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Dominion Dental Journal

VOL. XII. TORONTO, AUGUST, 1900. No. 8

Original Communications

SYPHILITIC LOCOLOSIS ALVEOLARIS (PYORRHEA ALVEOLARIS).*

BY G. LENOX CURTIS, M.D., NEW YORK CITY.

For more than twenty years I have given this subject close attention, not only with a view to its cure, but to ascertain the etiology of this disease, which is generally regarded as incurable.

Dr. Farrar says, "I believe locolosis alveolaris is a disease of the peridental membrane aggravated by calcarious deposits upon the teeth, which increases the inflammation so greatly that decalcification of the alveolar tissue results, and when this state exists the advance of locolosis increases more rapidly, until nature makes a serious effort to expel the tooth, and if successful the disease subsides and is lost from view. When all the teeth are lost locolosis ceases to be observed, showing that whatever the cause of the socket disease it does not reappear elsewhere."

In an article, "Some Suggestions on the Treatment of Pyorrhea Alveolaris," by myself, published in the *New York Medical Journal*, January 14th, 1899, I gave my views in regard to its treatment. I propose now to give some of my views upon the causes of this old and destructive disease.

Up to about twelve years ago I had treated several hundred cases of what I then supposed to be pyorrhea alveolaris; but in

* Read before the American Medical Association, Atlantic City.

the light of later knowledge I am of the opinion that only recurring cases were worthy of that appellation. At that time I boldly resorted to all methods then in vogue, and freely referred my cases in consultation to those whom (from their writings) I believed to know most on the subject. Degeneracy, due to uric acid, and rheumatism were suggested, and as I found the rheumatic and gouty tendency in some patients having the disease, I inclined to accept them as a cause, if not the cause. But later, when the treatment did not effectually suppress the disease, I was satisfied there must be something else behind it all which should be learned. Reviewing the history of many of the most obstinate cases I found that in several I could trace syphilitic association. Believing much information might be gained I followed this trail and have continued so doing from that time. It was difficult to secure sufficient data, however, by which I could prove scientifically that which I suspected, for, as we all know, syphilis has so much insidious undermining effect, and patients are generally so unwilling to admit facts, that the study has many discouraging aspects. It is, however, my opinion that this disease does not alone show itself in those persons who have contracted it, but may also be found in the mother as well as her offspring. It was in these cases that I found locolosis or pyorrhea alveolaris to be so well defined that I felt encouragement; but obstacles arose which retarded my speedily reaching a definite conclusion. It was my hope at this time that I might gain something by turning these cases over to specialists in syphilis, gout and rheumatism for treatment, but the varied results led me to suspicion, and to be cautious in speech until I could get sufficient verified data to act more intelligently. In many cases I found that treatment had not been continued sufficiently to eradicate the specific poison, or the secondary effects thereof. In 1890 I had an opportunity to study blood, and then it was that I became convinced that the usual method of physiological study of this pabulum was inadequate. I now believe the blood carries with it the active principles of most, if not all, disease. Then the generally accepted plan for the examination of the blood was through dry and stained specimens. Even to-day that plan is largely followed. Could any but the most tenacious germs stand the baking process, which is claimed to be unavoidable? Not only are such specimens exposed to the oxidizing influence of the atmosphere but to heat which is of such a temperature that it is injurious to them. It might be said that only the survival of the fittest can furnish the possible opportunity of study, and then they can be recognized only after a course of staining that decorates them in "war paint," chief of their tribe. In Von Ziemenson's Practice of Medicine, Vol. III., page 40, we find that Kircher, in 1695, claimed disease to be due to living organisms, but it was not

until 1772 that Lostorfor claimed to be able to distinguish by microscopical examination of the blood the presence of syphilis and other diseases.

In 1890, Watkins, after studying various methods of blood preparation, came to the conclusion, and published the fact, that there was only one method of scientifically examining the blood, namely, doing it in its fresh state, and before any changes had taken place. He also found that, by instantaneous photographing fresh blood, objects which would otherwise be overlooked would be revealed and permanently recorded, showing facts that the dry and stained specimens would fail to do.

In 1892 my attention was called to Dr. Watkins' method, and it so favorably impressed me that I have since devoted considerable time to it, and now I am so convinced that it is the only road to an accurate diagnosis of disease, that I am still continuing the accumulation of data, with more or less satisfaction, having for my chief guide a sign in the mouth which I first observed many years ago, but the importance of which I then failed to appreciate. This sign which I denominate "egg-skin eschar" I find upon the mucous membrane extending along the ramus and the buccal surface of the gums along the molars. Occasionally it is to be found upon the cheek, near Steno's duct and the angle of the mouth; but I will not dwell upon this point as I referred to it in the discussion of my article above alluded to.

In the early treatment of this disease when I found this eschar present, as it was in many cases, I learned to associate it with some obstinate forms.

Five years ago I began sending patients to Dr. Robert L. Watkins, of New York City, for blood examination with the view of ascertaining what existed. This I did without giving Dr. Watkins the history of the case. The examination of more than one hundred cases revealed strong evidences of syphilis, and in every instance when the egg-skin eschar was found the blood showed unmistakable proofs of the taint; in fact, every case where the blood showed this the egg-skin eschar was present. Dr. Watkins has repeatedly pointed out to me the syphilitic spore. Yet, I must admit that the majority of my patients declared that there was no foundation for the suspicion of the disease; but when they received treatment for it they were cured. Although some patients were honest in not knowing the history of their trouble, others did finally remember that they had contracted the disease, and others still acknowledged it at once.

So confident do I feel that my views are correct, I now treat all cases of this kind with anti-syphilitic remedies, and I find that a large percentage of them are benefited. In several cases I have been misled and diagnosed suppurative gingivitis as pyorrhea

alveolaris. This I did because I could not find the egg-skin eschar, and when the blood was examined and seemed to substantiate my suspicions I refrained from giving specific treatment. To settle the question I placed several patients suffering from suppurative gingivitis under specific treatment. This caused such unfavorable symptoms that I was soon forced to abandon it. In one case where the alveolar process, on the palatal surface of the teeth, was nearly destroyed, and where it was practically in a normal condition on the buccal and labial surface I was puzzled to know why this affection was not general. When septic pulps, salivary calculi, and syphilis were excluded I concluded the trouble to be caused by the pressure from a vulcanite plate, to which was attached an artificial velum that had been worn twenty years.

In another case, the cast of which I have here, the disease was extreme in character. There was great destruction of the interdental process, accompanied with a discharge of pus. Many of the teeth could readily be forced by the finger one eighth of an inch farther into the socket. A tumor, osseous in character, extended along nearly the entire length of the alveolar process on the buccal and labial surfaces of the upper alveolar ridge. There was, however, a break in the line of the tumor between the right central and right lateral incisor. The right central incisor had been extracted several years earlier. In this space was an artificial crown attached to a small bridge-piece, as indicated on this cast.

The cast of the lower jaw showed by the hypertrophied condition of the gum the extent of the pocket. At first this patient persistently denied ever having syphilis, but the evidence of it was proved by examination of the blood. After I had gained the confidence of the patient, however, he admitted that he had contracted the disease a dozen years before, but had been under treatment for it. He gave as a reason for denying the fact that he did not wish it known to any one except his physician, who had positively stated that he was absolutely cured. The patient now returned to this physician, told him my views as to the cause of the tumefaction, and telling him I said he was still suffering from the taint. The physician made light of the diagnosis and persuaded the patient not to return to me. I regret not having an opportunity to finish the treatment of this case as it would have been an excellent support to my belief that this class of tumors is the result of this dreadful poison.

It is fair to state, however, that within a year the health of the patient so completely failed that he was advised to visit the hot springs for syphilitic treatment. Where rheumatism is found to be present in a large percentage of cases I believe it to be a coincidence, though not the cause. I believe that syphilis so reduces the resisting power of the constitution, that rheumatism more

easily steps in much the same way that it may while the system is under any degenerating influence. I do not wish it understood that I believe pyorrhea alveolaris exists in every case of syphilis, nor that syphilis is found in every case of pyorrhea. But what I do believe is that some form of syphilis may exist in nearly all obstinate cases of pyorrhea alveolaris that cannot otherwise be proven. As proof of this condition I mention such cases do get well and remain so when placed under specific treatment until all signs of syphilis cease to appear, not only outwardly but when the blood fails to show any evidence of it whatever. The value of blood examination which tells when to commence treatment and when to cease treatment in this, as in some other diseases, is evident. I also regard it to be of great importance in diagnosing remote causes. Indeed, I will predict that the time is not far off when examination of the fresh specimen of the blood will be the principal evidence in proper diagnosis. I have sometimes thought that locolosis or pyorrhea alveolaris may be caused by mercurial poison, but investigation does not bear out this surmise, for I have found this disease where there has been no history of mercury given.

Is it not, therefore, reasonable to conclude that this form of this disease is aggravated, if not caused, by tertiary syphilis?

7 West 58th Street.

A FEW GENERAL REMARKS ON PORCELAIN INLAYS.

BY JOHN F. ROSS, D.D.S., TORONTO.

During the past year or so the subject of porcelain and its various branches has brought out a great deal of discussion.

There seems to be a difference of opinion as to whom the credit of inventing our present system of inlays should be given. While it is my opinion that nobody knows just who the man is, I think a great deal of credit is due Dr. Land, of Detroit, who has given to the profession no end of practical methods in all branches of porcelain work, and whose furnaces for both small and extensive work have been, and are now, unsurpassed by any in the market.

But the point upon which the profession is mostly divided is the kind of body we shall use for inlays, high or low fusing. Be-

fore discussing this point and others of equal importance, I wish to make a few general remarks.

Success in inlay operations cannot be obtained without the exercise of good sound judgment as to where this class of work is indicated, for it is my opinion that failures in a very large number of cases are due to misjudgment in this respect, and a consequent lack of skill to do the operation well. While the porcelain filling restores a caries-infected tooth not only to its original strength and utility, but also to its original appearance, it cannot in all cases be called the "ideal filling" on account of the destructibility of the cements we have at our disposal; but, for all that, we have all come across "the other dentist's" gold fillings whose life is a great deal shorter than even a poorly made porcelain filling. The ideal and life-long filling is yet to be discovered, but I firmly believe that in a great many cases a porcelain filling will save the tooth for a longer time and look much better than the average gold filling.

I am not here to-night advocating the universal use of porcelain as a filling material, for, as I said before, it has its place; but, gentlemen, the time has come when inlays are a necessary part of an up-to-date practice, and the sooner we learn to do them the better. To my mind, the most conspicuous error in judgment is to attempt to fill an approximal cavity where sufficient space has not or cannot be obtained, or the cavity that extends well under the gum line where everyone knows he would never be sure of his margin. In this latter case, the difficulty may be overcome by restoring the decayed cervical portion with gold or high-grade gutta-percha, and then making the inlay in the usual way. Then, also, too small approximal cavities are attempted. Now, as to the body we shall use: I see no advantage in using a low-fusing body. Its low-fusing point is certainly no advantage when we have such excellent furnaces at our command, which will fuse standard, high-fusing bodies in from one to ten minutes. It is certainly most difficult, and next to impossible, for the ordinary man to do contour work with it, but for ordinary flat fillings, where no contour is required, very nice work can be done. On the other hand, high-fusing body gives us a better collection of shades, is much stronger, is less liable to deteriorate, and will stay where your brush puts it when attempting contour work. If low-fusing bodies are the correct thing to use in porcelain work of *any* kind, why do not the manufacturers use them in their manufacture of teeth? We hear some say they are unable to get good edges by using platinum for a matrix. Platinum foil, well annealed in a furnace, is just as easy to work as gold.

Moreover, it has this one great advantage over gold. Being a little more rigid and springy, it can be more easily removed from a cavity into which it has been burnished without changing its shape. You also have the advantage of using either kind of body, where with gold you are compelled to use the low fusing.

The margins of all cavities into which inlays are to be inserted should be as sharp and stout as it is possible to make them. In large approximal cavities of incisors the lingual wall should be well cut away, and sufficient space should be obtained to ensure the easy withdrawal of the matrix. For working the foil into the cavity, I have found nothing to equal the ordinary ball burnisher; first place a piece of foil over the entire cavity and then, with a careful rotary motion, gradually working the foil to the bottom, at the same time keeping the over-lapping edges carefully burnished down to the surfaces of the tooth. If the bottom of the matrix becomes perforated it is of no account, as the porcelain will bridge over the opening when tapped into place.

After a good impression is obtained, fill the matrix with porcelain in the usual way, absorb the moisture, and after letting it thoroughly dry out in front of your lighted furnace, proceed to bake it. After the first baking, replace into the cavity and burnish the shrunken foil close to the margins by carefully inserting the blade of a thin burnisher between the platinum and the porcelain.

Now add body where desired, and bake again. If, after a second baking, there are any indications of shrinkage, place the matrix back into the cavity and burnish again. I seldom bake an inlay less than three times.

After the final baking tear away the foil from the porcelain and, as some one has expressed it, make a collar button of your filling by cutting a groove around the cavity portion of it with a fine rubber and corundum disc. Now cement into position, keeping the cavity dry with the rubber dam wherever possible.

In small approximal cavities, a lighter shade than the tooth will give better final results. In corners, always try and have the occlusial corner next the tooth a right angle rather than an acute angle, as the porcelain will have more body and strength. Do not attempt a porcelain corner on a tooth that has a thin occlusial surface, or where the bite is close or otherwise unfavorable. The utmost cleanliness is necessary in porcelain work, as any dirt that might happen to get into your brush or body is apt to cause porosity.

Great attention must also be paid to firing. The body should be well dried before inserting into the furnace, and practice alone

will tell you when your fusing point is reached. If the porcelain comes out rough, it is not fired enough. If it comes out a lighter shade or is porous, it is over-fused.

The furnaces now on the market are very numerous, most of them being operated by electricity. The electric furnace is no doubt efficient, but it is very slow and not always to be depended upon. Wires are constantly burning out and it takes time and skill to repair them.

I still stick to my gas furnace and have yet to find its equal in any respect. Mine has been operated to no small extent for nearly five years without a single repair, and would always fuse Close's body in less than three minutes. It certainly is noisy, but that is no serious objection to it. The many minor details of the insertion of an inlay would, perhaps, be confusing if I attempted to enumerate all of them, but they come to one by constant practice. I hope in the discussion of this short and imperfect treatise of this subject to glean a few points which I have no doubt not touched upon.

FILLING OF ROOT CANALS IN RECENTLY DEVITALIZED TEETH.*

By Dr. W. A. Brownlee, Mount Forest.

The extirpation of nerves and filling of root canals in recently devitalized teeth is attended with less difficulty than any other class of canal treatment. The conditions within the tooth are not out of harmony with the surrounding tissues, the canals are aseptic, no inflammation of the peridental membrane exists, therefore no medicinal treatment is necessary, the preparation and filling of the canals being entirely mechanical. I do not propose to discuss devitalization or extirpation, as these do not properly come within the scope of the above title as allotted to me by the Secretary. The preparation of the canal, however, is so closely connected with the filling, and of so much importance towards the success of the work, it is necessary to speak of it first. Free access should be had to all canals, so that a drill may be passed into the canal in a line with the axis of the root. Now enlarge

* Read before the Ontario Dental Society.

the entrance to the canal with a bur, and if the entrance is constricted use Gates-Glidden or other flexible shank drills of various sizes, until you have the canal tapered from the pulp chamber towards the apex as far as possible without diverging from the canal. Some canals are so shaped that reaming is not necessary, as in the upper incisors and cuspids, the palatine roots of molars, in lower bicuspids and posterior roots of lower molars. Wherever the canals are flat I prefer to ream them, for two reasons, that they may be more easily filled, and to remove any fragments of nerve tissue which may be left in the constricted parts. Especially is this necessary in buccal roots of upper molars and mesial roots of lower molars; many of these flat canals will not admit a broach.

For the purpose of reaming, a drill having a flexible shank and a non-cutting guide point should be used. It is not safe to use a stiff shank instrument; it is more likely to penetrate the side of the root than to follow the canal if there be the slightest curve in it. In the broad, flat canals of lower molars, I drill down at each side in the largest part of the canal, and if possible ream out between these enlarged portions. The posterior canals offer no obstacle, as the form is generally oval and tapering, and they seldom need reaming, except a little enlargement as they leave the pulp chamber.

A root canal filling, to be perfect, should (1) completely fill the canal and seal the apex; (2) be easily inserted; (3) possess antiseptic properties; (4) be durable; (5) be pliable and moldable; (6) easily removed from the canal; (7) neither expand nor contract; (8) chemically neutral; (9) tasteless and odorless; (10) must not discolor the tooth; (11) must be impermeable to fluids.

No root filling now in use, so far as I know, possesses all these qualities, but gutta-percha comes nearer the mark than any other substance used for the purpose.. It is easy to prepare, can be rolled or molded into any desired form, is pliable, and will follow the curve of a tortuous canal, having sufficient rigidity to be forced to place without difficulty. It has no chemical action on tooth structure, is non-irritating, and when properly inserted completely seals the apex.

Having the canal reamed and tapered as above described, wind cotton fibre on a broach and rotate tightly in the canal; when this is withdrawn you have an approximate estimate of the length, thickness and taper of a cone required to fill it. Make the cone as near as possible the length of the canal. Have on hand a solution of gutta percha in chloroform about the consistency of cream,

adding thereto one drop of oil of cloves to half a drachm of the solution. Adjust the dam or protect the tooth with a napkin, and dry the canal or canals thoroughly. Place each cone on the end of a pointed instrument, with which to convey it to place, dip the cone half its length into the solution, and insert into the canal for which it was selected, and press gently home to place. If more than one canal is to be filled, insert all the cones, and with cotton wipe out all the surplus chlora-percha, evaporating the remaining chloroform with hot air, and while the base of the cone is soft from the application of the hot air, press gently with a plugger until cool, thus completely filling the base of the canal. The pulp chamber should then be filled with oxyphosphate cement, and when this is thoroughly set the cavity may be filled with such material as the case demands.

Proceedings of Dental Societies

REPORT OF THE ROYAL COLLEGE OF DENTAL SURGEONS.

The announcement and reports (1900-1901) of special and annual meetings of the Royal College of Dental Surgeons of Ontario is, as usual, highly creditable. The number of students in attendance was as follows: Freshman class, 52; non-matriculants —occasional students, 6; junior class, 35; senior class, 76.

The list of questions published shows as high a standard of examination as any dental college in the world—in some respects higher—and merit more than passing notice.

The Board of Directors had much important business under consideration during the term. It is a surprise to find that Ontario has not yet secured exemption from giving service. The proposed increase per diem allowance for attendance at board meetings from $5 to $8 per day will meet with general approval, considering the great tax upon the time of the members.

A licentiate, who has been convicted and sentenced to the Kingston Penitentiary for three years, had been released at the end of two years, and commenced practice. The board had cancelled his license. He was prosecuted and convicted for illegal practice. The solicitor was instructed to ascertain from the Minister of Justice on what grounds sentence had been commuted. The party was subsequently reinstated. As one graduate and two under-graduates of the Royal College of Dental Surgeons had "gone to the

front," in the war in Africa, a grant of $100 was made to the National Patriotic Fund. God Save the Queen.

The receipts for the year ending April 27th, 1900, amounted to $22,474.43. The disbursements, including general expenses of the board, meetings of the executive and other committees, special meetings, examiners' fees, enforcing the Act, and school equipments, was $9,293.70, leaving a balance of cash on hand $13,180.73.

DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The secretary-treasurer's report for 1899-1900 was recently issued. At the meeting last September, the following notices of motion were given, to be taken into consideration next month, when the annual meeting will be held at Laval University, 185 N. Denis Street, Wednesday, September 5th, at 10 a.m.:—That the Board of Examiners shall grant the privilege to each and every student after two years' attendance on lectures and clinics at the Dental College and its affiliated universities, the right to attend one or more sessions of the following dental colleges, their tickets being accepted as equal and of same force as the previous years:—Royal College of Dental Surgeons of Ontario, University of Buffalo, Chicago College of Dental Surgery, Forest University, Boston Dental College, Harvard University, and such others as the board may declare, and such other instructions as the members of the association at its next meeting may decide.

1. The matriculation fee shall be $30.00.

2. That the fee for registration as a dental student shall be $25.00.

3. That the fee to be paid for license to practice shall be $100.00.

4. That the honorarium of the secretary shall in no case exceed $100.00.

5. That in no case shall fees be paid for the practical examinations for the license to practice.

That clause 6, section 4061, of the Act of Incorporation, shall be submitted to our legal adviser to decide on the interpretation of the word "sitting."

Dr. J. C. Dixon, having been found guilty of contravening the by-laws, was suspended by the previous board, on July 10th, 1899. He, however, asked for a writ of prohibition against the board, which was refused by Judge Curran on September 8, and on Sep-

tember 25th he was fined in police court for practicing while suspended. Refusing to pay the costs of his trial before the board, his license was taken away, but on paying up a few days later his name was replaced on the roll.

Dr. Fitzpatrick, who was also suspended for unlawful advertising, was, on September 11th, fined in the police court, and has since conformed to the law.

On September 28th, the board took action in the police court against P. C. Beaumier and Joseph Roy, for illegal practice, and both were found guilty and fined. On September 22nd, the secretary went to Quebec *re* "Institut Dentaire Canado-Américain," and took action against Adolphe L'Archevêque, one of the proprietors.

On October 4th, the semi-annual matriculation was held in the Dental College of the Province of Quebec, with Abbé Duckett and Mr. W. Dixon as examiners; there were six candidates, four being successful, viz.:—Miss G. McBain, D. W. Morison, W. H. Brown and E. A. Vallée.

On September 9th, Dr. F. G. Henry, whose time of indenture was completed, and who had formerly passed final examination, was granted his license.

Drs. Maillet and Versailles, who had been suspended for unlawful advertising, applied to the Superior Court for a writ of prohibition, but on October 16th, Judge Davidson gave judgment refusing it, and then Dr. Maillet carried the case to Court of Appeal, but finally withdrew, paying all costs. In the case of Dr. Versailles, he was suspended for one month, paid his costs, and since conformed to the law. In the case of Ernest Paquette, proprietor of "Institut Dentaire Franco-Américain," who was discharged by Judge Choquette on an action for illegal practice, the judge at the same time advising both parties to get the case decided by a higher court; the board, acting on his advice, took action in the Circuit Court, and on January 10th, Judge Champagne gave judgment, finding guilty the accused, who was fined $25.00 and costs.

On October 30th, the board heard the trial of Drs. A. E. Vadeboncœur, A. Larcocque, J. Versailles, H. Pepin, H. Lemieux, and W. Pichette, accused of unlawful advertising. Judgment in the case of Dr. Pichette was adjourned, the decision regarding the others being given the same evening. They were pronounced guilty, but on signing declarations to submit to the by-laws in future, and on paying costs, sentence was suspended.

On November 3rd, an action was taken in Quebec against Mr. Alex. Turgeon for illegal practice. He was found guilty, and fined $25.00 and costs. At a meeting of the board held on November 13th, Dr. B. J. S. Stackhouse, whose name had been struck off the roll of dentists of this province, was reinstated in consideration

of a petition signed by eighty-seven licentiates; the board at the same time feeling that matters of such importance should be decided at the annual meeting of licentiates, when all facts could be placed before them.

At the same meeting the trial of Dr. G. Maillet, for unlawful advertising, was held; he was found guilty, and this being his second offence, he was suspended for six months. Dr. H. Lemieux having failed to pay the costs of his trial, he was suspended for one month.

On December 20th, Dr. Maillet obtained a writ of *certiorari* against the board, and the case is now before the Superior Court for hearing.

On January 8th, Dr. A. Larocque, of Quebec, was suspended for one month, but on continuing to practice, he was brought before the police court, where he was found guilty of illegal practice and fined $25.00 and costs.

Drs. Oliver, Watson, Saucier and Dumont, having resigned from the staff of Dental College, were replaced by Drs. Barton, Berwick, Franchère and Gravelle.

On April 4th, the board held its annual meeting and examination for matriculation and license. There were eight candidates for matriculation and seven for license; three passed the matriculation examination successfully:—F. J. Garrity, G. F. Faulkner and H. Verret, and three for license, viz.:—A. Lemieux, I. J. Porter and H. J. J. Ladouceur. Seven presented themselves for D.D.S. examination, at which two members of the board were present as assessors. Five were successful:—Messrs. G. H. A. Stevenson, F. W. McKenna, J. B. Morison, F. E. Skinner and Wm. Watson. Messrs. Watson and Skinner's time of indenture not being completed, they will not receive their license until such is the case. Dr. Nolin, President, resigned at this meeting and was replaced by Dr. J. H. Bourdon; this necessitated a change in the officers, Dr. Stevenson was elected president, and Dr. J. H. Bourdon, vice-president.

TREASURER'S REPORT, 1899-1900.

Income.

Balance brought forward	$147 88
Annual dues	497 80
Final examination fees	840 00
Matriculation examination fees	290 00
Registration fees	45 00
Loan	300 00
Fines and costs	722 90
Special collection from licentiates	419 50
Interest	1 41
	$3,234 49

Expenditure.

G. E. Hyndman, railway fare to monthly meetings	$22	80
Jos. Nolin, railway fare to monthly meetings	24	00
Secret service	100	00
Sundries (janitors)	7	50
Stationery and stamps	48	93
Printing	70	00
Loan returned	300	00
Collection (commission)	2	30
Rooms for annual meeting	5	00
Treasurer's bond	15	00
Official Gazette	5	00
Bell Telephone Co.	2	90
Refund matriculation	50	00
Refund final	180	00
E. Dubeau, matriculation examination	21	00
E. Dubeau, honorarium	200	00
Sept. 22nd, 1899, secretary's expenses to Quebec, *re* prosecuting the "Canado-Américain Dental Institute,"	20	00
May 9th, 1900, secretary's expenses to Quebec *re* Larocque	20	00
December 7th, 1899, l'Abbé Duckett, matriculation examiner	30	00
April 11th, 1900, l'Abbé Duckett, matriculation examiner	30	00
December 7th, 1899, W. Dixon, matriculation examiner.	30	00
April 11th, 1900, W. Dixon, matriculation examiner	30	00
Expenses for collecting special collection	9	00
Jos. Nolin, examiner, on account	12	00
Gouin, Lemieux & Brassard, Dec. 12th, 1900, legal services, on account	150	00
Feb. 6th, 1900, Gouin, Lemieux & Brassard, legal services, on account	459	15
July 10th, 1900, Gouin, Lemieux & Brassard, legal services, on account	323	70
April 11th, 1900, Taschereau, Lavery, Rivard & Chauveau, legal services, *re* opposing amendments to bill at Quebec	152	00
Expenses of delegates to Quebec, *re* opposing amendments to bill, E. Dubeau, sec., 5 trips, 24 days	379	45
Jos. Nolin, pres., 5 trips, 24 days	379	25
A. S. Ives, 3 trips, 10½ days	147	75
	$3,222	43
Cash on hand	12	06
	$3,234	49

Amount Due.

Gouin, Lemieux & Brassard, legal services		$142	20
J. H. Drouin, refund matriculation		10	00
A. Edwards, refund matriculation		10	00
Jos. Nolin, balance, *re* exam. L.D.S.		27	00
E. Dubeau, Assessor D.D.S., 6 days	$50 00		
" " Bishop's University	20 00		
" " L.D.S. & matriculation	30 00	100	00

A. S. Ives, Assessor D.D.S., 6 days	$50 00	
" " Bishop's University	20 00	
" " L.D.S. examination	30 00	100 00
F. A. Stevenson, practical examination, 4 days	40 00	
" written examination	25 00	65 00
J. G. Gardner, practical examination, 4 days	40 00	
" written examination	25 00	65 00
G. E. Hyndman, L.D.S. examination	30 00	
" railway fare	6 00	36 00
Total		$555 10
Less cash on hand		12 06
Deficit		$545 14

J. G. GARDNER, L.D.S., D.D.S., *Treasurer D.A.P.Q.*

Audited and found correct.

J. H. FORTIN, L.D.S.,
T. D. MCGREGOR, L.D.S., D.D.S., } *Auditors D.A.P.Q.*

Montreal, July 10th, 1900.

Approximate income and expense in connection with the matriculation examination, 1899-1900.

Income		$260 00
Expense.		
Examiners	$141 00	
Printing, etc., say	40 00	
Refunds paid	50 00	
" due	20 00	251 00
Balance		$9 00

Approximate income and expense in connection with the final examination, 1899-1900.

Income		$840 00
Expense.		
Examiners	$405 00	
Stationery, etc., say	25 00	
Refund paid	180 00	610 00
Balance		$230 00

There are at present seventeen members in arrears for their annual assessments, owing the Association $156.00.

There are 130 licentiates in good standing.

J. G. GARDNER, L.D.S., D.D.S., *Treasurer D.A.P.Q*

The litigation in which the board has been engaged during the last year, recalls the stirring times after our organization, when the Montreal members met almost every week, and felt as if they were going through a course in law. One memorable result of an effort to bulldoze the members, was when actions for $5,000 were taken against each individual member of the board, and a dentist who was proved to have performed an abortion on one of his patients, and whose license was permanently cancelled, threatened to shoot the secretary. The present board has had a good deal of litigation to attend to, and also a good deal of legislation. Year after year, we receive many grumbling letters, criticisms of a financial character, most of which may be based upon ignorance of facts. It is desirable, in the common interests of the profession in Quebec, more so now than ever, when the agitation for reciprocity of license is being discussed in the other provinces, that every licentiate should be present at the meeting next month. There are many, especially in the Eastern Townships, whose faces have never been seen since they received the license.

BRITISH COLUMBIA DENTAL ASSOCIATION.

At a meeting of the British Columbia Dental Association the following officers were elected for the ensuing year: Dr. Holmes, New Westminster, President; Dr. S. G. Clemence, Victoria, 1st Vice-President; Dr. Kerr, Rossland, 2nd Vice-President; Dr. Hall, Victoria, Sec.-Treasurer. Executive Committee: Drs. Nash, Jones, Grice.

Drs. Curry and West tendered their resignations as members of the Board of Examiners for the Province. Drs. Hall and Nash were appointed to fill the vacancies by Lieut.-Governor-in-Council.

British Columbia Board of Dental Examiners: T. H. Jones, President; A. J. Holmes, C. H. Gatewood, Lewis Hall; Richard Nash, Secretary.

VERMONT BOARD OF DENTAL EXAMINERS.

A meeting of the Vermont Board of Dental Examiners will be held at the Pavilion Hotel, Montpelier, Wednesday, October 10th, 2 o'clock p.m., for the examination of candidates to practice dentistry.

The examinations will be in writing, and include anatomy, physiology, histology, bacteriology, chemistry, metallurgy, pathology, therapeutics, surgery, materia medica, anesthesia, operative and prosthetic dentistry, together with an operation in the mouth.

Candidates must come prepared with instruments, rubber dam and gold.

Applications, together with the fee, ten dollars, must be filed with the secretary on or before October 1st.

GEO. F. CHENEY, *Secretary.*

St. Johnsbury.

UNIVERSITY OF BIRMINGHAM.

DEGREES IN DENTAL SURGERY.

The University of Birmingham has led the van in connection with the higher Teaching of Dental Surgery.

According to the new Regulations—

1. The Degrees conferred by the University are those of Bachelor and Master of Dental Surgery (B.D.S. and M.D.S.).

2. All candidates for these Degrees must pass the same Matriculation Examination as that required from candidates for Medical Degrees.

3. The Degree of Bachelor in Dental Surgery is not conferred upon any candidate who has not obtained a License in Dental Surgery from some body legally entitled to confer such qualification. The candidate is not eligible for the Degree until a period of twelve months has elapsed from the passing of his examination for the License in Dental Surgery. Of this period at least six months must be spent in the Dental Department of a General Hospital approved by the University.

4. *A.* In addition to the License in Dental Surgery the candidate must produce evidence that he has attended the Courses required by Medical Students of the University in the following subjects, and passed the Examinations held in the same for Medical and Surgical Degrees:

(*a*) Chemistry, and Practical Chemistry.
(*b*) Physics, and Practical Physics.
(*c*) Biology.
(*d*) Anatomy, and Practical Anatomy.
(*e*) Physiology, and Practical Physiology.

B. That he has attended the following Courses:

(*f*) One Course of Lectures on Medicine.
(*g*) One Course of Lectures on Surgery.
(*h*) Special Courses of Lectures on the Surgery and Medicine of the Mouth.
(*i*) Pathology and Bacteriology.

And has passed the examinations for candidates for Dental Degrees held in each of these subjects.

C. That he has attended Courses in:
(*k*) Dental Histology and Patho-Histology.
(*l*) Comparative Dental Anatomy.
(*m*) Dental Surgery and Prosthetic Dentistry.

D. That he has received instruction in the Clinical Examination of living cases at the Dental Department of a General Hospital for a period of not less than six months.

5. The Final Examination will deal with the subjects in Classes *C.* and *D.*

6. On the expiration of twelve months from the date of passing the Examination for the Degree of Bachelor of Dental Surgery, the candidate will be eligible for that of Master of Dental Surgery.

7. For this Degree candidates will be required to submit a Thesis containing original work and investigations in some subject connected with Dentistry, which Thesis shall be submitted to examiners to be nominated by the Board of Dental Studies. The Degree will be awarded or withheld according to the report of these examiners.

A special feature has been made in connection with the Teaching of Dental Bacteriology, under the direction of Professor R. F. C. Leith.

This course is given in the Bacteriological Laboratory, and consists of a short course of practical work, including demonstrations upon the classification of the micro-organisms of the mouth, their relation to disease; the Fungi, the Saprophytic Bacteria, the Saliva Bacteria, the Ferment producers, the Pyogenic Bacteria in Suppuration of the Gums, etc.; the Bacteria of Dental Caries, the Bacteria of the more general mouth and pharyngeal diseases, *e.g.*, Diphtheria, Actinomycosis, Tubercle, etc.—*Journal of Brit. Dental Association.*

Selections

ORAL SEPSIS AS A CAUSE OF DISEASE.

By William Hunter, M.D., F.R.C.P.
Senior Assistant Physician, London Fever Hospital; Joint Lecturer on Practical Medicine, Charing Cross Hospital.

I am interested to see that the subject of oral sepsis in certain of its relations was brought under discussion at the meeting of the Royal Medical and Chirurgical Society on June 12th by a paper from Mr. Rickman Godlee.

My excuse for commenting on the discussion must be that the whole subject of oral sepsis as a cause of disease has been one of

special interest to me for many years; that I have dealt with it at some length in published papers during the past year and a-half[1]; and that the more I study it the more impressed I am, at once with its importance, and with the extraordinary neglect with which it is treated alike by physicians and surgeons.

I have described cases identical with some of those referred to by Mr. Godlee: and shown—a point not even referred to by any, even the most recent, writers on diseases of the stomach—that not only is the constant swallowing of pus a most potent and prevalent cause of gastric trouble, but that the catarrh set up is not simply irritant, but actually infective, and may lead in time to other more permanent effects—namely, atrophy of glands and chronic gastritis, and in certain cases even to suppurative gastritis.

This result is, however, by no means confined to and associated with any one mouth condition, such as pyorrhea alveolaris. And I specially desire to draw attention to this point, since I note that several of the speakers desired information as to what degree of pyorrhea alveolaris was necessary to produce the various ill-effects referred to.

I have to point out that for every case of gastric or other affection traceable to pyorrhea alveolaris a hundred cases equally well marked are daily to be found associated with other dental and oral conditions of sepsis. In short, I deprecate this subject of oral sepsis and its effects being brought under discussion in connection with any one pathological condition of the mouth. The list of such conditions might be increased almost indefinitely. In my own experience they include not only pyorrhea alveolaris, but stomatitis and gingivitis of every degree of severity—"erythematosa," "pustulosa," "ulcerosa," "gangrenosa," and, indeed, every other form of trouble, dental and oral, producible by septic infection, for which an appropriate adjective can be found. The list, moreover, includes, in my experience, others for which a suitable qualifying adjective cannot so readily be found, and which I may describe as "foul-septic-toothplate," stomatitis, "bridge" stomatitis, and "gold-cap" stomatitis; this latter group, I venture to think, considerably on the increase in this era of conservative dentistry and high professional mechanical skill.

The important fact to be recognized is that one and all of these various conditions are septic in their nature, and produced by pus organisms; that these organisms are invariably associated with every case of dental caries, however slight; and that the question of effect in any one case is a matter of individual resistance.

The cause underlying them is oral sepsis of the most marked character. This sepsis, moreover, is of a particularly virulent character. For it is connected with disease of bone (that is, of teeth); and a somewhat extensive pathological experience has satisfied me that

no pus organisms are so virulent as those grown in connection with necrosing bone.

No physician or surgeon would tolerate for a moment that a patient with a foul septic ulcer, say, in his forearm, should from time to time apply his lips to the ulcer to clean it. Yet this is—pathologically—precisely what happens in the case of patients with necrosed teeth and stomatitis. Moreover, the swallowing is constant, and goes on for years, unheeded both by patient and doctor.

I recently saw a patient, a lady, who for twenty-five years had suffered at intervals of every three or four weeks from most inexplicable salivation and subsequent intestinal trouble, so severe in character as to confine her to bed. She had worn for the same period of time a toothplate, which she only removed irregularly, and only cleaned with a toothbrush. She displayed a condition of stomatitis connected with necrosed stumps that was quite remarkable, overlooked as it had been all that time.

I saw recently another patient, also a lady (it is among ladies that the best examples of conservative and artistic dentistry are to be found), who for several years suffered periodically from severe nervous attacks, complicated by gastritis and curious rashes, the whole symptom-complex being regarded as gouty manifestations. I was asked to see her in one of her rashes, and found it a typical blotchy septic rash. Only a month or two before, her dentist, on the strength of the first of the papers below referred to, had insisted on removing a toothplate which had partially grown into her jaw, and which had been there for several years. In relation to gastritis and gastric catarrh, such cases could be multiplied indefinitely.

The matter is important, however, not only in relation to gastritis, but in relation to the whole group of infections caused by pus organisms—*local*, for example, as tonsilitis, glandular swellings, middle ear suppurations, maxillary abscesses; *general*, for example, ulcerative endocarditis, empyemata, meningitis, nephritis, osteomyelitis, and other septic conditions. Whence do they gain entrance into the system? They are not ubiquitous, as was formerly thought. Nor are they necessarily disease-producing from their mere presence; for example, on skin, in the mouth, or in the intestinal canal.

But, given the suitable conditions, namely, diminished resistance on the part of the tissues, or increase of dose on the side of the organisms, they are disease-producing. These are precisely the conditions brought about in long-continued necrotic and septic conditions of the mouth.

It is probably impossible to keep pus organisms out of the mouth, just as it is impossible to prevent occasional access of tubercle, typhoid, and other infective organisms. But that fact does not deter us from taking the most exhaustive precautions to

keep typhoid contamination out of our water and getting into our houses; or from initiating—as is at last happily the case—measures for preventing access of tubercle bacilli, whether through air or through milk.

I confess I think it urgent, in the interests of the many sufferers from gastritis, as well as in the interests of those suffering from pyogenic conditions generally, that some similar steps be taken with regard to the mouth—the chief channel of access, in my judgment, of all pyogenic infections.

We may not be able to prevent their access into the mouth any more than we can prevent them adhering to the skin. But, knowing as we now do their potential qualities, there is not the slightest reason why the mouth, so easily accessible as it is to local measures, should be made into a perfect hotbed for their development and propagation.

In relation to the whole group of internal conditions caused by pyogenic organisms, I consider there is a wide field of preventive medicine open by the exercise of oral antisepsis, a field that can be worked in, with the most surprisingly satisfactory results, alike by the physician, surgeon, dental surgeon, and patient. And by oral antisepsis I mean no mere rinsing of the mouth with mildly astringent and antiseptic mouth-washes, but (1) the direct application to the diseased tooth or inflamed gum of carbolic acid (1 in 20), repeated daily for just so long a period as the patient will persist in keeping his necrosed tooth or fang, still better (2) the removal of all diseased, useless stumps, (3) the most scrupulous daily sterilizing by boiling of every toothplate worn, and (4) on the part of dentists the avoidance of too much conservative dentistry and the use of contrivances like "bridges," which cannot possibly be kept aseptic

REFERENCES.

1 Dental Diseases in Relation to General Diseases, especially to Infective Gastritis, *Odont. Soc Trans.*, January, 1899. 2 Oral and Gastric Infection in Anemia, *Lancet*, February 3rd, 1900.

—*British Medical Journal.*

THE LONGEVITY OF BRIDGE-WORK.*

BY H. BALDWIN, M.R.C.S., L.D.S.

It may be well to preface my remarks by the observation that my practical acquaintance with a certain class of bridges is derived almost entirely from other people's work which has been generally a failure. This may possibly have given a somewhat biased point

*Read at the meeting of the Metropolitan Branch of the British Dental Association, April 25th, 1900.

of view, but the unfavorable results I have seen are only the confirmation of certain beliefs held which are based upon theoretical considerations. This being so, I feel inclined to pass in review considerations which refer to the advantages and disadvantages (virtues and vices) of plate-work and bridge-work respectively, and then to consider if by any means the virtues which ordinarily belong to the two classes of work separately can be combined in one of them. Of course I leave out of the question all those cases where bridge-work is entirely impossible, and concern myself only with those which enthusiastic bridge-builders would consider typical cases for their work.

To begin with plate-work.

The advantages of plate work are just the counterpart of the disadvantages of bridge-work.

The disadvantages of bridge-work are :

(1) That a larger number of artificial teeth are fixed to a smaller number of roots than nature intended.

(2) That the roots to which the bridge is fixed are immovably united together, which is the reverse of what nature intended.

(3) That the very useful support which is offered by the bone of the alveolar process and by the gum is neglected.

(4) That the articulation of bridges for masticating purposes is never so good as that of a well-made plate.

(5) That bridges in the making often present a great temptation to mutilate sound teeth.

(6) Th · are difficult to alter or repair.

(7) Tha ·he temptation exists for a patient to go on wearing a bridge for long after it has become useless for mastication, owing to loosening of the roots.

On the other side of the picture are the advantages of bridge-work, which may be summed up under three heads :

(1) That no large portion of the gum is covered by the work.

(2) That the work is not to be removed at night.

(3) That the natural teeth in the vicinity are not so likely to be damaged by caries.

With regard to the disadvantages of bridge-work, we have seen that a larger number of teeth are fixed to a smaller number of roots than nature intended, and the very efficient support of the gum and alveolar process is discarded, also that the roots or teeth which serve as the foundations of bridge-work are often immovably fixed together, whereas nature arranged that they should have a slight lateral play in mastication. What then theoretically would one expect to happen to a large bridge which is fully opposed to the force of mastication ? One would expect, first, that the roots serving as foundations would be in time loosened by the abnormal strain, and second, that the bridge would try hard to

crack loose from some of its attachments. Both these things are exactly what happens. The question arises how far the normal relation between the number of teeth and number of roots can be interfered with, with impunity. Personally, I require two roots for every three artificial teeth supported by them.

When there are a large number of roots available, a bridge is possible, but it is in just this class of case that a plate loses its characteristic disadvantages and combines all the virtues of both bridge and plate. This combination of virtues is to be attained by first crowning all the roots and broken-down teeth, then by constructing a very narrow plate resting on the alveolar ridge only, and clasping the crowns by way of attachment. The crowns are in these cases to be specially constructed with parallel sides to allow the plates to slip on and off easily, and yet to fit closely. This denture may be worn at night with as much propriety as a bridge, because its fixations are all upon crowned teeth not susceptible to caries. This method is much to be preferred to making a large bridge, as it embodies all the advantages of a bridge, with the additional supreme advantage of utilising the support of the alveolar ridge, which is the best possible support for artificial teeth. The making of large bridges would then appear at all times to be mistaken practice. Small bridges supported by good roots in the proportion of two roots to three artificial teeth I am in favor of, but I limit my bridge-building to such small cases. In practice, I find that small very narrow plates, made with special care as to bands, and made from a plaster impression, are very satisfactory. The more I see of fixing various roots tightly together, the less I like it. If I have two roots to crown, one good and one bad, I prefer to crown them separately rather than fix them together. If fixed together the attachment to each root must be so strong as to be able to support the double force of mastication acting on the two teeth. This is obviously so, because neither root is held rigidly in its socket. There is thus a distinct loss of strength by fixing them together. Rather than fix them together in such a case, I would fix the two crowns on to the one good root and discard the other, or simply let the second crown rest upon the worse root, this one being previously filled to prevent its speedy loss by decay.

To sum up, I would say:

(1) Make no large bridges, but crown all serviceable roots and broken-down teeth, and then construct a narrow plate—very narrow, if you like—merely the width of the alveolar ridge—and attach it by clasps to the crowns.

(2) Reserve bridge-making for small cases, chiefly where one tooth only is entirely absent, or where the bite is feeble.

(3) Never fix two or more teeth or roots together if you can possibly keep them apart.

(4) Always utilise the solid support of the alveolar process as a basis for artificial teeth when the pressure and force of mastication are at all considerable, excepting the selected small cases referred to.

(5) Wherever any bridging is admitted, make the attachments of the bridge to the roots immensely strong or else intentionally movable.—*Journal of British Dental Association.*

Correspondence

OUR JOURNALISM IN CANADA.

[We are permitted to publish the following extract from a recent letter by one of the widest and best known retired members of the profession. The writer has made us a "half-promise" that he will write some of his early reminiscences, long before the Act of Incorporation for Ontario was ever suggested.—ED. D.D.J.]

Eternal vigilance, it is said, is the price of liberty. I was one of the first subscribers to the *Canada Journal of Dental Science*, persuaded by my dear old friend C. S. Chittenden, of Hamilton. Eternal vigilance, so far, has been the watchword of the editor of our *Canadian Journal*, and I can testify to the widespread influence of your warnings and denouncements of unprofessional conduct. We may claim all we like about being a "profession." Our acts of incorporation and the constitutions of our associations may declare dentistry to be a "profession." The honorable conduct and the sacrifices of those who organized dentistry as such, before a majority of the present practitioners were born, or when, perhaps, they were mere children, should count for the good intentions and the foundations of ethics which too many now ignore. But a "profession" is not altogether made by an Act of Parliament. It is mainly made by the individual sense of honor, the individual deeds of honor, and the aggregated *esprit de corps* which such actions produce. Each province could act only for its own autonomy. The JOURNAL has acted for all. The influence of our Royal College of Dental Surgeons of Ontario has been beyond praise; but it can only act for Ontario. Each Board of Examiners, each voluntary society, has had its limitations within its own geographical sphere. The JOURNAL, since 1868, has gone on its missionary work into every province and every office, and even over the border and over the ocean, making Canadian dentistry known to the world as no one provincial institution could, and as our Canadian contingents made Canadians as soldiers better known. Those of us who were practicing before all this existed can

best appreciate the work done for the profession by the old *Journal* and its successors, and it has been no light task that you have stuck to the work from the first issue to the last. Still, I am sorry to say that I believe we Canadians have a constitutional lack of appreciation for such labors, and are more inclined to grumble over the things we think could (?) have been done, than to give credit for the things that have been done. I remember Drs. Chittenden and Relyea and a few others were the only ones who ever expected to see the completion of Vol. 1, and only lately I had a good laugh with one of your best friends, who, when sending his subscription to you in 1868, remarked to me: "There goes $3 for a journal which I do not believe will outlive the summer." [The first issue was in June, 1868.] I cannot imagine to-day where our Canadian literature would have been were it not for the work of the JOURNAL. We had none before it, and we have had *nothing else up to date!*"

[When one has enemies, he naturally likes to hear from his friends. If we believed what some of our enemies say, it would have been better for the profession and the public if Canadian dental journalism had never been born. But you see we can hit back, and say that we believe it would have been better for Canadian dental journalism if these cranks had never been born. Some of them do nothing for the profession that is not meant to boom their own interests, and some of them have, either by open antagonism, which we can respect, or by underhand diplomacy, which we must despise, tried to do mischief to the establishment of a Canadian journal. Our correspondent was one of our earliest friends, and we value his opinion.—ED. D.D.J.]

Reviews

Facts, Fads and Fancies About Teeth.—Compiled and edited by HENRY LOVEGAY ARMBLA, M.S., D.D.S., M.D. Contents: Requests for Appointments, In the Dentist's Office, The Dentist, Wit and Humor of Dentistry, Women in Dentistry, Quacks, Baby's Teeth, The Mouth, Bacteria, X-Rays, The Jaws, The Gums, Toothache, Filling Teeth, Laughing Gas, Extracting Teeth, Artificial Teeth, Third Dentition, Toothless People, Peculiar Cases, Tooth Brushes, Tooth Powders, History of Dentistry, Proverbs About Teeth, Quotations for Menu, from the Bible, from Shakespeare, Poetical, Prose, Fashions and Customs, Tooth-Lore. Illustrated by W. L. Evans. The Holman-Taylor Co., Cleveland, Ohio, U.S.: 1900. 310 pages. $2 by post.

There are small-minded people who may say this book is undignified. Of course they are hypocrites, and do not mean what

they say; but they make the mistake of believing that a professional man should always wear a tail-coat and a stove-pipe, and talk nothing that savors of wit or humor. Naturally enough, our patients see no laughing matter in the business which takes them to the dentist, and it does not occur to our gloomy philosophers that there is a lot of suggestive therapeutics in a bright and cheerful expression, and that there is such a thing as hypnotic humor.

The man who does not like a little nonsense now and then is only fit for a monastery. No man would be a monk if he had any sense of humor. A hearty laugh has more than once proved a life's salvation. One can grunt himself into his grave. Dentists, as a rule, have happy dispositions. We have been at dental conventions which were blue enough to give a rhinoceros the grippe. We recall others, which gave us solid interest enough for a year, and fun enough for a life-time. You may have to amend your scientific theories the next month, but the jokes and good humor will follow you to your death-bed. These drolleries of dentists and dentistry will make you feel happy when appointments are broken. When one of your patients breaks a strong plate by eating jelly, or an ice-cream soda washes out a filling, this book will make you forget the awful lie.

The book is a real work of art, and most attractive in print and pictures. If you buy it, read it, and we hereby guarantee to save you twice the cost in gold, sooner or later. We are perfectly serious in insisting upon the absolute necessity of every practitioner bringing into his office and his home this delightfully funny collection, even if he has to continue keeping the publisher of the DOMINION DENTAL JOURNAL waiting several more years for his back subscriptions.

Dominion Dental Journal

EDITOR:

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VOL. XII. TORONTO, AUGUST, 1900. No. 8

WHAT IS THE MATTER WITH OLD QUEBEC?

Once upon a time we had in Quebec a very flourishing Provincial and a lively local Society. The volumes of the *Canada Journal of Dental Science* testify, in the many papers read before the Dental Association of the Province of Quebec, and the Montreal Dental Society, that there was a good deal of life in the profession, notwithstanding the fact that the critics who think they could build railroads to the moon, were only at their feeding-bottles. Vols. 1, 2, 3 of the present journal contain the proceedings of the revival by the Board of Examiners, 1889, of the temporarily quiescent Provincial Society, under the new name of the Odontological Society of the Quebec Province. The meeting, which was held in the rooms of the McGill University by permission of the Faculty, was largely attended ; four chairs and all necessary appliances were in position, many interesting clinics given, and seven original papers read and discussed. In the evening over fifty members sat down to a *recherché* dinner at the Windsor. Under what some of our boys call *le ancien régime*, there was all of the original work of organization ; there was more

legislation and litigation in the general interests of the profession than there has ever been since; there was infinitely more personal sacrifice of time and private means on the part of the members of the Board, at comparatively no expense to the other licentiates, and infinitely less expense in securing success.

Not only was the voluntary society active in the Province, but elsewhere. Its secretary gathered together the scattered professional elements of Manitoba during a visit to Winnipeg, organized the first meeting and prepared the first draft of incorporation. In his official capacity his correspondence was immense throughout the Dominion, while in the midst of it all he established the first dental journal in the country at his own expense. All the proceedings of the Quebec Board Societies were published in full regularly every month. The members of the Board met almost every week, and never failed to take the profession into their confidence. Of course they exacted no fee for these frequent meetings, and on several occasions, when funds were low, the whole Board voted their $5.00 per day back into the treasury.

Next month is the annual meeting of the Provincial Society, when a proposal will be made to revive the old Association meetings. The present generation could learn a good deal from the conduct of the past if they were so disposed. There is nothing the matter with old Quebec which cannot be remedied, and unless we mean to take the very back seat among the provinces, every licentiate must feel his personal responsibility and act accordingly. It seems necessary, however, that we should return to the method of the old *régime* in giving the licentiates fuller details of the finances. There is no reason why the particulars of the $100 for "secret service" should be kept from the members, though it may be inadvisable to publish them. The expenses of three delegates to Quebec—one of whom made eight trips and spent twenty-four days, one five trips and spent twenty-four days, one three trips and spent ten and a-half days—amounting in all to $906, needs fuller explanation, especially considering the fact that the legal expenses were over $1,000. No doubt these details can be furnished. We shall expect them.

ORAL SEPSIS AS A CAUSE OF DISEASE.

It is so common to discover among medical men in Canada, an utter indifference to the oral diseases which arise from carious teeth, and so common to find mistakes in diagnosis in local and constitutional conditions, the pathognomonic signs of which are

familiar to the dentist, that we have abandoned all surprise at its continuance. The confounding of diseases in the mouth, which have everything to do with diseased teeth, with oral diseases, which have neither direct nor collateral connection with the teeth, is so common as to suggest either the superciliousness of ignorance, or simply an unwillingness to learn anything from dental experience, more than the extraction of a stump or the manufacture of a plate.

Perhaps it is largely our own fault, and we have no doubt that we have all to suffer for the degradation of the profession ethically by the "parlor dentists."

In another part of this issue we reprint from the *British Medical Journal* an article by Dr. Wm. Hunter, of London, Eng., which is entitled to respect. We cannot complain of the indifference of medical men in Great Britain and Ireland to the diseases of the mouth. We are repeatedly under obligations to their intelligent assistance, and cannot record one instance of pompous pretence at superiority, concerning matters wherein inexperience must keep men ignorant. The dentist is consulted many scores of times in the diseases relating to the oral cavity, and diagnosis in the mouth is not confined to the tongue.

With regard to Dr. Hunter's remarks on cases of bridge-work, we are in full sympathy. The business is not only carried to excess, and a great deal of very bad work done, but at best it is impossible to attain scrupulous cleanliness, while predisposing conditions to diseases are established by the very presence of unremovable contrivances. Those who have had little experience, and those who refuse to learn by experience, will in time come to the same conclusion as those who not only have long experience, but who look and think beyond the merely mechanical artizanship, which seems to be the crowning ambition in these achievements.

EDITORIAL NOTES.

ONE of our young friends told us recently, with some pardonable pride, that as soon as he opened his office in a city in the Province of Quebec, where he was a perfect stranger, and without resorting to any of the advertiser's tricks of trade, he quickly acquired a large practice. It is an experience which many of us have "enjoyed," and which elated our souls beyond measure, until its hollowness later on was revealed. Our young friend had a little capital in the bank, which he invested in neat furnishings,

etc. His personal manners are beyond reproach, his equipments first-class. He soon found he had among his patients, a large number of that class who live chiefly upon their own wits and the innocence of their creditors, and who constitute a certain *creme de la creme* of fashionable society. After four years, he began to waken to the fact that he was having more struggle to get his money than he had to get his practice; that for every dollar in his pocket he had fifty on his books: and to-day he is really worse off than when he began, so far as his cash revenue is concerned. In fact, he is barely able to make both ends meet. But, glorious thought! he has over four thousand dollars on his books—and there they will likely remain! In starting life with honest purpose, our young friend overlooked the important fact that while he put his conscience into his daily labors, he failed to put some of his zeal into his collections. He failed to remember that a beginner is pretty certain to attract the impecunious and the dead beat, so many of whom pose as members of the social set of our cities. His chief anxiety was to show his patients how well he would do his work—a very noble ambition. But as we told him, he reminded us of our own and others' earliest experiences, as well as of Mme. Cibot, the housekeeper, in one of Balzac's novels, who set a thousand times as much store on being appreciated at her true value as she did upon being paid.

BUT I have known young men who think they will stagger their rivals and their patients if they fairly wallow in the wealth of their dazzling surroundings. They are prodigal to an insane excess in whatever they purchase. Pictures are bought for the sake of their frames. Even when they were in dense ignorance of the principles and practice of cataphoresis they added the most expensive outfit to all their other electrical confusions. Once we dropped into the office of one of these gentry, and asking for some explanation of the application of his apparatus, were answered blandly as follows: "Oh! I never use it, and I couldn't get paid for it if I did; but it's a good ad." He had many little tricks to minister to the senses of sight, sound and smell, but none to appeal to the reason, and could no more give an explanation of the histology of the tooth, or the etiology of caries than of the *parabisis* of the ancient Greek comedy.

THE increasing credit system is the curse of practice in Quebec. Montreal and Quebec are perfectly rotten in this respect. People have got into the shopping habit to such an extent, that it is hard for young men to keep track of a large number of their patients. One of our Ontario licentiates who had some experience of practice in Ontario and the United States, and who is now in Mon-

treal, was astonished to find the extent to which credit is given by the dentists. The very servant girls have started to imitate so many of their mistresses, and "Martha Jane" as she sails out of the office remarks, "charge it," or "send me your little bill." If these people can get their dentistry in this way from respectable dentists for nothing, they are not likely to go to the five-dollar parlor practitioners.

YOUNG man, when you are ambitious "to keep up with the times," just keep cool, and do not get into the fever of belief that the chief and first thing you must do is to explore the catalogues and the depots, and then do your best to outrival your neighbor in the glitter and gorgeousness of mahogany chairs and silver-plated spittoons. One of the best, and, indeed, one of the necessary things you must do, or should do, is to visit the depots and read their advertisements. To-day they are quite as educational, in a practical sense, as the colleges, and afford you free facilities for enlightenment which entitle them to greater credit than they get. For that reason, I see no sense in the frequent opposition to their representation at Conventions. I could see more reason if a Convention would embrace an entire afternoon in an inspection and explanation of the dental goods.

TWO good friends from over the border now know where Nature keeps one of her grand reservoirs of health and rejuvenescence. Dr. Lenox Curtis, who never loses his love for the woods, captured his friend and our friend, Dr. S. B. Palmer, of Syracuse, and together they rested and revelled in the neighborhood of Lake Commandant, on the Ottawa. It is always delightful and inspiring to meet the keen thinkers of our profession. But when they love the open air, away from the thing we call civilization, and can unbend like boys, and forget the lime boxes called "surgeries" in which they live, and all that appertains to them, the hearts of true sportsmen go right out to them, as Brother Jonathan would say. What a genial fellow our big cousin is at a convention, for instance. But what a jolly one he is in a camp! "You just bet your life."

WITH all respect to the white coat for operating, it does not look professional. A large firm in the United States sell the same white coat "for dentists and barbers." When a dentist in a white coat has his photograph taken beside his chair, he could change on equal terms with his barber. The apron in the laboratory is as necessary to the mechanic as to the surgeon; but the white coat is too suggestive of the chair of the "tonsorial artist." It can be substituted by a lighter in texture, cleaner and cooler, black lustre.

FINE furnishings do not make a dentist. They often suffice to make a quack and an imposter. The first qualification is not only to be able to operate, but to know the principles and the reasons why operations are necessary. The equipment of the mind is far more important than that of the office or laboratory.

THE deaths of Dr. Theodore Menges, Dr. Henry H. Burchard, Mr. Storer Bennett, late President of the Odontological Society of Great Britain, will be learned with much regret. The profession cannot be "overcrowded" with good and honest men, and their loss is felt as much by the craft as by their private *clientele*.

"DENTAL PARLORS." It neither sounds nice nor looks nice. Within fifty yards we read the following signs: "Tonsorial Parlors," "Billiard and Pool Parlors," "Shoe-Shining Parlors," and "Dental Parlors." And the dentist was the only "quack of the lot!"

DR. A. E. WEBSTER represented the JOURNAL at Paris, and will shortly give our readers the benefit of his observations.

ARTHUR H. BEERS, M.D. (McGill), has retired from the practice of dentistry on account of ill-health.

FOR SALE, "dirt cheap," a lot of dogmatic opinions and expensive cataphoresis apparatus.

TORONTO'S ALL-CANADA FAIR.

"Educational and Entertaining, Aggressive and Progressive," are the appropriate watch-words adopted by the Toronto Industrial Exhibition this year, which will be held from August 27th to September 8th. This is the twenty-second successive year of Canada's great Exposition at Toronto, and each year has not only seen an improvement in the arrangements as compared with the years that have gone, but the quality of the stock is far ahead of what it was at the beginning, thus proving the inestimable value of Fairs such as that held annually at Toronto. It is an old story to say that the exhibition immediately approaching will be superior to all its predecessors, but it can safely be said that arrangements have been made, and negotiations are pending, that warrant the statement that the Toronto Fair of 1900 will more than maintain the reputation it has gained of being the best of all

that are annually held. All the space has been taken up, and the entries are far in excess of other years, but there are so many divisions comprised in the prize list, with its 131 classes and $35,000 in premiums, that there is ample provision for all; and, talking of those divisions, it is interesting to note that there are no fewer than 55 in class 128, knitting, shirts, quilts, cloths, etc.; 354 in class 54, poultry; and an average of 16 or 17 in each of the two dozen classes devoted to horses and cattle. This will give some idea of the scope of Toronto's Great All-Canada Exposition, Thirty thousand dollars will be expended in special attractions, and many features have been secured that have not been seen outside of Europe. And the admission to the Toronto Exhibition with its myriads of attractions is only 25c. As last year, so this, the Exhibition will be inaugurated on Tuesday evening, August 28th, with a brilliant military tattoo, the inspiring spectacle of the siege and relief of Mafeking being presented each evening thereafter. Reduced rates will be given and excursions held on all lines of travel.