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# DOMINION DENTAL JOURNAL.

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## Original Communications.

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### Dental Technique.\*

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By W. E. WILMOTT, L.D.S., D.D.S., Toronto.

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It had been noticed for some time that students in the clinical departments of dental colleges were not as well trained in the use of instruments at the beginning of their course as was desired. To remedy this defect, Dr. G. V. Black, in 1888, introduced into the Chicago College of Dental Surgery a course on operative technics. The value of this course to dental students has been so fully expressed by Dr. C. N. Johnson, Professor of Operative Dentistry in the Chicago College of Dental Surgery, that I cannot do better than quote his remarks :

“ My experience as a teacher of operative dentistry has impressed upon me one thing—that no advance has been made in college teaching equal to the establishment of the course in operative technics. Before this system was taught, the student who approached a patient for the first time did so with a feeling of uncertainty. It was an experiment with him. He did not know whether his fingers would do what he had seen other fingers do. And more often he blundered than succeeded in the beginning. In fact, it was expected that he should make many mistakes before he made any successes.

“ With a rigid course of operative technics it is otherwise. The student makes his first halting steps at the work bench, and a

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\*Read before the Toronto Dental Society.

mistake is not so serious and does not unman him, as it would if he were working on a patient. By the time the course is completed he is in a position to take a patient without doing the individual an injustice. He has learned manipulation. He knows where to expect pulp exposures. He is informed as to the number of pulp canals in certain teeth, and where the openings ought to be. In short, he has built the foundation, and I verily believe he has built it in the proper way. I know of no other system so effective and practical for the beginner. I do not believe its importance is fully realized by the profession."

This department, including prosthetic technics, has become so general in the dental colleges of this continent that a National School of Dental Technics was formed last August, consisting of the professors and demonstrators in this subject from the different colleges. This is not in any sense a legislative body, but a gathering of instructors to discuss the best methods of carrying on this branch of dental education. Dr. D. M. Cattell, of Chicago, is president of this organization. In a paper read by him before the World's Columbian Dental Congress, he sums up the aims of this course of instruction under four heads :

- " 1. Manual training.
- " 2. System. Each step following the other in methodical order.
- " 3. A greater familiarity with teeth. Outward forms, inner channels, structure and plan of development.
- " 4. Individual reasoning. Teaching students how to think for themselves, to believe nothing just because 'Pa says so.'"

In March, 1893, the Board of Directors of the Royal College of Dental Surgeons of Ontario decided to introduce a course of technics into the curriculum of their College. After one year's experience of its benefits, the course was considerably extended. It includes both operative and prosthetic.

#### OPERATIVE.

The work in this branch includes : 1. A study of technical terms. This is an explanation of most of the terms used throughout the course.

2. Topographical anatomy of the teeth. As far as possible each student is supplied with a typical tooth of each class. The several surfaces, lobes, developmental lines, sulci and other surface markings are noted. The upper and lower teeth are compared as also the temporary and permanent.

3. Macroscopic anatomy—cutting sections longitudinal and transverse. Printing silhouettes with these sections. Studying form, location and size of pulp chamber and canals and thickness of enamel and relative proportion of crown and root. Each student must be supplied with a vise and file. He selects a tooth from a

collection, fastens it to a block with sealing wax, holds the block in the vise, and files the tooth till the pulp chamber and canal are exposed. When the median line has been reached, the filing is completed. The filed surface is then inked on a pad and a "silhouette picture" of the pulp chamber and canal is printed. Several filings of each denomination of teeth are required, exposing the pulp chamber from different directions. At the same sitting the different forms and sizes of pulp chambers and canals and thickness of enamel are explained by drawings and by reference to the prints. "This is the first direct contact that the student has with teeth. By cutting them he is taught the difference in the character of enamel and dentine. It fixes in his mind the form of the teeth and the relative form, area, and location of their component parts—and best of all, it cultivates habits of neatness and order." (Weeks.)

4. Instruments. The different forms and shapes of instruments are explained and the different uses of each illustrated by instruments.

5. Pulp capping. Each student takes an impression in compound of a mouth in which are all the natural teeth. In this impression he puts extracted teeth selected from a miscellaneous assortment. After plaster is poured over this and the compound removed, he has a dummy representing a patient with all the teeth in position but most of them badly decayed. After a lecture on the diagnosis, prognosis and treatment of exposed pulps, the student examines the cavities for several of the required slight exposures. These are treated and capped as directed by the instructor, using most of the remedies generally recommended.

6. Devitalization. In other cases the prognosis, as explained in lecture, is considered unfavorable, and the student applies the different drugs in different ways as directed by the instructor. These cases are taken through the different stages of treatment on different days as if for a patient.

7. Filling root canals. After a study of the different forms and shapes of canal, the student will be able to realize the difficulty met with and the care required in treating and filling root canals. Each student must fill two or more canals with each of the substances in general use.

8. In the same dummy, after instruction by lecture, the student finds and treats in different stages supposed cases of dying pulps, putrescent pulps, periostitis and abscesses.

9. Applying rubber dam. Each student is required to apply the rubber dam to two or more teeth on the dummy and then to six in another student's mouth, ligaturing three or more.

10. Preparing cavities. Instruction is given by lecture, illustrated by drawings, in the opening up of cavities and the proper shaping.

Each student is then required to prepare several typical cavities, using hand instruments only. The use of engine is explained later in the course.

11. Filling materials. Lectures are given on the composition and manufacture of the different materials used for filling, and in the methods of manipulation. Each material is compared with an ideal material. Students are required to fill several cavities with each material. Each stage of all these operations must be passed by the demonstrator before the student is allowed to proceed to the next operation. Marks are given for each division of the work, which count in the final examination in this department.

#### PROSTHETICS.

1. In this branch the student is first instructed in taking impressions. The different materials used are discussed and the manipulation explained. The class is divided into pairs, and each student is required to take an upper and lower impression of his companion, in wax, compound and plaster. In each case the impression must be passed by demonstrator before the cast is poured. These casts, when articulated and labelled with name of operator and subject, are handed in and valued.

2. Each student is required to make three partial vulcanite dentures. The first is a partial upper; first bicuspid and two molars on one side, and second bicuspid on other. In the case of the first bicuspid the gum represents a recent extraction where the artificial tooth is ground to fit *on* the gum. The second molars represent extraction of some standing with considerable absorption, where the original form has to be built out with vulcanite. The second bicuspid on the other side represents considerable absorption also, where the artificial tooth is ground to fit *against* the gum; the denture is retained by suction chamber and the anterior portion is cut off to allow the tongue to touch the root of the mouth. The second case is a partial lower; two molars on one side and two bicuspid on the other, with vulcanite clasp around first molar; second molar out. The third case is a partial upper; central and lateral, gum block, rim plate, retained with metal clasp around second bicuspid on each side. One of these cases is broken and the student is required to repair it after a specified method.

3. A full upper, vulcanite base, pink rubber gum, air chamber, articulated to a full lower, vulcanite attachment, on swaged metal base, pink gum.

4. Full upper, single gum, teeth soldered to swaged metal base, with rim, articulated to full lower, cast metal.

5. Two Richmond metal crowns and two Richmond porcelain face crowns:

In connection with these cases, the following points are discussed: Plaster of Paris—history, composition, and manipulation; vulcanite—its history, composition, manufacture, objections, advantages, disadvantages and manipulation; the theory, forms, use and abuse of air-chambers; danger to remaining teeth by introduction of partial dentures; forms, use and abuse of clasps; composition and manufacture of artificial teeth; arrangement and articulation of teeth; different methods of repairing vulcanite; casts and dies, essential qualities of metals for each, the metals used for each, the preparation of cast and dies; methods of swaging; different methods of attaching vulcanite to metal base; grinding sections; soldering; different methods of casting; different styles of crowns, as well as all the minutiae connected with the making and finishing of each case. Each case must be shown to the professor at specified stages, and any error is then explained. No case is examined unless so shown.

In addition to the instruction in operative and prosthetic technique, there is a short course of lectures on the metallurgy of the principal metals used in dentistry.

Each metal is discussed under the following heads: (1) Distribution; (2) How occurs in nature; (3) How obtained from ores; (4) Physical properties; (5) Uses in dentistry; (6) How prepared for use in dentistry; (7) Alloys. All this work is taken in the freshman year.

I believe very few persons other than those directly connected with students can have any idea of the benefits to be derived from this course of instruction. "It directs the beginner into the proper channels at his very entrance into the college and gives him an intelligent basis to work upon throughout his whole college course and, in fact, throughout his whole course in life. No man can fail being a better dentist as the result of this kind of instruction."—(*Dental Review*, April, 1895.)

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### Sixth-Year Molars.\*

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By N. PEARSON, L.D.S., Toronto, Ont.

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Can this tooth be saved? If you say it can be saved, then I say do so. If you say it cannot be saved, then I say save it as long as you can. Save the remnants as long as the filling will be of any use, and after this put on a crown and save the roots.

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\* Read before Toronto Dental Society.

This tooth is presented to us under varying circumstances. Let us examine some of them. First of all a child is brought to us after an attack of toothache. The mother (as is usual) has been kept awake all night, perhaps several; the child can't eat, has had no sleep, nor no one else. This is the usual round of explanation, and the end of it is—as an instruction—to take out the tooth and have done with it. The child is between six and twelve years of age. Now, what argument is there advanced or to be conjectured why this tooth should be removed? One only, and that is, to relieve present pain, which is no argument at all, but simply an expedient, and should never be entertained either in this or any other case. To remove any tooth because it aches, simply is to forget that we are a profession and decline to the days of turnkeys and forceps, and the years when they constituted all that there was in it. I say it is no excuse to extract a tooth because it pains. Well, have we any arguments as to why the tooth should not be extracted? Yes. First, because it is not necessary to do so, as the desired result can be brought about in other ways. Second, because this tooth occupies a position pre-eminently destined by nature to fulfil a great work at a critical period in the growth and development of the child—a period in which the child is not amenable to reason. It would be no use to say to the child, "Now that you have lost this tooth, you will have to compensate by a careful use of the other side and see that your digestion does not suffer from its loss." I apprehend that the child would open its eyes, and we could read in big letters some such word as "Rats!" or "What are you giving us!" printed on its astonished face. This tooth was destined to take on hard work at the earliest period of its appearance, both by relieving the temporary molars which may soon begin to be defective, and because the constitution is beginning to demand more solid food and greater variety of diet. It is the connecting link between the milk teeth and the perfect mill of mastication soon to be appropriated. These teeth are the advanced guard, wisely prepared by a great General to do duty in an important field. They are the pioneers which are intended to occupy the ground and erect the bulwark of the physical frame and constitution of the child, and act as defenders of and contributors to its general development. Are we the enemies then that are to fly in the face of that All-wise Providence and mutilate His work, destroy His designs, and frustrate His plans? Rather, I should say, we are His creatures intended to help and further His plans, to assist and encourage by every means in our power the natural laws which govern existence and work out to perfection, so far as we can, the means provided to this end. This is mere sentiment and will go just so far with scientific men. Well, aside from this, let us consider the human

side. Did it ever occur to anyone of you that the taking out of this tooth is a violent, inhuman, and most barbarous proceeding; all this because it is not necessary, not intended by nature, and not provided for as is the case with the deciduous teeth. I now ask the question, Ought these teeth to be saved? Should the attempt be made to save them? All I have said is in the affirmative, speaking from the point of use. I now add to the argument the further very large argument in the make-up of the features. The central position of these teeth and their induction at this time of life has a very marked influence upon the features. The first teeth are never irregular. Nature provides for the wants of the milk teeth, yields to their demands for sufficient accommodation and provides the space. How does she do it? By adapting the teeth to the size of the circle, or by adapting the circle to the size and number of the incoming teeth? The jaws are enlarged to suit the demands of the teeth.

Ordinarily the natural inception of the sixth-year molar will be met by a growth of bone, a prolongation of the circle to meet the demand, and, by the time of its full development, the jaw and the alveolus have been added to the original formation to just the extent required for this tooth, all tending to add to maturity, expression and facial development and symmetry. Here we have situated the largest tooth in the formation, central as regards mastication, first to get to work in grinding, almost invariably perfect antagonism, never irregular, and, in fact, the keystone of the whole arch, put there designedly, intended for work, and come to stay. Unfortunately it is not always perfect; sometimes very imperfect, often troublesome, generally weak, subject to infirmities so are children, always the object of solicitation, and a stumbling-block to the professional, amateur, and "others." I now add emphatically to the *saving* argument, that this tooth should never be removed for regulating purposes, except in rare and very exceptional cases, and never before the appearance of the twelfth-year molar. I am not speaking by the book, I am now speaking from close observation for many years particularly directed to this point. For years I directed my course by printed instructions from standard authority. I extracted sixth year molars where there was reason to doubt a prolonged existence or a slight deflection in the anterior teeth. I don't do it any more. I never looked at the roots of a first molar without a sigh of regret, a tinge of shame, and a professional blush, and I don't do it any more—any more than I can't avoid. I bend my energies to avoiding it, and generally succeed. In the early days of my hallucination for extracting these teeth I made victims of my three eldest children, and can never forgive myself for it. I present you for inspection several models which speak for them-

selves ; also, by contrast, you may compare other models before you with these teeth *in situ*. I need not comment on either.

These teeth are removed inconsiderately and indiscriminately—without consideration as to the effect upon the facial expression or use in mastication, and without discrimination as to proportion or malposition of other teeth.

It is frequently the victim of malice propense, some of the best authorities and most competent writers holding that where a predisposition to caries exists, it is advisable to anticipate its loss by early extracting, and prepare the way for its successors to climb into its position, and in the near future, or at the age of twenty, say, the teeth are in better state than would be by a doubtful first molar. If a competent dentist sits down and examines the four first molars as to all the points involved, and concludes that there is no use in trying to save them, the parent is then absolved from responsibility; but I should like to know upon what grounds he is acting before I make up my mind that there is no other way out of it. The same prolongation and development of bone takes place at the eruption of the second and third molars, speaking in a general way. A gradual development is brought about from the time of the demand for more room by the incoming first molar until the appearance of the last one, when it ceases. We remove the first molar any time between the seventh and twelfth years, and further development ceases until the space is occupied and further demand is made by the wants of the third molar for accommodation in the circle. It is a very difficult matter to determine just how much has been added in each case, or just how much the natural development has been interfered with by premature extraction, but it does seem to me that there must be considerable deviation from normal state in view of the fact that a slight change of position of any one or more teeth, such as is done sometimes in regulating, alters facial expression, and want of symmetry is dependent upon such slight changes as we are able to produce by a little pressure judiciously applied.

I apprehend that no difference of opinion would exist in regard to these teeth in a general way where they are well-developed, reasonably good and easily treated, and due attention exercised upon them by parents and the dentist. It is when, by ignorance and negligence, they are allowed to become objects of care and annoyance that our attention is directed to them.

Now, supposing that we are convinced in our own minds that they "ought to be saved," the next point is, can they be saved? I think they can, generally, not invariably. A good deal depends upon the operator. If the dentist says "that the tooth is better out," the responsibility is taken off the parents' hands and remains with the dentist. Whether right or wrong, wise or unwise, he

shoulders all the consequences. Whether he is doing this to hide his own weakness or inability, or a conscientious conviction of the advisability of the course, the consequences are on his head. If he says that the tooth may be saved and made useful, the reasonable conclusion is that he has a reason for the hope that there is in him and the onus of the situation and condition that the tooth is in lies with the parties responsible previous to his cognizance. The dentist does his best to save the tooth, and at all events will no doubt succeed in relieving present pain, which is the beginning of the end.

I am aware of a case in Toronto which was taken to a father in dentistry, whose professional lexicon commences with the word *extract* in large capitals, followed by such other words as extermination, extinction and substitution. In the particular case I am referring to he was persuaded, against his will, to endeavor to save the tooth. After such treatment as he thought advisable, he put in an amalgam filling, with the instruction that he might see the case if any further trouble ensued. The next step was to drill a hole below the gum margin. That tooth has been in active service for sixteen years, and lately yielded to rational treatment with a fair promise of beholding its great grandchildren in the dim future. Here is a model of teeth taken from a subject operated on by the same bright shining light, whose specialty is the "regulation of children's teeth."

Let me end this paper by a few conclusions which may or may not be orthodox. The designer of the turnkey was a great benefactor to the human race. Many no doubt there were who heaped benedictions on his inventive genius. Their day is passed. We shall never know the history of first molars during the five or six thousand years of pre-historic existence or what the custom was in the way of dealing with them. The inventor of forceps introduced a new era in dentistry, and many called him blessed.

It has been left to the days of the present generation and the introduction of high art in saving teeth during the last few years to minimize this agony, and we hope that the time may come when the ignorance of the parents will no longer be an excuse for their employment, and that by a combination of opportunity and intelligent application of the resources first molars may be allowed to fulfil their destiny.

One of the questions propounded to the class graduating in 1869 was, "What would you do with an abscessed tooth." The answer offered by a clever, well-educated Normal School graduate, "Jerk the thing out," apparently pleased the examiner, for he said he agreed with the sentiment. Better counsels prevail. Now-a-days we are on a higher plane, and such proceeding is no more necessary than removing a great toe for an ingrowing nail.

I am aware of some of the difficulties met with in every-day office practice. I sympathize with the perplexities of the dentist and the terror of the patient, also I feel for the unfortunate parent who, perhaps, is most to blame for the present state of things. I can't point to a road that should be universally travelled, except to say, that it is always a safe line to relieve the distress and fill temporarily, with the urgent understanding that you must be consulted frequently, and held responsible for consequences as to effects outside of the tooth proper. I can see no reason for early action in removing, except to allow early occupation of the field by incoming posteriors, which is not going to increase the masticating surface, but merely shift its locality. I do see where harm may be the result of injudicious removal to the features, to the masticating power, and to the general health and physical make-up of the patient.

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### Epulis.

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

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This diseased condition is one not foreign to the practice of dentistry, as the tumor is frequently met with in ordinary practice. I intend to give a brief description of this tumor, and also report a case that I had the opportunity of observing some time ago under the supervision of several distinguished surgeons of Montreal. The term "epulis" is applied to various tumors of the gums. In reality they are not connected with the gums, but with the periosteum of the alveolar process, especially that part intimately connected with the teeth.

Two forms of this tumor are usually described: simple, or the fibrous variety, and the form that contains myeloid elements and is considered as a malignant type.

The former is the more common, and is seen as an enlargement of the natural fibrous tissue of the gum. It is covered with mucous membrane continuous with that of the gum, but from various mechanical causes—such as the teeth, tongue, etc.—are liable to become inflamed and ulcerated, and thus simulate a malignant growth. Occasionally this growth presents ossified parts, and in this respect differs from the myeloid variety, which never ossifies. Spiculæ of bone may be prolonged from the maxilla into the fibrous variety. It may grow between teeth and gradually force them apart as it increases in size, and produce great disfigurement. The myeloid form is much more vascular and increases in size more

rapidly. It frequently exhibits itself as a large fungating growth, and is always more serious in nature and more apt to occur after removal.

The treatment of these two forms amount to about the same thing—that is, entire removal of tissues that surround the growth. Its occasional appearance in apparently edentulous jaws will be found, on close examination, to be due to overlooked roots of teeth, as a rule. Its occurrence is dependent upon the presence of teeth. Nothing short of the entire removal of the tooth or teeth and bone that is contiguous will ever effect a cure. I lately saw a case that had been treated by a medical gentleman. He merely snipped the pedicle six times, and it always came again. The cause was an irritating left lower cuspid, and the growth extended from the right lower incisor to the second molar. The growth was indented by the teeth, and consequently ulcerated. The breath was extremely fetid, and signs of constitutional disturbance present. The growth was, roughly speaking, the size of a hen's egg, but more flattened, of course. It was simply fibrous and of slow growth, but was ulcerated from indentation of the upper teeth. The continual absorption of pus would naturally account for constitutional disturbances.

I saw a case in a young girl, aged 17, which I will try to report.

January 20th.—Came complaining of swelling on inner right side of alveolar process of upper jaw and in region of molar teeth; frontal headache and general weakness. Patient first noticed swelling seven months ago, and supposed it to be a "gum-boil." The swelling was lanced by a dentist, and after a few days was "removed." It recurred in a month. Two months later it was removed with a dens sapientia, which had partly cut through the gum. Soon after this the tumor reappeared, and increased to the size in which I saw it—that of a walnut. Movements of the tongue and eating caused slight bleeding. Her father and mother are alive and healthy. Twelve brothers and sisters died in infancy; two brothers and one sister alive and well. One uncle has benign growth on chin. Grandmother dying with cancer of rectum. The patient is a tall and very well nourished girl, and is otherwise healthy, as was proved from physical examination. The right tonsil and pharynx and surrounding mucous membrane are injected; growth bleeds readily on slightest irritation.

January 25th.—Patient etherized. Mouth forced open and kept so with gag. Second right upper molar removed, and most of the growth which was adhering to the dental periosteum came away with the tooth. Remainder of growth and part of alveolar border of jaw cut away with forceps.

January 26th.—Tissues in neighborhood considerably swollen. A mouth-wash (warm) of boracic acid given.

January 27th.—Swelling considerably reduced. Diet, beef-tea and milk.

January 30th.—Patient discharged, with wound in a healthy condition.

February 18th.—Patient was seen again, with recurrence of growth, probably due to incomplete removal and originating from some part left behind in the former operation. Under ether, the first upper right molar was removed and alveolar process removed with bone-forceps. Roots of tooth were very divergent, and much difficulty was experienced in removing it entire. The growth was examined microscopically, and found to be a simple fibrous tissue growth. The patient, after six months, has had no recurrence.

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## Abstracts.

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

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**PULP CAPPING.**—Use gum dammar, cover this with oxysulphate of zinc. When hard fill the tooth with what you like.—*Dental Digest.*

**DR. D. E. WIBER** says that a weak solution of ammonia water will restore old weak rubberdam and also take away the "rubber" smell so offensive to dentist and patient.

**THE editor** of the *Southern Dental Journal* says that aromatic sulphuric acid is useful when applied to gums around a root on which you desire to set a crown, as the *weeping* which would endanger the cement is prevented.

**NEW ANÆSTHETIC MIXTURE.**—Chloroform ten parts, ether fifteen parts and menthol one part, used as a spray, is recommended as an excellent and prompt means for obtaining local anæsthesia, lasting about five minutes.—*Medical Age.*

**VARNISHING CAVITIES.**—Dr. W. G. Browne, of Atlanta, Ga., in *Items of Interest*, advocates the use of a clear resin, such as damson, dissolved in chloroform to line cavities before filling. It will act as a non-conductor of thermal changes, an insulator against electrical influences, will prevent discoloration from oxidization of amalgam, will help to support frail walls to a limited degree, and is useful in starting gold.

FOR SETTING CROWNS.—W. H. Rollins recommends one part gutta percha and three parts of vermilion, mixed with heat and careful working, for setting crowns, the combination being strongly resistant to the fluids of the mouth.—*Southern Dental Journal*.

IN resetting or remodelling a rubber plate, Dr. Davenport takes an impression of the mouth, saws away gums and centre of plate, leaving only sufficient rubber to hold teeth in line. This is placed on model and waxed up, tried in and finished in the usual way. In this way considerable time is saved.

DR. A. H. WALLACE, in a clinic before the Stomatological Club of California, demonstrated his plan of using Saddleback bicuspids and molars in bridgework. The use of these teeth does away with much that is unsightly in the way of gold cusps in these teeth, besides making a stronger piece of work.

“STRAW'S NO. 1.”—“I have something which beats them all. My assistant calls it ‘Straw's No. 1.’ I take the hard copper amalgam made in Canada (Weagant's) and I pulverize it as finely as I can. I mix it with oxyphosphate in equal parts. I mix it with the fluid and put it in the tooth and let it remain for about an hour, and then polish it, and it never gives out. If it is on the grinding surface and there is a great deal of wear on it, perhaps it might after a long time.”—*Dr. Straw, Dental Society, State of New York*.

“OUR institutions of learning should take heed that the manual skill of their graduates does not suffer on account of increased theoretical training. There is no valid reason why the two conditions, manual and mental training, should not be cultivated hand in hand. To maintain our national pre-eminence as conservators of the natural teeth we must, without lowering our value of scientific knowledge, retain the highest regard for operative skill.”—*From Report of the Committee on Practice, Dental Society of the State of New York*.

AN editorial in the *Southern Dental Journal* calls attention to the fact that life insurance companies, before placing a “risk,” will put the candidate through a most minute examination of every part of his anatomy except the teeth, and may reject an otherwise acceptable candidate for some flaw in his family record some generations back. The army and the navy recognize the importance of the teeth. “The loss or extensive caries of four molar teeth” will cause the rejection of an applicant for enlistment in the navy. Surely it would be well for life insurance companies to take into consideration the teeth of all applicants, as thereby they may avoid risks which will prove very unsatisfactory to them if accepted.

DR. BURCHARD uses salol almost exclusively for root-filling; first using a solution of sodium peroxide to saponify fatty materials and to dissolve and drive out the contents of the tubuli. This is neutralized by a weak solution of sulphuric acid thoroughly dried with alcohol, and then the melted crystals of salol are placed in the canal and pumped to the apex with a warm irridium broach. To facilitate its removal in case of trouble a point of gutta percha or metal may be placed in the canal with the salol, as this may be readily removed on being warmed.

FITTING CROWNS.—Dr. Bryan, in the *International*, gives the following method of preparing an opaque black wax for articulating crowns. One part by bulk of lamp black and five parts white or yellow wax are melted together and rolled into sticks. The crown and root being ground to fit approximately, a small piece of this wax warmed is placed around the pin and the crown placed in position. The points requiring grinding will be very accurately indicated. The amount to be removed being estimated by "sounding" the wax with a fine point.

BEADED ENCLOSURES IN VULCANITE DENTURES.—W. Storer How, D.D.S., Philadelphia, advocates the making of a "beaded enclosure" on vulcanite dentures to take the place of the vacuum chamber so generally used. The beaded enclosure is made by scraping a suitable smooth half-round groove in the plaster model of any size or shape deemed advisable. A similar groove across the palatal portion of the model and along the buccal and labial lines of muscular attachment will produce a supplemental chamber-like function of the entire surface of the denture.—*Dental Cosmos*.

RHIZODONPRYTH OR HULLIHEN'S OPERATION.—Dr. S. B. Brown, of Fort Wayne, Ind., read an interesting paper on this subject before the Tri-State Dental Meeting at Detroit. Just fifty years ago Dr. S. P. Hullihen, of Wheeling, Va., devised an operation for the surgical treatment of dental pulps. His operation consisted in drilling through the gum and alveolus, a line within the margin of the latter, into the pulp chamber either before or after filling operations, for the relief of exposed or congested pulps. Where life remained the purpose was to give vent only, wounding the pulp as slightly as possible, aiming at preserving its vitality, the gum acting as a valve for its further protection. Dr. Brown has re-adopted this operation with modifications in the treatment of deciduous teeth. He thoroughly removes the pulp tissue or its debris when exposed, and perforates the cervex of tooth one-sixteenth of an inch within the pugival border through to the pulp chamber. A disc of lead is placed in bottom of cavity to prevent stopping the vent during the filling of cavity.—*Cosmos*.

DR. GARRETT, of Newkirk, says of pyorrhœa alveolaris that it is disgraceful to hold that by removal of the causes a majority may not be cured. The very first thing to do is to thoroughly cleanse all the teeth at not less than two sittings, finding all the ulcerated points and making records of the same. Any doubtful or carious portion of the process should be removed, and cleansed with peroxide of hydrogen or three per cent. pyrozone, a weak solution of an essential oil such as cinnamon or cassia, to which may be added a few drops tincture iodine. In all these cases the patient has a great deal to do in the treatment and a wash such as listerine should be prescribed for use with the brush. In cases where no calculus exists around the necks, a solution decidedly alkaline, such as bicarbonate or biborate of soda, should be used as a wash. Weak teeth should be supported and in case of lameness cusps ground off to prevent jarring out of place.

**DISTURBANCE CAUSED BY DISEASES OF THE TEETH.**—An interesting paper on this subject was read before the Harvard Odontological Society by Dr. Edgar F. Stevens, of Medford, Mass., in which a number of cases are cited to prove the important part that diseases of the dental organs play in nervous disturbances of different parts of the body. Few physicians, particularly those educated twenty or more years ago, think of the teeth as having anything to do with these pains, for the reason that in their student days they had scarcely any opportunity of learning anything about the teeth or oral cavity. "The time is coming," says Dr. Stevens, "when the student of medicine will have the same opportunities of studying dental pathology as he now has of studying diseases of the eye, ear, throat, etc." We should impress on our medical friends the fact that the intelligent dentists should be consulted by them in cases where disturbances of the nervous system do not readily yield to general treatment.

**THE IMPORTANCE OF PROSTHETIC DENTISTRY.**—In his essay on "Dental Furnaces" before the Odontological Society of Pennsylvania, Dr. W. M. Sharp makes a strong protest against the belittling of prosthetic dentistry, and the giving the impression that operative dentistry requires greater skill and is necessarily of greater importance than the mechanical. This tendency will be readily seen in the contrast noticeable in many offices between the operating room and the laboratory—the one furnished with every appliance known to modern dentistry, the other bare of everything more modern than lathe, plaster can and vulcanizer. The unpleasant, meagre furnishing of the laboratory has much to do with this feeling. If we would elevate mechanical dentistry we must attempt more difficult operations. There is here a wide field for investigation and improvement, and to one sufficiently of a

mechanical turn of mind to become a successful dentist there should be fascination when once engaged. There is nothing really unpleasant about the mechanical work and fees are relatively much higher.

**CHRONIC ALVEOLAR ABSCESS WITH COMPLICATIONS.**—Dr. Truman W. Brophy, in a paper under this heading in the *Dental Review*, makes an instructive tabulation of the complications to be met with in practice. Abscesses failing to respond to ordinary careful treatment are pretty certain to have some complication. It may be in the form of an apex denuded of its pericementum by suppuration. In many cases the fistula may be at a most unexpected point, as into the nasal passage or antrum in case of an upper tooth, or as low down as the clavicle or the nipple in case of a lower. Where the pus enters and fills up the antrum of highmore the opening into the nasal passage may close and the floor of the orbit be pressed up, and great pain be caused by pressure on the infraorbital nerve, or pus may dribble from the eye. This condition may deceive even a skilled ophthalmologist. Pus does not always escape at point of lowest resistance, as for example pus formed at roots of incisor teeth may burrow along to hard palate, loosening the periosteum from bone, which condition is very dangerous as it may result in necrosis or caries of bone. Another complication frequently met is where the pulp dies in one or more roots of a tooth, and remains alive in another. The live portion of the pulp responding to heat applied as a test will mislead the operator unless he is on the lookout for such a condition. In concluding his paper Dr. Brophy makes a plea for very careful diagnosis, as very serious results may come from alveolar abscess.

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## Correspondence.

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### Stop the Manufacture!

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*To the Editor of the* DOMINION DENTAL JOURNAL :

I think the DOMINION JOURNAL displays common sense and courage in unselfishly advocating some curtailment of the present crowding into our profession. Other professions are raising their standards, and it is queer that while Quebec has a matriculation far in advance of ours, and a much more difficult course for its students to travel, the premier province has not, legislatively, given

us that educational position to which we are entitled. It appears that we have no reciprocity, and that our license or degree does not count in Quebec, or that of Quebec in Ontario. Something is wrong all round; but, surely, when between low fees and general advertising, we see that we are choking one another in the struggle for existence, we ought in some way to stop making dentists for a while. I do not see that we are obliged by law to do it.

Yours, etc., L. D. S.

To the Editor of the DOMINION DENTAL JOURNAL:

SIR,—Will you kindly publish one correction in a formula for local anæsthetics, to read:

℞ Chloral hydrate..... grs. xv.  
 Sulph. atropim ..... grs. ss.  
 Carbolic acid ..... gtts. viij.  
 Cocanni hydoch..... grs. xi.  
 Boracic acid, saturated sol ..... ℥j.

M. To above add water, boiled or distilled, ℥j.

Ottawa, 27th August, 1895.

WM. A. LEGGO.

## The Question Drawer.

Address all correspondence connected with this Department to DR. R. E. SPARKS, Kingston, Ont., Can. Matter for publication should be in the hands of the Editor not later than the 10th of each month, and must have the writers' names attached, not necessarily for publication, but as a guarantee of good faith.

16. Q.—We are told that after removing devitalized or putrescent pulps to sterilize canals and pump chloro per-chaoxy chloride of zinc and other creamy substance into the roots, even beyond where a drill or broach may go. If such teeth ulcerate afterwards, we are instructed to remove the fillings and treat again. How may such fillings be removed from the roots?

As to question 16, I must confess that I am in the dark as to what to say. No reference is made in the question as to what tooth is to be considered, nor with what material the tooth is filled; but, taking the question on broad grounds, would say that for all *single-rooted* teeth would recommend extraction and replanting rather than removing the fillings, if the *best* had been accomplished at first.

I have removed teeth, and found remains of a broach protruding

from apex ; also gold as well, the teeth having been operated on by dentists of good reputation. Even lower molars of the sixth year series, I would so treat and recall a few that are now doing good duty and have been for several years.

The "limitations in root treatment and filling," which I contributed a paper in your JOURNAL some years ago upon, are so many, and continue to be, in defiance of all appliances yet invented, that no one can secure success in all cases, and the last resort must be the forceps ; and then, when the operator can *see all parts of tooth and socket*, comes the question of relative value and systemic condition.

J. A. BAZIN, Ormstown, Que.

17. Q.—What makes the best investment for plates or bridges where gold soldering is to be done ?

(a) Four things have been commonly used as an investment (with plaster) in soldering teeth on gold, platina, or other metal, each one having its friends. Clean river sand, fine silix, fine soapstone and shredded asbestos. My preference has always been in favor of sand, two-thirds to three-quarters sand to one of plaster. In soldering whole sets, or when much of the arch is enveloped, to prevent warping, I favor, at least, nine-tenths sand for filling the ridge portion. The special advantage of this material is that it is a good conductor and allows the heat to carry well through the mass of investment. Asbestos holds together somewhat better, but it takes much longer to heat up. Silix is apt to fuse on to the tooth, if strong heat is put on a certain point, and soapstone is less of a conductor than either. In the fifties I often cut fine binding wire in half-inch bits, and laid them as a second investment to prevent cracking in special cases, and for full sets had iron hoop rings for the same purpose ; but then we had not the appliances that obtain at this time.

J. A. BAZIN, Ormstown, Que.

(b) Equal parts of finely sifted coal ashes and plaster of Paris makes as good investment as I have tried, and is about as cheap and convenient as anything.

R. E. SPARKS, Kingston, Ont.

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### Questions.

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20. August 28th. Mrs. A. presents with abscess over left central incisor. Tooth good color, medium size gold filling on anterior prox-surface. Right central and lateral had been treated for abscesses. History. Two years ago left central became very sore:

gum and lip much swollen. Consulted dentist who could do nothing until swelling subsided. After about a week swelling disappeared, discharge (not profuse) remained ever since. I diagnosed dead pulp. Proceeded to open. Found tooth near nerve sensitive to cut. Found pulp sensitive, but by delicate handling succeeded in removing to near apex, where it was extremely sensitive and bled considerably. Made slight application of arsenic, and instructed to return next morning. Did not return until August 31st. Tooth slightly sore. Removed balance of pulp. Instrument would pass through end of root. I pumped dil. chloride zinc through root and it passed out of fistula. Did condition of pulp cause abscess, or did abscess cause condition of pulp?

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## Selections.

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### A Question of Propriety.

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It is exceedingly provoking to read the reports of dental meetings in some of the daily newspapers. Smart Alecks, who are trying their 'prentice hands in the local columns, consider it exceedingly funny to call a congregation of grave professional men "tooth carpenters," and to speak of them as "jaw twisters" and "mouth breakers." All this may be excruciatingly witty, but it takes the fine sense of humor found only in the half-fledged police court reporter fully to appreciate the amusing points of it. After-dinner speakers love to refer in sportive mood to the "thrilling" qualities of the dentist, and to pass off as strictly original and unpremeditated cheap puns to which experienced dentists have listened ever since they attended their first professional dinner.

Last winter the governor of a State, on an occasion as grave as the celebration of the fiftieth anniversary of the discovery of that priceless boon, anæsthesia, exhibited his smartness by undignified references to having kept his mouth open at the bidding of a dentist, and such-like attempts at fustian wit. Those who listened to him were too well bred to notice his lack of taste and judgment, but we venture the assertion that there was not one present who did not wish for his own sake that his dentist had closed his mouth permanently. The old proverb has it that it is futile to attempt to make a silk purse out of a sow's ear, and it is probable that dentists must for some time to come be bored by these small-beer officials

and would-be wits. Perhaps this may be but a small matter, but the continued irritation has produced a "raw" in the minds of more than one old attendant upon professional banquets. They feel that their dignity and that of the profession of which they are members is compromised by these vulgar exhibitions, and they sometimes cannot resist the impulse in a gentlemanly way to rebuke them.

A prominent city official was lately called upon to respond to a toast at a banquet given by dentists, and he got off the old grey-beard, time-honored puns. They were received in silence, and very soon afterward a dentist who was called upon to respond to another sentiment, in a grave manner and with apparent sincerity rebuked his brethren for their lack of veneration in not giving a fitting reception to time-honored jests, that were respectable for their antiquity if for nothing more. He said that they had listened to them so long that their repetition seemed like the voice of departed generations, and the least that should have been done was to receive them standing.

There was no more waste of cheap wit at the expense of the dentists on that occasion, and others than the offending official received a lesson that was needed. The dentists themselves were reminded that they had a personal and a professional dignity to defend, and that a decent sense of the proprieties demanded that they should exact, as they would show, the respect that is due to all self-respecting men.

As for the lampooning reports that are sometimes seen in the daily papers, probably we must continue to submit to them until a class of men with riper judgment and better manners fill the places of city editors, for it is useless to expect anything more elevated from the callow young men who are usually sent to report our meetings.—*The Dental Practitioner and Advertiser.*

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## Reviews.

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*Useful Hints for the Dentist.* By WM. N. STEELE, D.D.S., Wilmington Dental Manufacturing Co., 1413 Filbert Street, Philadelphia. This is the second volume of Dr. Steele's compilation, in imitation of the standard work issued annually by Dr. Catching. There are 552 "useful hints," with some illustrations. A portion of the matter is original.

*Proceedings of the New York Institute of Stomatology.* Philadelphia. 1895.

# DOMINION DENTAL JOURNAL

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*All Communications relating to the Business Department of the Journal must be addressed to DOMINION DENTAL JOURNAL, Room 97, Confederation Life Building, Toronto, Canada.*

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## Death of Sir John Tomes, F.R.S.

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The London journals bring us the news of the death of Sir John Tomes, on the 29th of July, in his eighty-first year. There are few practitioners, and possibly few students, in America who are not as familiar with the name of Tomes as with that of Chapin Harris. Both were eminently alive to the highest interests of the profession, both having served their generation in the political arena of dentistry, in its educational and journalistic associations, and in the progress of its science and art. His text books, which have been enriched by the hereditary ability of Mr. Charles Tomes, must continue classic; his researches in dental histology, upon the development and structure of bone, and the broad collateral knowledge he brought to bear upon various scientific problems, led the way in the investigations which have become so active wherever the science of dentistry is taught. It may be said that it was he who devised the proper adaptation of forceps to each particular tooth, doing away largely with the rude key of Garengsot, the pellican, and other such barbarous instruments, now only found among the curiosities of our museums. As early as 1843—three

years after he began practice—he was on a committee which was organized to present the claims of the dentists to Parliament, which in 1862 had resulted in the affiliation of dentistry to the College of Surgeons, the organization of various societies, etc. At that period, however, there had been no compulsory education or registration. Every man was a law unto himself, none daring to dictate to the veriest quack who chose to declare himself a dentist, or to make the vilest impostor afraid. It was not until 1878—ten years after the passage of the Act in Ontario—that the Dentists' Act became law. Sir John was the founder of the British Dental Association: the thinker and the worker in the best interests of his profession, and in the protection of the public. The honor of F.R.S., F.R.C.S., were tributes to his scientific researches, and in 1886 he was honored by knighthood in recognition of the eminent services, scientific, social and political, which he had rendered to his profession, and which brought about, chiefly through his untiring and unselfish work, the position occupied by dentistry in Britain to-day. The life of Sir John Tomes, if written by his son, or by some one as able and familiar with his career, would be a biographical stimulus to every student, and a literary treasure to every dentist in every land.

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### The Rush into Dentistry.

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The Province of Quebec has never been behind the other provinces in its supply of well-qualified dentists. Montreal was the professional home of Spooner, of W. H. Elliott, and others among the fathers of our craft. There are more well-qualified men in its ranks to-day than ever before, and while there are probably twice too many dentists for the demands of the population, there are more registered students than practitioners, and still they come. Dentistry is evidently getting the start of the priesthood. Once upon a time, every inhabitant wanted one of his sons to be a priest; now he wants several of them to be "doctors"; and as our provincial law protects all physicians in the Province in practising dentistry, providing that they do not publicly announce themselves as "dentists," a great deal of dentistry is done by a certain class of physicians which should be done by dentists. Moreover, the French population of our rural districts do not want, or do not demand much else but extraction, and this the physicians will do at ten cents a tooth! For some reason or other, even the French

population of our cities seem to have better teeth than the English, and as they naturally prefer their own nationality, the supply of French dentists is more than equal to the demand.

Once upon a time the practice among the great number of convents was quite a sinecure. But the religious communities in Quebec engage in the wholesale manufacture of boots and shoes and other industries. They run a laundry business; they monopolize the legal right to make and sell certain patent medicines, and for the last fifteen years some of them have had trained nuns practising in the convents everything pertaining to dentistry, and there are few better equipments than those to be found in their ecclesiastical "surgeries." It is said that they do not exact a fee. Nevertheless, it is illegal according to the strict letter of the law. However, no one disturbs this illegality. Like much else in the same direction, it is winked at; yet it is a great injury and injustice to our French friends, who should have all this practice divided among them.

Strangers think of Montreal, with its 200,000 of a population, and they wonder why one hundred dentists are sufficient for its wants, but they overlook the fact that there are only English-speaking people in the city, and that while most of the country districts are well-supplied with good dentists, other parts starve out any poor beggar who tries to get a living. The L.D.S. for Quebec limits the sphere of the practitioner. The object of endeavoring to get the D.D.S. is to widen the scope and give a lot of our men a chance to get elsewhere. Priests and lawyers can live like grasshoppers, but the dentists seem to have combined in Quebec to create a chaos. There are twice too many. There are four times too many students. There cannot possibly be room, even at the top of the ladder, when the top is so full that even there they are tumbling off. It is time to cry a "Halt!"

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### Restore Harmony—"Concordia Salus."

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For nearly twenty-five years the profession in Quebec was guided safely through the shoals of persistent litigation and legislative opposition. In the newness of the organization in 1869, obstacles came in thick clusters, and were firmly and fairly met. Foreigners, who held no dental qualifications whatever, and who could not even produce proof of the studentship system of four and six years then in vogue, demanded privileges denied to residents, and when they could not get them from the Board, they had writs of mandamus issued and they tried to get them from

the courts. Individually and collectively, the members were persecuted by foes as well as by the friends of these foes, yet the interests of the profession were never lost sight of. We cannot recall one instance of personal ambition to occupy official position. Everybody wanted everybody else to do the honors—and the work. Dr. Charles Brewster, Dr. Trestler, and the late Hon. Dr. Baillargeon, repeatedly remarked this fact when occupying the president's chair. The predecessor of this journal, the first one established in Canada, was started: the voluntary association and a local city society met regularly, and the proceedings were published. We had fraternal gatherings at each other's offices; there was a delightful *entente cordiale*. It must be remembered that all the time the outside siege against the Act of Incorporation kept the Board continually at work watching and fighting. Educational projects were forced into the background, yet a very good system existed which turned out most of our best men. To-day we find that the former active life is in a state of coma. The resurrected societies never meet; a split has occurred over educational matters, and there is a very dangerous outlook, unless wisdom and integrity take the helm and harmony is restored. There is nothing easier than to establish wholesale manufactories of dentists, to tickle vanity by "professorships" and parchments, until the profession would become a mere trade, and patients would go about bargaining and heckling like the purchasers at Bonsecours market. Socially and scientifically these conditions are alarming. The hope of an honorable position in Quebec, one that will not be behind other Provinces, depends upon the restoration of harmony. It is positively insane to act otherwise. Whoever stands in the way of this harmony must be made to stand aside.

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### A Critical Time.

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The next three years must make or break the best interests of the profession in several of our Provinces. There has been some very bad bungling, and in fact some questionable procedure, and we have reached a critical state of our affairs. Licentiates who have nothing personal to gain, who do not want to advertise the professional prominence conferred upon them by their confreres, or make commercial capital out of official positions, will now, no doubt, seriously reflect as to the use they should make of their franchise. We have learned with regret of very unwise efforts made to place some very incapable men in positions of trust. We use the word "incapable" advisedly. It is no discredit to one's

practical skill and ability as a dentist, that he should be a failure as a steward and an examiner. Men who cannot explain or answer their own questions, most of which they copied from old college calendars, are unfit to hold office; but apart from this, aspiring men need a little more experience of actual practice than a few years after graduation affords to fit them for such positions. And yet, we witness utterly inexperienced young men wanting to be leaders before they have learned to serve in the ranks; ready to assume the moral and legal application of laws and by-laws, the risks and responsibilities of litigation, the delicate and difficult business of adjusting conflicting interests, quite as gayly as they would undertake to fill a simple cavity in caries.

We emphasize the importance of caution and dispassionate judgment in selecting the stewards who, for the most critical three years of our history, will have the government of our interests. The next three years will either make or break the worth there may be in the possession of the license.

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### The French Language in Quebec Matriculation.

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Several correspondents in Ontario want to know why the matriculation examination in Quebec is so critically severe in the matter of the French language; so much so, that, as one puts it, "an applicant needs to be thoroughly well up in the grammar."

Our friends must remember that the French language was in use in Quebec long before a word of English was spoken on the continent; that it is as fully the legal language of the country in its courts and legislature as English; that our French brethren are largely in the majority; that their constitutional privileges must naturally be deferred to when questions arise such as those our correspondents mention. It must be remembered that the large majority of the text books in use in our dental curriculum are English; that the American dental colleges will not now admit French students who do not understand English, and that in many respects our fellow countrymen are professionally handicapped. To their credit be it said, they do much to overcome these difficulties. The lectures in the Dental School in Montreal are in both languages; the students are asked and answer questions before the Board of Examiners in their own language. There is in this matter perfect and pleasant harmony. It would seem justifiable that in a Province where the French language is so necessarily in every day use, that it should at least have as important a position in the list of matriculation subjects as the dead languages or mathematics.

### One for New Brunswick.

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In May, 1892, we asked the question, "Who was the single subscriber in British America to the *American Journal of Dental Science* in 1839?" No one replied until last month, when we received the enclosed from our good friend, Dr. W. C. Barrett, of Buffalo:

"SIR,—Have just received missing number of DOMINION DENTAL JOURNAL for 1892. In the May number I find enquiry as to who was the single subscriber to the first dental journal ever published, the *American Journal of Dental Science*, 1839. I do not know if it has ever been answered. If I had seen the number at the time I could have told you. It was L. E. Vanbuskirk, of St. John, N.B. Honored be his memory for inscribing himself as the first in Canada to lend a hand to the building up of a literature of dentistry. He has many successors in Canada to-day, but not half as many as there should be, or the subscription and contributors' lists of the DOMINION JOURNAL would be twice as long as it now is. W. C. BARRETT.

"Buffalo, N.Y., Aug. 30th, 1895."

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### Dental Association, Province of Quebec, Meeting.

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This important meeting will be held on Wednesday, the 18th instant, at 10 o'clock a.m. in Laval University, Jacques Cartier Square, Montreal. Members can pay arrears at the meeting.

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### Personal.

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THE honorary degree of LL.D. was recently conferred by Lake Forest University upon Dr. Truman W. Brophy, of Chicago. This is one of the honors to the profession well deserved.

We have much pleasure in calling attention to the "removal" card of Dr. G. Lenox Curtis, who has just returned from a trip to California in splendid health. The doctor has added nasal surgery to his special line of work; and, having not only been a most successful dentist, but being a graduate in both medicine and dentistry, and devoting his work exclusively to oral, facial and nasal surgery, he is equipped in a manner to deserve the encouraging support of the dental profession.