the performance, which we think too good to be lost. It gave us a hearty laugh, and we presume there are no Pecksniffs in our profession who object to that sort of thing in its proper place. During the process of separating the central incisors by filing, the operator would withdraw his file now and then and *blow into his patients mouth* to get rid of the

bone filings. Our patient says he remonstrated on the second repetition, but the dentist of dark complexion, withdrawing his file again gave another sharp blow into his patients mouth, with the exclamation, "Dar, dat's de lost blow. Cold water pain; warm water pain : *blowing* de chips is de best."

W. G. B.

S. S. WHITE'S PREPARATIONS FOR THE MOUTH.

Dr. S. S. White; Philadelphia, has favored us with a supply of his preparations for the teeth and gums, which command a large sale among the profession in the United States. Having some happy leisure on their arrival, we set to work, and gave every one of the specimens a personal trial. Such hygienic warfare was never known before. No. 1 Tooth Powder, very elegant and fragrant; No. 2, less delicately perfumed, but excellent; No. 3, designed more for real efficiency than for nicety as a toilet article, but pleasant.

Then came a tooth paste, which, however we cared less for than any other kind of dentifrice. Then tooth soap, which is the perfection of dentifrices of this nature. Five beautiful mouth washes followed. Astringent Wash, combining anodyne, disinfectant, detergent, tonic and styptic properties; Tonic Mouth Wash, stimulent and slightly astringent; Aromatic Mouth Wash; Boquet Mouth Wash, a beautiful, highly perfumed wash, leaving the breath fragrant; Saponaceous Toilet Wash, a detergent alkaline preparation.

Also a bottle of superior Cologne Water for office use, and Dr. DeCamara's patent tooth powder bottle, a very convenient and chaste article.

We have the manufacturer's word, and that is as good as his bond, that all of these preparations are pure and harmless; and we should judge from personal examination that they would be efficient and pleasant.

The manufacturer is enabled to dispose of these preparations neatly put up, at lower prices than any dentist could possibly make them and we have pleasure in recommending them. one and all, to the Canadian profession and public.

W. G. B.

THE QUEBEC ACT OF INCORPORATION.

Below we give the Act in full, incorporating the Dental profession of the Province of Quebec. It will be seen that this Act incorporates the Quebec *Association*, while the Ontario Act left the old *Association*

out in the cold, and only legislated thus for the College, or Board of Examiners. In some respects we think the Quebec Act an improvement on the Ontario bill, but our readers can judge for themselves. The addition of two names to the Board of Examiners was made by the Private Bills Committee in Quebec; also a few other changes. We have not space for comment upon this Act. The profession of this Province are much indebted to Mr. Ed. Carter M. P. P. for Montreal, who piloted the bill through the house, and gave his advice and active support to the measure in its early stage; also to Dr. Bernard, the worthy President of our Association and the Board, who was present in Quebec when the Act was before the House, and by his able advocacy greatly facilitated matters. W. G. E.

An Act to incorporate the Dental Association of the Province of Quebec.

WHEREAS, by petition, it hath been represented, that the profession of Dentistry is extensively practiced in the Province of Quebec, and that it is expedient for the protection of the public that there should by enactment, be established a certain standard of qualification required of each practitioner of the said profession, and that certain privileges and protection should be afforded to such practitioners, therefore, Her Majesty, by and with the advice and consent of the Legislature of Quebec, enacts as follows :

1. The persons named in section two of this act shall be incorporated and known as "The Dental Association of the Province of Quebec."

2. Until such other persons be elected as hereinafter provided, Aldis Bernard, of Montreal, Pierre Baillargeon, of Quebec, Charles Ferdinand Frederick Trestler, of Montreal, John Horatio Webster, of Montreal, Charles Brewster, of Montreal, James Alfred Bazin, of Montreal, William George Beers, of Montreal, Edward Lefavre, of St. Johns, Harrison Ross, of Quebec, John McKee, of Quebec and Michael Pourtier of Quebec, shall be trustees and a Board of Examiners, to examine candidates and grant certificates of license to practice Dental Surgery in this Province, six of whom shall form a *quorum* for the transaction of business.

3. The said Board to be elected as hereinafter mentioned shall consist of eleven members who shall hold office for two years; any member may at any time resign by letter directed to the secretary, and in the event of such resignation, or a vacancy occurring by death or otherwise, the remaining members of the Board shall elect some fit and proper person from among the Licentiates to supply the vacancy.

4. The persons named in section two of this act shall continue in

office for two years from the third Tuesday in September, one thousand eight hundred and sixty-nine.

5. Every subsequent election of the Board shall be held on the third Tuesday in September in every second year, after the Board named in section two of this act have completed their term of office as provided for in section fourth of this act; nevertheless, it shall be competent by a vote of two-thirds of the whole board to order such election to take place sooner, or be held annually; said election to be held in the City of Montreal unless otherwise ordered by a majority of the said Board.

6. The persons qualified to vote at the said election shall be those Licentiates who have obtained their certificates as provided for in section fourteen of this act, before said election; and the Board named in section two of this act shall issue such certificates to such persons upon their compliance with the requisites of said section, and it shall be the duty of the secretary to publish in the *Quebec Official Gazette*, for two weeks immediately after the said election, the names of the persons who have been elected members of the Board. The said election shall be by ballot; an actual majority of the votes of the Licentiates present being necessary to an election.

7. The Board named in section two of this act shall hold their first meeting on the third Tuesday after the passing of this act, and their second meeting on the first Monday in May eighteen hundred and seventy; and afterwards shall commence their sittings on the first Monday of November and the first Monday of May, in each year.

8. All Boards to be hereafter elected, shall hold their meetings on the first Monday in November, and the first Monday in May, in each and every year.

9. The said meetings of the Board shall be held in the city of Montreal, or at such place as may be fixed by the Board, and may be continued by adjournment from day to day, until the business before the said Board be finished, but no session shall exceed one week.

10. The Board appointed by this act and every subsequent Board, shall, at their first meeting, elect from among themselves a President, Secretary, Treasurer and Registrar, and such other officers as may be necessary, and the said Board shall, from time to time, in the event of the President being absent from any cause whatever, elect from among their number, a person to preside at their meetings, who shall have the same powers, and exercise the same functions for the time being, as the President.

11. There shall be allowed and paid to each of the members of the said Board, such fees for attendance (in no case to exceed five dollars per day), as shall from time to time be allowed by the said Board.

12. All moneys forming part of the funds of said Board shall be paid to the Treasurer, and shall be applied to carry out the objects of this act.

13. The said Board may hold two sittings in every year for the

purpose of examining students, granting certificates of licence, and doing such other business as may properly come before them.

14. All persons, who have been constantly engaged for any period less than two years in established office practice, next preceding the passing of this act, in the profession of Dentistry, shall be entitled to a certificate of Licentiate of Dental Surgery, upon their furnishing to the said Board, satisfactory proof of their having been so engaged, and upon passing the required examination, and upon payment of such fees as may be authorized and fixed by the said Board, for the payment of which the Treasurer's receipt shall be sufficient evidence ; and all persons, who have been constantly engaged for two years and upwards, next preceding the passing of this act in established office practice of Dentistry, shall upon such proof as aforesaid, and upon the payment of the fees as aforesaid, be entitled to such certificate of Licentiate of Dental Surgery, without passing any examination, provided always that any persons being British subjects by birth or naturalization not being in established office practice for two years prior to the passing of this act shall be exempt from the operation of this clause if they possess a diploma from any recognised Dental Institution authorized to grant diplomas.

15. The said Board shall, at its first meeting, and from time to time thereafter, make such rules, regulations and by-laws as may be necessary for the proper and better guidance, government and regulation of said Board, and admission to, and practice of the said profession of Dentistry, and as to the mode of conducting the election of its members from time to time and not inconsistent with this act ; such rules, regulations and by-laws may be amended, altered or repealed by a majority of the whole Board.

16. Every person desirous of being examined by the said Board, touching his qualifications for the practice of the profession of Dentistry, shall, at least, one month before the sittings of said Board, pay into the hands of the Treasurer the required fees, and enclose and deliver to the Secretary the Treasurer's receipt for the same, together with satisfactory evidence of his apprenticeship, integrity and good morals, in such manner as may be prescribed by the rules, regulations and by-laws of said Board.

17. If the Board be satisfied by the examination that the person is duly qualified to practise the profession of Dentistry, and be further satisfied that he is a person of integrity and good moral character, they shall grant him a certificate of licence, and the title of Licentiate of Dental Surgery, which certificate and title shall entitle him to all the rights and privileges of this act, until such time as the Board shall be satisfied that he has been guilty of acts detrimental to the interests of the profession, when he shall forfeit his certificate and title, and it shall be cancelled ; such forfeiture may, however, be removed, and the said certificate of license, and all rights and privileges thereunder, fully revived by the said Board, in such a manner and upon such conditions and terms as may seem expedient to said Board.

18. The Corporation shall have a seal, with which every certificate of license shall be sealed, and signed by the President and Secretary of said Board.

19. The production of said certificate of license shall be *prima facie* evidence in all courts of law, and upon all proceedings of whatever kind, of its execution and contents.

20. The secretary of said Board shall once in each and every year enclose to the Provincial Secretary a certified list of the names of all persons to whom certificates of license have been granted during the next preceding year.

21. If any person, after the period of twelve months from the passing of this act not holding a valid certificate of license, practises in this Province the said profession of Dentistry for hire, gain, or hope of reward, or wilfully and falsely pretends to hold a certificate of license under this act, or takes or uses any name, title, addition or description implying that he is duly authorized to practise the said profession of Dentistry, or shall falsely use any title representing that he is a graduate of any dental College, either in Great Britain or other countries, he shall be liable to a summary conviction before any two or more Justices of the Peace, for every such offence, and shall, on such conviction, be liable to a fine not exceeding one hundred dollars together with costs; which said penalty, together with costs, in default of payment, shall be enforced by distress, and in default of sufficient distress, the defendant shall be liable to be imprisoned in the Common gaol of the District wherein such Conviction is pronounced, for a period not exceeding sixty days, unless such penalty costs and subsequent costs be sooner paid; and it is further provided that no such person shall recover in any Court of Law for any work done, or materials provided by him in the ordinary and customary work of a Dentist.

22. Nothing in this act shall interfere with the privileges conferred upon Physicians and Surgeons by the various acts relating to the practice of medicine and surgery in this Province.

23. For services performed by all Lientiates within this Province the same privileges are hereby conferred upon them as are conferred upon physicians and Surgeons by the seventh paragraph of article 2260 of the civil code of this Province.

TOOTH PULLING EXTRA.—A lady in Sarnia was recently reading to her little son, that passage of Scripture quoted from the Mosaic Law, "An eye for an eye, a tooth for a tooth," when the boy exclaimed, "Mama, what a time the Dentists must have had then."

L. D. S.—A Correspondent from the "other side" wishes to know what these cabalistic letters which he sees appended to the names of many Canadian Dentists mean, and adds, that he supposes they stand for Licentious Dental Surgeons.