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Dominion Dental Journal

Vol. X.

TORONTO, FEBRUARY, 1898.

No. 2.

Original Communications.

THE SCIENTIFIC SPIRIT.

—
BY B.
—

What, after all, has given dentistry a claim as one of the learned professions? Has it been the thought and investigation of its scientists, or the ingenuity of its practical inventors? To be just to both, we must give both some meed of praise; but without the scientific spirit, which has been born within the memory of most of us, dentistry, with all its practical inventions, would be nothing more than a mechanical trade.

One of the difficulties with which teachers in this country, as well as in the United States, have to contend, is the feverish anxiety of students to anticipate all the first principles and scientific routine of study, by a premature rush into practice. It has been commonly attributed to the climate. Some critics are disposed to place the onus upon the teachers. Indeed, if professors had no will of their own, there would be no scientific spirit in the rostrum, and the time would be occupied only in the shallow and short-sighted instruction which has nothing in it but the purely mechanical. Men who can neither read nor write could be taught along such lines with equal success, were the purely practical the only thing in the curriculum. It is just such an infatuation which moves the policy of the Patron party in our policy. It is this which governs the aim and ambition of our quacks. To them the scientific spirit is a theoretical and scholastic intrusion upon the "purely practical" spirit, which "pays."

The "purely practical" is attainable at any period of life. To keep up with the practical progress of the times is a daily necessity. But the scientific spirit which inspires one to study and comprehend first principles is, as a rule, the prerogative of

youth and early manhood. It is for this reason that we reiterate the advice to students, to avoid the folly of leaping into active practical work over obscure or buried scientific principles which alone can make the practical intelligible. It is an unnecessary leap in the dark. From such training not only are ignorant practitioners, but incompetent teachers made. The man who thinks he is fully equipped as a dentist, because in a session or two he has learned to pull, plug and make teeth, is quite sure, as a professor, to avoid scientific methods of instruction of which he is gloriously ignorant.

There are students by the score taught and turned out professedly competent as merely practical men, who were never taught to think. The only part in that operation of the intellect they ever perform, is confined in student life, as it will be in practice, to the contemplation of dollars and cents. We urge such boys to stop and think!

PRESCRIPTION WRITING.

BY L.D.S.

The *New York Medical Journal* quotes from an article in a druggist's periodical, on the subject of drug names and prescription writing, which may apply in part to dental practice. The prescription pad is not used as much as it should be by the dentist, and in the matter of lotions, etc., for special pathological condition of the oral cavity within the prerogative of our practice, we have many important demands upon our knowledge of prescribing. While we run no such risks as the general physician, even our limitations demand great care to avoid confusion and error, not to speak of the less formidable mistakes of chemical incompatibility. The *New York Medical Journal* quotes the following formula:

“R. Hydr. chlor..... gr. xx.
 Tinct. hyosey..... ℥i.
 Aquæ..... ℥ ix.

“M. Draught to be taken at bed time.”

“Which chloride of mercury is intended?” asks the writer. “The context shows plainly that neither is wanted but chloral hydrate. Is it not all wrong that human life should thus be trifled with?”

To which we may add, "Does it not seem all wrong that the laws of a State permit the most dangerous prescriptions to be compounded by young men of meagre and insufficient preliminary and practical training?" We happen to be familiar with the requirements for the practice of pharmacy in most of the States, and we do not hesitate to affirm that there is not one legalized prescriber, from the Atlantic to the Pacific, in Canada who would be so dense and ignorant as to suppose that a chloride of mercury was meant in the above prescription. The education of the pharmacist, like that of the dentist and the physician in Canada, starts in the right direction by a thorough preliminary examination almost equivalent to that of the Bachelor of Arts of our Universities.

HINTS.

BY A LAZY MAN.

1. You can cut vulcanite with a file better when both are dry than wet. If you think you need a new file, dip your plate in dry plaster of paris, rub it off with a wheel-brush, and often you will find that the fault is not in the file.
2. After you have polished your plate, sprinkle a little dry plaster on it, and give it a run over the soft wheel-brush.
3. Tack a square piece of bed-tick or apron cloth under the part of the bench where you work. It will always be there. Pull it over your knees when you sit there to work. Keeps your pantaloons clean, and often keeps you from saying naughty words, as it catches teeth you might drop on the floor.
4. When your rubber overshoes wear out, keep the soles. Very handy if fastened on a block convenient to use. The heels make good bench blocks.
5. Keep your old kid gloves and wear them when sand-papering or polishing artificial sets. Rub vaseline into your finger-nails, and over your fingers before putting on the gloves.
6. When your dental engine kicks or makes a noise at the joints, oil it a little. If that does not stop the row, do not swear at the manufacturer until you have got down on your marrow-bones and tightened up screws that may be loose. If that succeeds shake hands with yourself; if it does not, smash something. It will ease your mind.
7. Cover your dental engine with a cover the shape of an old candle extinguisher.

Proceedings of Dental Societies.

"MAKE AN APPOINTMENT."

The meeting of the Ontario Dental Society, March 3rd and 4th, will be one of more than usual interest to the profession in this Province.

You cannot afford to miss this gathering. To hear Dr. Black discuss dental alloys and amalgams, and to see his elaborate demonstrations of the shrinkage, expansion, flow, etc., of different amalgams, will be worth a greater effort and sacrifice than you'll need to make to get there. Don't become fossilized. Mingle with your brother dentists once a year. Turn up the date, March 3rd and 4th, in your appointment-book now, and make an appointment right across the page, thus: "Ontario Dental Society, Toronto."

ONTARIO DENTAL SOCIETY.

To the Members of the Dental Profession in Ontario :

At the meeting of the Ontario Dental Society, in July, 1897, it was decided that the meeting for 1898 should be held at a time to include the 4th of March, the thirtieth anniversary of the passing of "The Ontario Dental Act." It was thought desirable to get together to celebrate this thirtieth anniversary as many as possible of those who were in practice previous to March 4th, 1868, that they might renew old friendships, and that the younger men might make the acquaintance of these pioneers to whom they owe so much, before they all pass off the stage of action.

To add additional interest to the meeting, the Toronto Dental Society, the Faculty of the College and our Society have united to secure the presence of Dr. G. V. Black, Dean of the Dental Department of the Northwestern University, Chicago, who is known to all readers of dental journals as the foremost experimenter with dental amalgams and amalgam alloys. Dr. Black will bring with him the instruments, designed by himself, to measure the strength, flow, shrinkage, or expansion of the various amalgams, and will demonstrate the best formulas and manipulations. Everyone familiar with Dr. Black's work speaks in the highest terms of its great practical value.

We trust that the interest of this anniversary occasion and the attractive programme provided will insure the attendance of a

large number, both of the "old-timers" and of the younger men. All licentiates who sign the Constitution and Code of Ethics are eligible for membership on payment of a fee of \$1.00.

Members coming by rail had better buy ordinary return tickets.

J. A. MARSHALL,

President Ont. Dental Society.

J. E. JOHNSTON,

Secretary.

The tenth annual meeting of the Ontario Dental Society will be held in the Dental College, 93 College Street, Toronto, March 3rd and 4th, 1898.

PROGRAMME.

(Provisional.)

THURSDAY, MARCH 3RD.

10.30 a.m.—Business session. Election of officers. Payment of fees, etc.

2.00 p.m.—Address by Dr. G. V. Black, of Chicago, "Dental Amalgams and Amalgam Alloys," with experiments and demonstrations.

7.45 p.m.—Papers :

(1) "Advertising." Dr. M. G. McElhinney.

(2) "Evolution of the Teeth." Profs. Ramsay Wright, M.A., and J. J. Mackenzie, B.A., (with lantern views.)

(3) "Alveolar Abscess," (with lantern views.) Dr. J. B. Willmott.

FRIDAY, MARCH 4TH.

9.45 a.m.—Anniversary session.

Papers :

(1) "Dentistry and Dentists in Ontario before 1868." H. T. Wood, M.D.S.

(2) "Thirty Years' Development since 1868." Dr. J. A. Marshall.

(3) "Our Responsibility for the Future of Dentistry in Ontario." Dr. R. J. Husband.

Communications from and remarks by old members.

2.00 p.m.—Papers :

(1) "Preservation of Dental Pulp." Dr. J. A. Sangster. Discussion by Dr. J. F. Ross.

(2) "Treatment of Abscess." Dr. D. C. Smith. Discussion.

Routine business.

TORONTO DENTAL SOCIETY DINNER.

The first annual dinner of the Toronto Dental Society was held at Webbs' on the evening of January 25th, and was a success in every sense of the word. About fifty members of the Society and their professional friends in the city sat down to dinner, served in Webbs' best style. After dinner, the toast, "The Queen," was duly honored, after which Dr. Webster, of Collingwood, proposed "The Toronto Dental Society." This was responded to by the President, Dr. A. J. McDonagh, who took the opportunity to invite all present who were not already members of the Society to join. One of the objections frequently met is that some are members of our Society who formerly advertised. This is true, and if the Society has succeeded in saving one dentist from the error of his ways, it is fulfilling a noble purpose.

The toast, "The Dental Profession," was proposed in a thoughtful speech by Dr. J. B. Willmott, who deplored the lack of the fraternal spirit in our ranks as a profession, and thought this banquet a sign of the approach of better things. The toast was responded to by Dr. J. E. Wilkinson, late of Parrsboro', N.S., who has recently begun practice in Toronto.

"The DOMINION DENTAL JOURNAL" was proposed by Dr. M. W. Sparrow in a witty speech, and responded to by Dr. G. S. Martin, who made an appeal to the members of the profession present to read more widely in dental literature, and also to contribute to the journal any points of practical value.

The toast, "The Undergraduates," was proposed by Dr. Ball, who welcomed the oncoming hosts of students in the kindest manner. Mr. Williams, of the class of '98, responded in an eloquent and spirited speech, thanking the profession for the kind manner in which the toast was received.

Drs. M. W. Sparrow, Zeigler, Peaker and Cobban sang acceptable solos, which won well-merited encores. Dr. B. F. Nichols' whistling solo, to his own accompaniment on the piano, is worthy of special mention.

Dr. W. E. Willmott explained that the Toronto Dental Society had united with the Ontario Dental Society and the Faculty of the R. C. D. S. in bringing Dr. G. V. Black, of Chicago, to Toronto in March, to demonstrate his researches and discoveries in dental alloys and amalgams, and that all who were members of both societies would be in a position to participate in the treat in store.

The committee in charge of the banquet, Drs. W. Cecil Trotter, J. B. Willmott, McDonagh, Eaton, J. F. Adams, J. E. Wilkinson, deserve great praise for the success of this first annual function.

MONTREAL DENTAL CLUB.

Some of the junior members of the profession in Montreal organized a society under the above name, and have had very interesting meetings. The idea is the same as that of the Montreal Dental Society, which a few years ago had a very active existence, and the many papers of which were published in the predecessor of the DOMINION DENTAL JOURNAL. It is a good idea. The officers elected for the current year are as follows: President, Dr. Peter Brown; Vice-President, Dr. W. J. Giles; Secretary, Dr. R. L. Watson.

DENTAL SOCIETY ANNOUNCEMENT.

The Vermont State Dental Society will hold its annual meeting at Hotel Berwick, Rutland, March 16, 17 and 18.

Translations

FROM THE FRENCH DENTAL JOURNALS.

BY J. H. BOURDON, L.D.S., D.D.S., MONTREAL, QUE.

POISONING BY THE USE OF CATAPHORESIS.—Dr. Moore, of Frankfort-on-Maine, gave an account of a case of poisoning by cocaine, transmitted by an electric current. After close inquiry to discover the cause of the accident, he was convinced that the apex of the tooth was very large, and that the cocaine was rapidly thrown into the system.—*Zahnärztliches Wochenblatt-Odontologie.*

DEATH CAUSED BY A FILLED TOOTH.—A railway superintendent had two teeth filled. One of them ulcerated, swelling of cheek, pus, etc. The tooth was extracted, but it was too late. A consultation of three doctors was called, but it was of no avail to check the infection. Four days after the extraction the patient died of an empyema in the thoracic cavity.—*Correspondenz-Blatt Odontologie.*

ABSCESS IN THE BRAIN.—A case of dental origin, which ended fatally, is related by Dr. Silax before a meeting of the Medical Society of Berlin. The patient, a boy of twelve years, complained of excruciating pains, with an exophthalmia of one eye.

An opening was made in the frontal sinus, but without any result. An infectious meningitis appeared after nine days. The autopsy showed that the superior part of the brain was coated heavily with pus; the base of the brain was free from pus. This abscess had worked its way for some time, but had not caused much trouble; nevertheless it had brought the inflammation of the antrum, caused by a decayed molar.—*Zahntechnische Reform Odontologie.*

AT ROCKENDORF, GERMANY, a young lady who was to get married in a few days, by accident swallowed an artificial denture of nine teeth; the plate stopped in the œsophægus. On the advice of her physician she was directed to the surgical clinics of Jéna. They proceeded immediately in practising œsophagotomy. The operation was performed successfully, the plate withdrawn, and the act of healing was done rapidly. To know exactly the point where the plate was located after deglutition, X-rays of Rœntgen were used. Having obtained a photograph it enabled considerably the operators. One peculiar effect of the rays on rubber plates is that the rays will pass through the rubber showing only the clasps and the artificial teeth.—*Zahnärztliches Wochenblatt-Odontologie.*

Medical Department.

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

AT the Odontographic Society of Chicago, in discussing a paper entitled "Report of a Case of Carcinoma of the Buccal Mucous Membrane," Dr. Truman W. Brophy made the following remarks: The presence of carcinoma in the mouth is apt to be overlooked by the average practitioner of dentistry. The reason why these growths develop so frequently within the mouth, is that the membranes, the tissues generally of the oral cavity, are most subject to irritation. The diseases of the teeth themselves, the breaking-down of tooth structure, the ragged, broken, sharp edges of the teeth that come in contact with the mucous membrane of the cheeks, the lips and the tongue; the presence of irritants in the form of tobacco, are the exciting causes of carcinomatous growths within the mouth. We have not anywhere else in the human subject a part of the body so liable to be injured as the mouth. The disease which terminated the life of General Grant was of dental origin. The General paid no attention to the slight irritation at the base of the tongue, caused by a broken molar tooth. He continued to smoke; the tooth continued to irritate the parts,

lacerating the surface, and by-and-bye the tissue began to develop new cancer cells, and almost simultaneously with the development of new cells was a breaking-down and a development of a characteristic epithelial growth. The diseased process began to extend down into the pharynx, involved the lymphatic glands, and when it reached a point that made it almost impossible for him to tolerate the pain he applied for relief, but it was too late. The case of the Crown Prince of Germany was mentioned. He neglected the dental organs. In his case there was a breaking-down of the teeth, the formation of pericementitis and alveolar abscess and irritation, followed by fistulous openings, the development of a growth upon the surface of the membrane almost precisely like that of General Grant's, and which terminated his life. These cases impress upon us the importance of extreme care, from a hygienic and dental standpoint, in the way of dental manipulations in the case of the teeth and of the mouth.—*Dental Review*.

CARIOUS TEETH AS A MEANS OF ENTRY INTO THE BODY FOR THE BACILLUS OF TUBERCULOSIS.—The following is reported in *La Revue Médicale*, May 23, 1896: Dr. Strarek, of Heidelberg, has reported two cases that clearly show that a decayed tooth may be the point of departure for the invasion of the organism by the bacillus of tuberculosis. In the first case, a young man after a violent toothache had enlargement of the submaxillary lymphatic ganglia on the same side as the affected teeth—the left lower molars. During the three months following, the tumor increased to the size of the fist; painless, irregular of surface, soft and elastic in parts. On the *right* side there was slight enlargement of submaxillary and subclavicular glands, and prolonged expiration in upper lobe of lung. The teeth were extracted, and the tumor, which was in a state of caseous degeneration, was removed. Microscopic examination of the teeth showed numerous bacilli of tuberculosis. The second case, in a girl of fourteen, was very similar. Large numbers of bacilli were found in the extracted tooth. In three cases resembling these two in their clinical aspect, bacilli were demonstrated in the cervical glands, but none could be detected in the carious teeth. The author believes that not only tubercle bacilli, but also other pathogenic microbes can penetrate the body *via* decayed teeth. Dental caries appears to be also the most common cause of ordinary chronic lymphadenoma in infants. In one hundred and thirteen cases of infants with enlarged submaxillary ganglia no other cause could be determined in forty-one per cent. of the cases. We see from this the extreme importance of hygiene of the mouth, from the point of view of prophylaxis, during the early years of life.—*International Dental Journal*.

Tit Bits from the Editors.

WE contend that it takes special gifts and talents to teach ; but we also contend that it takes no special talent or gift to discover that *some* graduates being turned out, even in this day and time, are not competent to practise dentistry intelligently.—*American Dental Weekly*.

PROBABLY one of the most frequent causes of the continuance of diseased conditions is due to the neglect of dentists in making careful diagnoses of diseases present in the mouths of their patients. As a rule the patient is conscious of some source of pain or irritation, which leads him to place himself in the care of the dentist. The dentist corrects the evil, looks for some more cavities, removes a little salivary calculus, and dismisses the patient. He generally fails to study the mouth, with a view to making either esthetics or practical improvements. In other words, he fails to be looking for trouble. A case in point may be cited at this time. The patient has been in the hands of a good, conscientious, honest and able operator for years, who always "cleaned and filled his teeth." A careful examination at once revealed the fact that one side of the mouth had not been used for mastication for years. There was no complaint as to any particular tooth on that side, on the contrary the patient said the dentist told him everything was "all right." The losses on both sides were equal, and no reason seemed to exist why one should be used in preference to the other. Careful tapping and tests of heat and cold seemed to indicate nothing wrong, but the patient did remember that the insertion of a large amalgam filling in the upper first molar on that side was followed by considerable pain, but that it had been "all right now for years." It seemed best to tap the tooth ; the pulp was dead, the root canals while not necessarily filled with offensive matter, contained material in a stage of decomposition. The slight soreness led to the abandonment of this side of the mouth, which was abetted by the difficult eruption of a third lower molar, whose environment was constantly in an inflamed condition. Having found, in addition to calculus, caries and blind abscess, also eruptio difficilis, a search for further discoveries was instituted, and this was rewarded by finding abrasion, two teeth sensitive from erosion near the gingival margin and one tooth attacked by pyorrhœa alveolaris. The latter was confined to about one-half of the circumference of the root of a lateral incisor, and its form was of that apparently inoffensive yet destructive nature which would have resulted in the loss of the tooth ere the patient could have been aware of the seriousness of the condition. These

diseases were all corrected and the patient instructed to learn the use of the disabled side; at the end of six months (except for the abrasion which is the result of using one side only for years) both sides of each arch are in an equally healthy and useful condition. We suggest to the busy dentist to take time to look for trouble, and the dentist who is not so busy can find no more useful and advantageous employment than to study the conditions which he will find if searched for, and which he must learn to recognize while looking for trouble. Both classes of operators will be more useful to the community.—*The Dental Review*.

DRUG TOLERATION.—During the past few years the writer has noticed that many mouths bear the mark of local drug toleration. This is more especially noticeable when for some reason the person habituated to the use of washes and lotions discontinues the habit. We will see then that the saliva and mucus is less copious than when the drug or combination of drugs is dispensed with. The more general use of mouth washes and liquid dentrifices does not date back much beyond the period of the introduction of antiseptic surgery. Formerly the washes and mouth lotions were gotten up to have an agreeable taste and a perfumery odor. Latterly the majority of them make a pretence at least of being powerfully antiseptic. In many cases such claims are preposterous, as the antiseptic and disinfectant is barely strong enough to destroy the most innocent microbe. In a state of health and normality of the mucous membrane, what need exists for the use of such substances? Would not warm water and then cold be even better than the artificial stimulation of the mucous membrane, which, after a time, craves such stimulation? Would it not be more beneficial to humanity if the pastes and lotions were only used to correct a disorder than to use them to keep up a disagreeable and hurtful habit? We do not decry the use of such substances when needed to assist nature to a return to health, but we protest against the whole population being told that it is a necessity—that such general use is beneficial, etc., etc. The normal mouth not contaminated with tobacco or chewing-gum is much better with water, hot and cold, and the sparing use of the tooth-brush—which is one of the abominations of civilization—than to be fed daily with sprays, lotions and pastes of uncertain constitution.—*Dental Review*.

[The editor of the *Review* is highly qualified to speak *ex cathedra* on these questions; yet he differs in opinion from other high authorities. Would he tell us—apart from the vulgarity of the habit—how chewing-gum can be placed on a par with tobacco as a contamination to the natural mouth. It is not long since it was recommended as a prophylactic preserver of the teeth. What does our friend suggest as a substitute for the tooth brush?—ED. D.D.J.]

Abstracts.

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

FROM art stores can be procured clay which, if mixed with glycerin, will make moldine or molding clay. It may be mixed with water, but that dries out quickly, and requires a new mix for each use.—*American Dental Weekly*.

THE disadvantages of ether as an anæsthetic have been overcome by combining nitrous oxid with the ether fumes. After three or four inhalations of nitrous oxid, gradually substitute ether fumes. In two minutes the patient is unconscious, and there is no choking or distress.—*London Lancet*.

TO DEPOSIT PASTE IN CAVITY.—Dr. J. H. Hughes, in the *Dental Review*, suggests that in capping small exposures, or when putting cement into an excessively sensitive cavity, he uses a stiff paste of white oxid of zinc and oil of cloves. To avoid this paste sticking to the instrument in depositing it in cavity, he uses a small piece of spunk in the pliers.

DR. TEAGUE suggests in the *American Dental Weekly* a method of crowning very hollow roots by use of a soft wooden peg the shape and size of metal pivot in crown to be inserted. The root is roughed where there is least fear of perforating it; the peg is inserted in root, and amalgam packed around it to the margin of gum. After the amalgam is set the peg is drilled out and the crown set.

TO SHARPEN HYPODERMIC NEEDLES.—First pass the cleansing wire through so that it protrudes at both ends of the needle. Take a corundum wheel, and with the engine grind off the point of the needle with the wire at the same time. The wire can then be pushed through from the other extremity, carrying all the *debris* with it. Thus the needle will be perfectly clear.—Dr. F. B. SPOONER, *Dental Digest*.

MENTHO PHENOL.—Dr. J. Morgan Howe, at the New York Institute of Stomatology, introduced a remedy for toothache, composed of one part of phenol crystals to three parts of menthol and melting the substance. It is a fluid of pale amber color, and aromatic odor, very pungent in taste but not caustic. He finds it useful in pulpitis. Two drops to an ounce of water make an excellent mouth-wash.—*International Dental*.

WHEN caries extends to the bifurcation of roots, make a mat of two or three layers of tin, place it in the bifurcation and use it as a base in filling the rest of the cavity with amalgam.—*From "Tin Foil and its Combinations for Filling Teeth."*—Dr. H. L. ANBLER.

A DENTIST in this city made an application of arsenic in the usual manner, and at next sitting attempted to remove the pulp, but found it highly sensitive. To hasten matters he applied cocaine with the current and removed the pulp painlessly, but at the next sitting he found the arsenic had been inducted into tissues beyond the tooth. Here was the devil to pay and no funds. Don't say he should have known better—anyone might have done the same thing thoughtlessly.—Dr. F. FLETCHER, in *Dental Digest*.

USEFUL MATRIX.—Dr. T. F. P. Hodson presented to the New York Institute of Stomatology a method of making a matrix so constructed that the convexity obtains not only from the buccal to the lingual aspect, but also from the grinding surface to the cervical. From thin sheets of very thin steel, which may be annealed, a small piece may be cut to suit the case, the edges trimmed with a file and a couple of small holes punched to facilitate removal. The matrix is then laid on a piece of lead and small convex surface (such as the head of a small picture nail hardened and polished) driven down upon it with a few taps of a hammer. In amalgam filling it may be left over night, to insure no injury to the filling in removing.—*International*.

THE COMPARATIVE VALUE OF EUCAINE AND COCAINE AS LOCAL ANÆSTHETICS.—The following results were obtained from experiments undertaken for the purpose of studying the action of eucaine and cocaine: (1) The injection of cocaine is not at all painful, while that of eucaine caused a certain smarting sensation. (2) Eucaine is a vaso-dilator, while cocaine is a vaso-constrictor. With the former the field of operation is clouded by the blood. (3) Eucaine is certainly an excellent analgesic, although in deep operations the perception of pain seems to be somewhat more distinct than with cocaine. (4) In an operation with cocaine anæsthesia is still complete an hour and ten minutes after the operation, while with the eucaine it disappears after forty-five minutes. If, said M. Reclus, eucaine is less toxic than cocaine, it is still to be preferred in spite of these slight inconveniences. M. Pouchet, he said, had made sixty experiments on different animals. He had recognized that the toxicity of eucaine was nearly as great as that of cocaine. He preferred the latter, which presented warning symptoms of intoxication, to eucaine, which suddenly overcame the patient without any premonitory symptoms.—*Press Médicale*.

Selections.

DR. TELSCHOW'S NEW CEMENT.

The following quotation from *Items of Interest* appeared in the *Journal of the British Dental Association* for September 15th:—

DR. TELSCHOW'S NEW CEMENT.—(By George Randorf, Berlin, Germany). In describing his new cement, Dr. Telschow, of Berlin, writes as follows:—I have employed aluminum in my practice during many years, and the observations made by me during this time have suggested the preparation of a new filling material in which I have incorporated silicated aluminum and fluorhydric acid. This cement resists the acid in the mouth to an extraordinary degree, and in appearance exactly resembles the natural enamel of the teeth.

I may add that fluorhydric acid has a beneficial effect upon the roots of the teeth, and immediately allays the inflammation of pericementitis. It is introduced into the cavity dry. For the preparation of fluorid you require (a) a glass of liquid, (b) a glass of powder, and (c) a bottle of gutta-percha and of fluorhydric acid, with which the liquid is mixed with one-third of the acid. Great care must be exercised, as the acid is a strong corrosive. The hand which holds the glass must be covered with a glove, and the acid should be added drop by drop. Should any of the acid fall on the hands they should instantly be washed with soap. The bottle must be well shaken, and the powder is then added.

The cavity to be filled must be well dried with bibulous paper, and then with hot air. The filling is introduced soft, and gradually hardens. It is necessary to shake the liquid each time before using it. A large quantity should never be prepared, as it decomposes after eight days. The filling is polished on the day after insertion, and then has a smooth, brilliant surface, indistinguishable from natural enamel.

The liquid (a) is phosphoric acid; the powder (b) is a composition of oxide of zinc and aluminum salts; the bottle (c) fluorhydric acid.

COMMENT.

A well-known Fellow of the Chemical Society, who has devoted a great deal of time and attention to the study of cement fillings, has favored us with the following communication concerning the above new cement:

Without any desire to discourage experiment, it will be well to caution those who are not chemists of the exceedingly dangerous nature of fluoric or hydrofluoric acid. The fumes, if not in suffi-

cient quantity to be fatal, cause dangerous and unmanageable sores, and it would be a useful lesson to see the exceeding caution with which etchers on glass use these risky compounds. Fuming nitric acid is innocence itself compared with the fluorine acids, which will rapidly eat their way through glass, stoneware, or porcelain.

There is one point, also, in Dr. Telschow's statement which is not at all satisfactory—*i.e.*, that the new filling stands the *acids* of the mouth as well as does the living tooth substance. It will be remembered that many years ago a translucent filling was introduced which was so perfect a copy of the living tooth enamel that a filling could not be detected without the closest scrutiny and a knowledge of its position. This was similar in composition to the one now introduced, but the risky hydrofluoric acid was not used; in its place, having similar if not identical properties, a basic tin salt formed the active ingredient. This filling also stood the action of all *acids* in precisely the same manner as the living tooth enamel; but it failed in alkalis, *and it failed in the mouth*. All basic compounds of this class, including the phosphates and chlorides of zinc, offer an extraordinary resistance to the action of acids, and all fail with caustic alkalis in precisely the same way as they do in the mouth. It is therefore evident that acid tests are misleading and worse than useless; the filling of the future must resist alkalis also if they are to be permanent. The time-worn remarks about the "acids of the mouth" will not bear examination, and if the results which may be expected in practice are to be found by experiments which can only extend over a short period, the reagent to be used is a caustic alkali. The results of tests in acids, whether mineral or organic, have no resemblance whatever to the results obtained in the mouth in actual practice.—*Ash's Quarterly Circular*.

FOUR CLASSES OF DENTISTS.

By analysis it may be discovered that instead of two classes of dentists, as commonly supposed, Professional men and Quacks, there are really four, viz.: The true Professional man; the Quack Professional; the Professional Quack, and the Quack.

THE TRUE PROFESSIONAL MAN.

The true professional man, in the highest and noblest sense of the words, is a *rara avis*. He begins practice just as the true minister of the gospel takes up preaching. He is prompted by a love of his work, and a love for his fellow-man. That he earns a living by the fees which he obtains, in no sense detracts from his

attitude of being a missionary. He must live, that he may continue his mission. At times he receives high fees. Indeed such men receive the very highest fees, for the people are not all fools, and merit will eventually be recognized, and its reward cheerfully given. But the professional man, while exacting large fees from the rich, takes smaller ones from the less wealthy, and perhaps nothing at all from the needy. But even in his treatment of the very rich, he acts in a professional manner. He has in his own mind a fixed valuation for the service rendered. If the patron can afford this maximum sum, it is demanded. But if the next applicant for a similar service should own ten millions instead of one, the fee would be no greater. When a patient is entrusted to his care, the thought uppermost is not, "How much can I make out of this patient," but, rather, "How much good can I accomplish; how much comfort can I afford to this sufferer?" In all services rendered the highest standard is ever before him. Whatever method promises the most lasting benefit he pursues without regard to time, money, or personal convenience. Many men fill teeth with amalgam, and preach the great advantage of using this material in preference to gold, who adopt such a course from laziness, and they write their articles to quiet a troublesome conscience, like the coward in the dark, who held one of his hands with the other trying to believe that he was not alone. Such a man is not truly professional.

The true professional man, then, is that man who is especially adapted to all the demands of his calling, both moral and mental. He has ever prominent in his mind the best interests of his patient, of his fellow practitioners, and of his profession which, by every act, he endeavors to lift to a higher plane in the esteem of the community. He conducts himself at all time so that his patrons place themselves, their wives and daughters, in his care with confidence in his integrity, and faith in his skill.

In New York City there resides one dentist who represents the highest type of the professional man.

THE QUACK PROFESSIONAL MAN.

Among those who claim to be professional men will be found men who are professional in varying degree, until at the opposite extreme we find the quack professional. The quack professional, is like the crow who daubed himself with white paint and flocked with the geese, that the farmer might not suspect that he had one eye on the growing corn. This man is in dentistry for what there is in it. He poses with the professional men because perhaps by education and social position he naturally desires a clientele among the higher classes. He has no wish to work for the poor. It is the purse of the millionaire which is his constant aim. Such

a man recently told a young man: "You cannot afford to have your teeth put in order." In desperation the young man sought advice elsewhere and cheerfully paid two hundred dollars to the gentleman who saved his teeth. Another boasted in a dental society meeting that he was "Not in dentistry for the good of his health," and the applause which greeted the remark proved that there were many present who had no very high estimate of professional rectitude.

While posing as a true professional man, the quack professional is his direct opposite in the matter of advertising. He does not advertise in the public prints. He is too shrewd for that. He knows the Code, and is very careful never to overstep the bounds. But one may advertise in many ways, not specially interdicted by the Code of Ethics. This man, unlike the true professional, is always *bragging*. He never loses an opportunity to explain how much greater he is than his fellows; how much more skilful; how many discoveries he has made; how many methods devised; how many instruments invented; and in short how very much indebted to him is all the rest of the dental world.

He also understands how to use printer's ink. He gets printed advertisements without paying for them. The chief object of advertising is to increase business. Consequently any use of the printer's art which accomplishes this end is advertising, however cleverly concealed. Indeed in these days, when advertising has grown to be a special study, the concealment of the advertisement is supposed to be the highest art. So our quack professional, our crow flocking with the geese who do not observe the black feathers beneath the white coat of paint, usually pursues some specialty, or pretends to do so; generally he practices everything, "from fillings to false teeth," but announces that he is especially successful in one line or practice. He writes many learned theses, some of which may be actually valuable additions to science, which fact adds to rather than detracts from their value as advertisements. His paper is usually read before a dental society, at which the author has a fine opportunity to pose as the special disciple of the methods advocated; next it appears in the most widely read journal. Would it not seem that this is sufficient? It is not, as viewed from the standpoint of the quack professional. He is not yet sure that it has reached those places where it will do the most good; therefore he orders one or two thousand reprints, and these are industriously distributed over that field from which he garners his corn. Of course it is not intended here to state that all men who distribute reprints, are of this class. Many do this, as they do other work, without thought of self. But there is a little sign by which the pamphlet of the quack professional can always be detected. At the end of the last page (if not on the first page of the

cover) appears his office address. He is not willing that the reader should have any difficulty in finding him. When next you receive a reprint, bearing this little car mark, think of the pamphlet as white paint and look for the crow.

THE PROFESSIONAL QUACK.

The professional quack is a miserable sort of fellow. He takes a notion that he would like to be a dentist. He has little or no education, but in these days that is no obstacle, providing he has a couple of hundred dollars. Any dental college in the United States will accept him as a student (*vide* proceedings National Association of Dental Faculties). He worries along through college to the examination period, and this he passes, because he wears long white cuffs, and knows how to write a fine legible hand with a well pointed pencil. So he gets through and is awarded a diploma. He does not send that pair of cuffs to the laundry, but uses them at a State Board examination which he passes with the same facility, and with the same lack of knowledge as when going through college. Thus he obtains his license. The college and the State Board have done all that they could for him; they have launched him. But thrown upon his own resources he finds that he has none. So one day his room rent is due, and his lunch ticket is punched full of holes, and if he ever heard any lecture on the subject of upholding the dignity of his profession, or if he ever made any promise to do so, he forgets it all. He hires himself to a quack and becomes one of the "professors" in a "Cash Dental Parlor." Poor devil, is it his fault? Of course he ought to have taken a position in a carpenter shop, if he had any mechanical skill or perhaps in a planing mill or machine shop. But his little leaning toward mechanics made him imagine himself fitted for dentistry, and when he applied for admission into college *the professors did not deceive him*. Perhaps a college which only accepted high grade, well educated, refined men as students, would not declare large dividends to its stockholders; but what a work its graduates would do in the world!

Of professional quacks (who, mind you, are only quacks until they get a start), there are hundreds in New York, and thousands about the country.

THE TRUE QUACKS.

The simon pure quack, when you come to know him, may not be half a bad fellow. Of course he is not a professional man; but then he does not pretend that he is. All he asks is permission to do business in his own way. And strangely enough, the very laws which have been passed to elevate the profession (what a pleasant phrase that is as it rolls off the tongue) and presumably to sup-

press quackery, have had exactly the reverse effect. The quack is freer to go and come to-day, than your most cultured professional man. Suppose we prove that? At the present moment an old practitioner is intending to leave the north because his health demands a warmer climate. He probably will settle in Texas, *if he can remember enough of what he learned at college to pass the Texas Board.* He has a chance to dispose of his practice to a widely-known dentist in New England. *It all depends upon the success of the latter with the New York State Board.* Thus the real professional men are hampered, or else confined to practice in one State. How with Mr. Quack? In January he opens a place of business in New York. In February he starts a branch in Philadelphia. In March he opens another in Boston, and in May he begins business in Chicago. He passes *none* of the State Board examinations. Why? *Because he is not practicing dentistry, he is only doing business.* His staff of operators are the professional quacks, the poor devils whom the colleges have turned out as dentists, and who have been licensed by the State Boards. He can find dozens of such men in every large city. Consequently his sphere of action is limited only by his capacity for managing a concern with many branches. In short, the quack is merely a man of business, taking advantage of the opportunity which the wise men in the dental ranks have afforded them by enacting laws, which enable them to run shops, in which all the operators have been declared legally qualified. He may not be a dentist at all.

Of this class there are hundreds—and more start in business every year.—DR. OTTOLENGUI, *Editorial Items of Interest.*

WHY do the advertising dentists commonly adopt some such name as the "New York Dental Parlors?" This query suggests a line of thought replete with possibilities. In these days of civilization medical attendance of the highest class is afforded to the poor. Hospitals exist in all communities which reach the dignity of being classed among the cities. In metropolitan centers hospitals and infirmaries are numerous, and the medical men who give their services are usually the most skilled practitioners in the communities. These facts are tacitly admitted and are well known to laymen, and especially to those who can afford to pay high fees for service. The highest praise which could be given to any physician reached my ears yesterday. An Irish woman pleaded for assistance in paying her rent, explaining that her husband was in the hospital having his eyes attended. "And do you know Doctor X.?" asked she. "Indade, now, he's the foine jintilman. Do ye know, he attinded my old man with the same tinderness as if we were quality folks, payin twinty dollars an hour."

THAT the common people have come to know that the highest skill is obtainable in institutions, explains why advertising dentists

assume the names in common use. It is with the intention to deceive. It is meant that the patients should believe that their places are similar to medical hospitals. The truth of this statement is becoming more patent every day, as the unscrupulous advertisers grow bolder in making their announcements in the public prints. In substance (being quoted from memory), here is an advertisement which occupied half a column of large type in one of our Sunday papers during the summer.

"OUR establishment is now admitted to be the most scientifically equipped in this city. We are at last able to announce that every department is under the direct supervision of a professor of dentistry making a specialty of his particular work. Prof. A. in charge of filling teeth with gold. Prof. B. in charge of filling with other materials. Prof. C. in charge of crown work. Prof. D. in charge of bridge work. Prof. E., artificial teeth. Prof. F. regulating (or straightening) teeth; and Prof. G., *late dean of the faculty of the Eureka Dental Association*, now superintendent and dean of our faculty, and oral surgeon of our institution."

Could anything be less disguised? Could any fraud be more audaciously announced?

But New York City is not alone the base of operation for this class of charlatans. Here are three advertisements clipped from the *Pittsburg Post*:

"For forty years the colleges of Philadelphia and New York have cared for the teeth of thousands. The same opportunity is offered you at the Pittsburg Dental College, 711 Penn Ave."

"Personal. First ten days of October special rates on all dental work at Pittsburg Dental College, 711 Penn Ave."

"Wanted. You to bring this with you and secure ten per cent. discount on dental work done at Pittsburg Dental College, 711 Penn Ave."

No such college appears in the list of the National Association of Dental Faculties, nor in that of the National Association of Dental Examiners. Is this a firm of advertising dentists?

THE following clipping has been going the rounds of the press of the West, and is a fair sample of "dentistry as she is taught" in the public prints:

"The progress in the art of dentistry has been greater than is generally known," said J. E. Lamb, of Boston, to a *St. Louis Globe-Democrat* man. "You can see from the swollen condition of my right jaw that I am suffering the torments of a throbbing, thumping toothache, and, though I was advised by my dentist at Boston not to have my tooth pulled, I got up this morning from a sleepless night, thoroughly desperate and determined to have the unruly member plucked out. But when I applied to one of the

most eminent students of St. Louis to perform the operation, he, too, after examination, advised me not to have it taken out.

When he learned that I was nearly fifty years old, he told me that I would have to suffer only two or three days more and the nerve would die of its suffering, my pain would entirely cease, and I would have my tooth preserved intact. The discovery of the death of tooth-nerves with advancing age is only two or three years old, but in that time millions of teeth have been saved. Formerly when a man with the toothache went to the dentist's office it meant either that the tooth was unceremoniously jerked out root and branch, or the sufferer was subjected to a long and painful operation of plugging. The better class of dentists have ceased nearly entirely to pull the teeth of men and women nearing their climacteric, as they know that the aches are but the last expiring efforts of the nerves to perform their functions. A curious fact in connection with this kind of toothache is that cold water, instead of intensifying the pain as it usually does, actually soothes it. Another important advance in dentistry is the method of completely sawing a tooth in two and joining the pieces together with a small gold screw. When a decayed speck or streak makes its appearance in a molar now the dentist who knows his business will neither pull the tooth out and substitute for it one of its own make nor fill the hollow with gold to preserve it, but he artfully saws the top of the tooth off close to the gums, and after thoroughly scraping and cleansing the decaying part, welds the two pieces together as firm as before the operation was done."

The above is forwarded by Dr. Wm. G. Ashton, of Milbank, S.D., and with it he sends a letter in which he says: "An editorial friend of mine seemed inclined to doubt my knowledge of recent improvements in my profession because I labeled the enclosed article 'nonsense.' Possibly we are to blame, inasmuch as very few dentists dare to appear in the columns of a newspaper as educators of the public, but leave that important field to the quacks. I would like to learn the name of that dentist in Boston, and of the eminent student in St. Louis who advocate these ideas. To the dentist, of course, this article appears to be rubbish, but to the public it is quite sensible. Cannot a plan be devised whereby the ignorant may be taught enough so that they may be able to discriminate between capable dentists and quacks? This question has been too long ignored by our profession; it should be seriously considered at our State and National meetings."—*Editorial in Items of Interest.*

ANTISEPTICS AND GERMICIDES IN DENTISTRY.*

By G. S. MARTIN, D.D.S., L.D.S., Toronto Junction, Ont.

It has been said by some one that it is therapeutics that makes dentistry a profession. In no other branch of therapeutics is the dentist so interested as in that given as the subject of this essay: "Antiseptics and Germicides." These terms are commonly used without any distinction being made between them, even writers in our journals and text-books failing often to make any difference.

An antiseptic, as I understand the term, is an agent having the property of preserving organic matter from fermentative changes. A germicide, on the other hand, is an agent that destroys micro-organisms or disease germs. For the most part dentists use germicidal medicaments very much oftener than they do antiseptic, because it is their province to deal with pathological conditions. When a practitioner talks of introducing an antiseptic into an abscess or a putrescent pulp, he generally means a germicide. When he bathes his instruments in a solution it is for the purpose of destroying any lurking germs of disease; and when he cleanses his cuspidore it should be with a germicidal disinfectant. This careless way of speaking is all too common among members of our profession and is very much to be deplored.

In a consideration of the agents at our command I would place first on the list, soap and water, being convinced that clean hands, towel, clothes and instruments are the first essentials to aseptic dentistry. The dentist who neglects cleanliness in his personal habits is not likely to value highly the more specific antiseptics, or to obtain desired results when he does use them. The observing patient is not likely to give a dentist credit for aseptic operations whose finger nails are not even mechanically clean. Dr. Taft has said that a thorough sterilization of instruments may be accomplished by the use of soap and water.

Heat is also one of the most useful of germicides, as, for example, in the cleansing of instruments by a bath in boiling water or oil.

Looking at the list of drugs which are available as antiseptics and germicides, we are reminded of the words of the wise king of Israel, regarding the making of books, "there is no end." Probably no other problem so absorbs the best thought of our profession as this one, involving, as it does, the treatment of alveolar abscess, root-canals, pyorrhœa, etc., the greatest trials of a dentist's life. Almost every journal we pick up describes some new or old

* Awarded fourth prize (\$40.00) in "Borolyptol" Prize Competition.

preparation claimed by some enthusiast to be the ideal antiseptic. A recent writer on pyorrhoea alvolaris counted, if I remember rightly, something over one hundred different remedies for that bugbear of dentistry.

In a paper so limited as this, it will be necessary to apply the principle of exclusion to arrive definitely at the drugs we consider permissible. An ideal antiseptic or germicide should not be escharotic, coagulant, toxic or odorous; should not stain the tissues to which it is applied, and should be possessed of the greatest possible germ destroying power.

On consideration, in the light of these specifications, a great many of the oldtime favorites will be found wanting in one or more points. For example, such drugs as iodoform and creosote, with their terribly persistent odors are scarcely to be tolerated in a modern dental office. The operating room possesses terrors enough for the delicately organized patient, without the odor of such drugs.

Some of these otherwise desirable medicaments are to be avoided on account of their tendency to stain the tissues; as, for example, iodine or oil of cinnamon in the canal of a prominent tooth will cause a stain very awkward to deal with.

While the question of coagulants and non-coagulants has been a much vexed one during the past year, I am inclined to believe that these agents should preferably be non-coagulant.

Carbolic acid is, perhaps, one of the most common drugs to be found in the average dental office. Pure, it is reliable when applied to an ulcerated surface, or in a cavity before filling a tooth of poor quality. Diluted with water or glycerine, it is an efficient wash in cases of fetid breath from any local cause, such as after extensive extraction. Used one part in twenty of water, it is a reliable bath for instruments. The main objections to its use in the mouth are its odor and its caustic action. The odor may be disguised by the use of oil of cloves.

Carbolic acid, 51 parts, combined with camphor gum, 49 parts, by rubbing in a mortar will give campho-phenique, a remedy which stands to-day one of the most useful in the dentist's cabinet. It is one of the best dressings for root-canals, abscesses, etc., and will prevent soreness of separating teeth with cotton. In fact, it has so many uses as to call forth from Professor Flagg, of Philadelphia, the statement that it is "the most remarkable medicament which has ever been offered in connection with dental therapeutics."

Boric acid is an antiseptic possessing very great merit in diseased conditions of the mucous membrane, and after the extraction of a number of teeth. A combination of borax and boric acid, to which some one has given the name boracine, is not caustic, toxic,

or irritating, and is tasteless and odorless. A 16 per cent. solution in water has proved excellent in treating abscess of the antrum.

The old-time favorite creosote has, in my practice, given place to less pungent drugs. The only place I ever use it is in combination with tannic acid in cases where I cannot remove all the fibres of a pulp, and even here guaiacol is to be preferred.

The essential oils are valuable where stronger and more irritating agents are not necessary, and because their action is more enduring than watery forms of antiseptics. The most commonly used are cloves, cajep^ut, cinnamon, eucalyptol and wintergreen.

Bichlorid of mercury is, in spite of the sneers of the men who call it "bed-bug poison," still, perhaps, without a peer as a germicide. The offensive smell may be overcome by the use of a little rosewater. Use 1 part in 1,000 parts of water; it is the best bath for instruments that can be used. Dr. W. D. Miller, after his experiments, placed it at two hundred times stronger than pure carbolic acid, and advises its use even in 2 per cent. solution in cavities before filling. Combined with peroxide of hydrogen its use is indicated in abscess and pyorrhœa. The objections urged against the bichlorid are its poisonous nature, its smell and its tendency to change chemically. The dilute form in which it is used should not, however, result in any harm, and if prepared with ammonia chloride a solution may be made at any time required.

Thymol is a favorite substitute for creosote and carbolic acid, having, according to most authorities, equal power as an antiseptic without the unpleasant smell. Combined with glycerol it makes a most effective treatment for putrescent conditions of pulps or in any suppurating condition found in the mouth.

One of the most valuable remedies in dental medicine is hydrogen peroxid. Apart from any chemical action on diseased tissues, its purely mechanical services in cleansing by effervescence in contact with pus is of great value to the dentist. Professor Miller places it next to bichlorid in the list of antiseptics. One great point in its favor is the fact that it may be used without fear, as it is harmless to healthy tissues. It should not be injected into an abscess cavity from which there is not plenty of room for the escape of the gases evolved.

Lately, in the treatment of putrescent conditions I have pinned my faith to peroxide of sodium. Dr. Kirk says of this article: "Sodium peroxid is the chemical analogy of the well-known hydrogen peroxid, with several advantages. It is a white solid, strongly alkaline and caustic. It is easily maintained by keeping it from the air, and the solution may be made at any time. It contains thirteen times as much available oxygen as the H₂O of commerce, which can be prepared from it for immediate use by adding to it any dilute acid in proper proportion.

It is, of course, impossible to do more than touch briefly on these agents, and I have selected only those which I use daily in my practice, wishing to make my paper as practical as possible.

Reviews.

The Canadian Magazine and Massey's Magazine combined. January, 1898. Vol. X. Ontario Publishing Company, Toronto. \$2.50 per annum.

We have reason as a people to be proud of the success of this monthly Canadian periodical. "It is shameful," said an ancient philosopher, "to be ignorant of one's own country," and such journals as the *Canadian Magazine* alone can make up our deficiencies. Every man, woman and child in Canada has been touched with the sense of broader national importance within the last year. From a feeling of colonial isolation, we have grasped the substantial pride of Imperial Canadianism. Our right to exist on this continent has been won too dearly not to be prized. A Canadian, whether he be of French or of English origin, is to-day the peer of any citizen of the three kingdoms. These and many more such wholesome and hopeful thoughts inspire the pages of the *Canadian Magazine*. Our first duty lies to our own literature. We should be ashamed to have foreign journals in our rooms to the exclusion of our own.

The Canadian Magazine. Monthly. All Canadian dentists owe a duty to the only Dental Journal we possess; but all Canadians owe one to the most successful literary journal we have ever possessed; a journal of more than transient interest, as it embraces material of permanent value. Last year's volume was a great credit to the publishers. The special Christmas number was very attractive, containing articles by Charles Gordon Rogers, Gilbert Parker, Louis Frechette, Dr. Bourinot, Prof. Goldwin Smith, Nicholas Flood Davin, Dr. Parker, etc. The Journal is eminently Canadian, and richly merits the success it has achieved.

APPLETONS' POPULAR SCIENCE MONTHLY FOR JANUARY, 1898.—An important article by George M. Sternberg, Surgeon-General of the United States army, on the "Causes and Distribution of Infectious Disease," occupies the first place in *Appletons' Popular Science Monthly*, for January. Dr. Sternberg, among much other interesting data, gives a brief history of the more serious epidemics of the century. Professor Ripley's twelfth chapter takes up the Aryan "Question," and gives us a general view

of its present status. "The King of the Woods," by Norman Robinson, describes that versatile songster, the mocking-bird, as he appears in his native forests. "Science and Morals," by M. P. E. Berthelot, the eminent French chemist, discusses the relations between science, morals and religion. "Feet and Hands," by M. Bernard, is the first instalment of a popular study in comparative anatomy, and gives a very good example of one of the processes of evolution, which in this case has resulted in a wide differentiation of two originally similar structures. Professor His's memorial address on "Carl Ludwig and Carl Thiersch," delivered at the University of Leipzig, will interest all readers with the least scientific tinge, the lives and work of both these men being intimately bound up with the history of physiology and medicine during the past fifty years. The methods which make "Double Taxation" possible are discussed by the Hon. David A. Wells in his fourteenth chapter. The *situs* of personal property and the origin and nature of property are his two chief sub-headings. Under the title "Aborigines of the West Indies," Lady Edith Blake describes the natives of these islands and their curious customs as they existed at the time of the landing of Columbus. Arthur Houghton Hyde discusses the immigration question under the title "The Foreign Element in our Civilization." "The Caingua of Paraguay," by Dr. Machon, describes a visit to an isolated and little-known district of South America. Francis Lieber, the great American publicist, is the subject of this month's sketch. The titles in the Editor's Table are: "Education in Bonds," "The Nature of Science," and "Business Through Politics." New York: D. Appleton & Co. Fifty cents a number; \$5 a year.

Question Drawer.

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

QUESTIONS.

Q. 42.—In articulating full upper and lower sets on extremely absorbed alveolar ridges, is there any advantage in elongating the molars?

Q. 43.—To what membranes was the term "persistent" applied?

Q. 44.—How may we prevent formation of black oxide on flasks in vulcanizer?

Q. 45.—What are the dangers of cocaine?

Dominion Dental Journal

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No. 2.

MADE IN GERMANY.

Competition, it has been said, is the life of trade. It would be quite as true as a proverb, if the "f" was left out of the "life." Competition in trade all over the world has destroyed confidence in the genuineness of production, so far as the mechanical arts are concerned. Not only are many of the things themselves made in haste, but inferior materials as well inferior workmanship prevail, and the one insane cry of producer and purchaser is the bane of "cheapness." We know how it is in our own professional experience. Many dentists would discard vulcanite, cheap teeth, etc., were it possible to carry out that much-talked-of-scheme of "educating the public," a scheme which has many parents but no deliverer. Competition does not now mean fair and honorable rivalry. It is associated with everything that is dishonest in human conception and action, and men who prefer to do what is right, are simply driven into all sorts of ingenious devices to get the upper hand in the trades, manufactures and the professions. It has even crept into the practice and politics of law and medicine, and the shyster lawyer and the quack doctor are types of the class which exist more largely in dentistry, because of our closer connection with purely mechanical methods.

One of the vilest outcomes of this trade rivalry is the attempt to flood the Canadian market with the trashy tinsel of Germany. The Vaterland cannot compete with the best productions of the British and American markets, simply because trash is the main crop of cheapened labor, and there are limitations beyond which such competition cannot go. But in the matter of medical and dental instruments, operative and mechanical, by close imitation of design, fraudulent change in name or trade mark, purchasers are now apt to find themselves very badly swindled. Recently we saw a lot of German surgical instruments which had been unwittingly purchased. They had been discarded as unreliable in quality of steel and temper, and replaced by American and English substitutes. Cheapness was their only qualification, and even this was costly. We have known of cases where forceps snapped like glass, and chisels, etc., supposed to stand the strain of cutting enamel, broke in the mouth, in several instances to the injury of the patient. There is no excuse, save that of greed, for either impostor or practitioner to pass by the productions of American and British manufacturers. There are instruments on our market to-day of unknown manufacture; instruments, too, without the name of the manufacturer, and, in fact, instruments with the full-blown name of German manufacturers, which are, like all cheapened goods of the kind, a delusion and a snare. The reputation which our leading American and British manufacturers of everything in the medical and dental lines still retain, in face of these discreditable cheapened wares, ought surely to appeal to our common sense.

SOME FRANK ADVICE TO US.

One of your correspondents talks to us like a father, and gives us a lot of very good advice about our policy towards quacks and quack imitators, and thinks that we should advocate "more of the 'good will among men' principle, instead of this compelling others *by law* to do our way. Our circumstances are not all alike, and what is best for one is not always best for another."

We take our friend's advice kindly, but if he would apply the principle of "good-will" to quacks who lie and deceive the public, why not to criminals at large? If we need the penalties of the law for rascals in general, why not be rascals in particular? Honesty is best for everybody. There are no circumstances which can justify a dentist in deliberate fraud, and we have quack advertisers who are most outrageous frauds.

Our correspondent continues: "Let our dental students be encouraged to make themselves proficient in dentistry rather than

by law compelling them to spend their time and money in Greek, Latin, French, German, etc. I can see no greater claim that these languages have on us as dentists than some seven or eight hundred others that might be named."

We think that this aspect of the matter has not only been well discussed, but finally settled beyond repeal. Our friend takes our frequent remarks about "cheap Jacks" as a personal insult. We have often drawn the line between a quack "cheap Jack" and a respectable dentist whose fees are low. A "cheap Jack" is a synonym for a quack first, and a cheap one afterwards. It is a stigma which has no sort of application to anyone who is not a quack. If our correspondent had any personal sympathy or affiliation with quacks and quackery we could understand his objections to our policy. But as we believe he has not, we do not quite understand him. The high-priced dentist may be as much a fraud as "cheap Jack." We are not so foolish as to assume that there should be a tariff as alterable as the laws of the Medes and Persians. As our correspondent says, "Owing to our circumstances and those of our people, we may not think it best to charge as large fees for dentistry as some of our brethren." That, too, is a principle accepted and practised by all honest dentists. It is not the size of the fee, but the pretence that just because the fee is low the services are equal or superior, that makes for dishonesty. If a man is conscientious he may be depended upon to be just to his patients and fair to himself. There is as much difference between a "cheap Jack" and an honest dentist who feels he must work cheaply, as there is between a paste diamond and a real gem. Our correspondent and all like him, have no reason at all to fit the cap of the quack to their own heads. They were not made for them; all the same we feel under obligations to our friend for the frank opinions which gave us this opportunity to explain our position.

USE THE PRESS. HOW?

The press may be made a great factor to promote the education of the public in all matters relating to the mutual interests of the public and the profession. At present it is largely subservient to the several classes of practitioners who use it and make the public believe that they are much better, very much better, or a little better than their confreres, and the consequence is that this class, like the departmental stores, lead the public by the nose. There are intelligent people who easily see through these self-applauding advertisers, but the masses do not. Our association should use the press impersonally to educate the public.

PROFESSIONAL PESTS.

The orthographical and etymological cranks who busy themselves misspelling our language, and coining new words which express nothing new excepting the "newness" of their authors, might surely find a sedative to their conceited ignorance in the general resentment to their conclusions. The glaring errors of which these gentlemen have been convicted, seem to have no more effect than the exposure of the follies of the so-called "Christian Scientists," and they continue their idiomatic and orthographical fabrications with a glorious indefiniteness, which gives to their expressions the transparency and clearness of mud. An authoritative writer refers to the so-called reform that changes iodine to "iodin," iodide to "iodid," etc., and disapproves of the innovation. The termination "ine" should be retained for alkaloids as distinguishing them from principles, the names of which end in—in. We have been frequently amazed, if not amused, to discover the utter ignorance of the classical languages from which so much of our own have been derived, on the part of gentlemen who pose as authorities, and who tinker with our etymology, lay as well as scientific, with an arbitrary presumption as full of affectation as of ambiguity. The need for preciseness of expression and correct terms is keenly felt in our profession, but the reform must not be left to the Quixotic guessers, who think they are qualified to improve the speeches of Shakespeare and of science, by virtue of their ability to give us a jargon which is only intelligible to themselves. Our professional literature reveals the fact that we have many clear and correct writers; but, on the other hand, we have some prominent teachers who are free and independent orthographical and etymological democrats, who do not care a damper for any law and order not of their own conception in the construction of words. They may be terrible in terseness, or vapid in verbosity, but they are a confounded pest all the same, and should have their conceit and ignorance personally and publicly exposed. They make "ruin upon ruin, rout on rout, confusion worse confounded," and convey a sense of their personal vanity more than the desire to enlighten their readers. We have had quite too much of this fad. Let these parties expend their fantastic word-juggling in some sphere outside our special literature, and as scholars consent to leave to them the care of their teeth, let them leave to scholars the care of our professional language. When they aspire to reform our terms and technicalities, they succeed as well as a *chef* who would try to pass off sole leather for a fillet, and cultivate a taste among his patrons for a pudding of straw.

OUR ETHICAL POLICY.

We hope we may be absolved from any suspicion of egoism when we say that we believe the policy of this Journal, in its persistent advocacy of a high ethical standard, has done a great service to dentistry as a profession in Canada, which is neither fully known nor appreciated. It is impossible to legislate ethics in Parliament or the Provincial societies, so as to obtain assent to a fixed moral standard of professional life and action. It is only by the reiterated arguments and appeals which meet the eye in journalism that success can be achieved. Without this antidote to the poisonous customs of the quack, the profession would know much more of the quack-imitator.

The very large majority of us desire professional respect, and a social recognition equal to that enjoyed by practitioners of law and medicine. The fact that there are quack lawyers and physicians does not diminish the respect they secure, and no more should it in the case of dentistry. But we must be just as exacting in our ethics, and carefully avoid the promotion of any man who adopts, or who has only lately abandoned quack methods. The subterfuges of those who force their vulgar and lying advertisements in the press and in pamphlets, should be enough to place them outside the pale of ethical society. We do not admit professional gamblers within the sacred circle of our family; we do not even tolerate the unclean cook in our kitchen, or the drunkard in our stables. We cannot, perhaps, stop the quackery, but we can very easily see that the quacks themselves and their imitators do not slip themselves into our colleges, our societies and our boards. A few years of wholesome ostracism should be the penalty, even for the most penitent. If this policy is enforced it may have the effect of making others hesitate before taking a step from which they cannot recede stainless. There is no safe middle course or compromise.

SHALL THE DENTIST ADVERTISE?

A correspondent in the *Items of Interest* says some good things in a recent article:

"The man who is seeking the road to wealth is misdirected when he chooses the dental profession. The average dentist lives well, spends freely, dies poor and in debt."

"Keep out of the theatre programmes, for they are almost exclusively in the hands of the quacks, and for this reason the reputable man, feeling that there must be a dividing line between

himself and the incompetent, refuses to advertise at all. I claim that if one city paper, of high standing, should make an effort to have a professional directory of medical and dental men, excluding the quacks and incompetents, society members exclusively of accepted standing, each with name and address, it would be a good thing for the paper, the public and the profession."

"Shall the man who has conducted himself in an unprofessional manner join the societies on an equal footing with the young man who is just entering practice and trying to conduct himself in strict accord with the code of ethics? Will he not also conclude to advertise, and when he has secured a practice become a society member? If we expect him to follow the straight and narrow path, the reward of improper conduct should not be the too easy admittance in the society."

We must not censure the custom of the profession before we were organized and recognized as a "profession." Many of our best men then advertised in a way that to-day is considered unethical. The times then were out of joint. We are professionally better now than then, and should behave better.

A MORAL LACTOMETER.

A merchant in a western town of Ontario made the jocular remark to his clergyman, that the lactometer had made more honest men among the farmers than all the parsons put together. The clergyman, however, got the best of it by replying, that while the lactometer had made the farmers honest as to the purity of milk, it had no power to take the dishonest intention out of their hearts, and that if they wanted to cheat they would do it in another direction. We may fitly apply this to the quacks in our profession, who once perambulated the country in a mountebank fashion, but who now practise imposture and lying in a less ostentatious manner, because of the fear of the law which has made their public charlatanism illegal. Here and there, in Ontario and Quebec especially, the farmers have a humbug tramping from farm to farm with a set of filthy tools in his bag, pulling teeth wholesale that could be saved, and palming off wretched rubbish as first-class work, and diligently deforming the honest skill of superior men, who have not his experience in knavery. No doubt there are farmers just as upright as the most honorable merchant, and yet their honesty is no protection from the grovelling dental tramp, who peddles his "cheap teeth" from farm to farm, and loads up his victims with infection and falsehood. In the interest of farmers and their families it should be the duty of the local country press to protect respectable local dentists as well as the

people from these peddling tramps. The fact that they are licentiates is no proof whatever of their competence, as the parties to whom they refer never received any professional education excepting what they picked up in the laboratories of tutors of their own kind. It is not very complimentary to the intelligence of farmers, that while many of them would not trust a sick hog or cow to the care of peddling veterinarians, who acquired their veterinary knowledge in the same way, yet they will expose their families to imposture and to infection from dirty instruments, in the hands of the ignorant dental tramp. If some one could invent a moral lactometer, these tramps would be forced to their more suitable occupation as hostlers.

STUDENTS PRACTISING DENTISTRY.

There should be a severe example made in the colleges of the first student caught practising for fee or reward on his own account. Such conduct in medicine or law is simply impossible, but in dentistry it has become a very general custom. Several cases have come under our own notice the last month, where second-year students had made full upper sets for five dollars "on the quiet," and for parties who were quite well able to patronize regular licentiates. In fact, the custom has become such a fad that the rooms of some of these students in boarding-houses are unlicensed offices on a small scale, and a system of tooting for patients has even extended on the sly to the infirmary patients.

It is generally this class of students who degrade the profession by cheap fees when they get into regular practice. It is a fact, too, that we have some very indigent young men in the ranks. Their poverty is no crime, but unfortunately they imagine it ought to justify them in breaches of law. The common thief may as consistently use the same argument.

EDITORIAL NOTES.

TRY exol hypodermically for painless extraction. It is safe and successful.

To the many contributors to last volume we return our sincere thanks for their co-operation.

To the secretaries of the societies who helped us, ditto. To those who did not, and who should be in duty bound to do so, we wish them each a friendly reform—or an official successor.

AFTER extracting abscessed teeth always syringe the sockets with hot water and an antiseptic. Especially is this wise in the lower jaw, where by gravitation pus may remain in a socket after extraction.

OUR bright contemporary, the *Dental Practitioner and Advertiser*, has added to it *The Investigator*, the official organ of the Alumni Association, Dental Department, University of Buffalo. It is a good idea.

TAKE care of the crowns of teeth and the roots will generally take care of themselves. There are exceptions of course, but so there are to the old saying, that if you take care of the pence the pounds will take care of themselves.

STILL WANTED.—Some common-sense fool, who knows enough to simplify the fearfully and wonderfully made modern head-rest. Any idiot ought to be able to do it if he had time to sit down and think it over in an old-fashioned arm-chair.

EXTENSIVE Dental practice for sale immediately in a good manufacturing town in Western Ontario. Apply,

Box 24,

DOMINION DENTAL JOURNAL.

WE might add to the many tributes to the memory of the late Dr. Thos. W. Evans, a personal reminiscence of our own. In 1875 we visited Paris, and were handsomely entertained by the doctor, and had the special pleasure of finding in his office, as an operative assistant, the late Dr. Ed. Lefavre, formerly of St. Johns, Que., to whom we had given a note of introduction to Dr. Evans the previous year. Dr. Lefavre was one of the members of the Quebec Examining Board, and on account of ill-health went to France. He died in Marseilles. The personal kindness of Dr. Evans to a Canadian confrere, whose ill-health made him in a measure inefficient, has never been forgotten. The distinguished doctor always had the big open heart of the true Jonathan.

PERIODICALLY we have pitched into the stupid, modern head-"rests" of dental chairs. There is not one in the market as comfortable or convenient as an old pillow thrown over the back of an old chair. We may say of them what Dr. Johnson said of poetry, "ingenious nonsense." They are constructed to bewilder both patient and practitioner, and their fancy movements are mere toys, pretty to look at, but of little or no practical value. Between the

head-rest and the back-rest there is an open space, which is exceedingly awkward, and which we would consider an absurdity if used in any ordinary chair in which one wanted to enjoy a comfortable forty winks. There is a hypnotic influence in a perfectly comfortable dental chair. The modern head-rest ought to be very much simplified, and something done to avoid the crick which one gets in the neck on account of the space between it and the back-rest. The editor of the *American Dental Weekly* referred lately to a complaint of this kind made by a lady patient, who actually brought her own pillow for the purpose. All the stiff-necked sufferers are not up North.

If anyone from Halifax to Hong-Kong wants to know anything about dental matters in Canada, he is pretty certain to write to the editor of this Journal. Where there are a number of journals, as in the United States, this infliction is distributed, but as the DOMINION DENTAL JOURNAL is at present sufficient from wants, it gets the concentrated mass to itself. It comes from all parts of the world, in various languages. A large amount comes from valued friends, with kind words, whose fraternal good-will we can never repay. But it comes, too, from men of no repute who, having exhausted the field elsewhere, seek for new worlds to quack in; from scores of the "sample-copy" people. All sorts of advice given and asked; offers of the services of self-satisfied young graduates, who do not know how very much less they know now than they will discover twenty years hence; Bohemians who are never at rest; people who want us to send them the list of dentists in Canada, irresponsible depots who wish to avoid the legitimate means of advertising provided by the publisher of this Journal. In some way we have always replied to every letter, but if this thing increases much more we will need a private secretary and a private bank.

FROM the *New York Medical Journal* (D. Appleton & Co.) we condense the following portion of a report of the United States Bureau of Education: "The students in regular medical schools numbered, in 1893-94, 17,601, an increase of sixty-six per cent. in ten years; homœopathic, 1,666, an increase of 31.5 per cent.; eclectic students, 803, an increase of 4.7 per cent. If this increase in medical students continues the question will soon be raised, What are they all to do? Where can so many find places to practice? It is no wonder medical men complain of hard times when competition must be so keen. It is hard to understand how 8,000 new doctors every year can earn a living." Referring to the ratio of medical students to population, the report shows that it is about twice in the United States what it is in Europe. United

States and Canada, total number medical students in attendance in 1894, 20,800; population, 70,000,000. In Great Britain and Ireland the proportions are 1 medical student to 5.286 of population; in United States, 1 to 3, 365. The report proceeds to admit that medicine will be still more overcrowded, and it expresses no surprise. "What profession or trade is there which is not crowded?" "The common schools and public high schools are educating large numbers of young men who have aspirations to the higher callings."

Obituary.

DEATH OF DR. GEORGE DAVIS, LONDON, ONT.

One of our correspondents in London, whose address and whose manuscript has been mislaid, sent us an interesting notice of the death of Dr. Davis. We have tried in vain so far to secure the material necessary to do justice to the memory of Dr. Davis, and would feel obliged to any of our readers who can assist us.

DR. A. W. HYNDMAN, SHERBROOKE, QUE.

In the death of Dr. Hyndman, which occurred last month, the profession in Quebec Province, lost one of its most esteemed and successful members. By close application and the most honorable conduct, he built up one of the best practices in the Province, and, in fact, overworked himself to such a degree, that he was obliged to spend several months in the south, and only returned a short time ago, very much improved. Last month an attack of pneumonia occurred from which he did not recover. It was our pleasure to know the Doctor from the time when he was a student with his uncle the late Dr. Dowlin, and personally and officially, in his home and in his position on the Board of Examiners, his geniality made him many friends. He was upright and conscientious in his daily walk and conversation, and enjoyed a very happy home life and the respect of the general community, as well as of his confreres.