

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

Coloured covers/  
Couverture de couleur

Coloured pages/  
Pages de couleur

Covers damaged/  
Couverture endommagée

Pages damaged/  
Pages endommagées

Covers restored and/or laminated/  
Couverture restaurée et/ou pelliculée

Pages restored and/or laminated/  
Pages restaurées et/ou pelliculées

Cover title missing/  
Le titre de couverture manque

Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées

Coloured maps/  
Cartes géographiques en couleur

Pages detached/  
Pages détachées

Coloured ink (i.e. other than blue or black)/  
Encre de couleur (i.e. autre que bleue ou noire)

Showthrough/  
Transparence

Coloured plates and/or illustrations/  
Planches et/ou illustrations en couleur

Quality of print varies/  
Qualité inégale de l'impression

Bound with other material/  
Relié avec d'autres documents

Continuous pagination/  
Pagination continue

Tight binding may cause shadows or distortion along interior margin/  
La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure

Includes index(es)/  
Comprend un (des) index

Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/  
Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.

Title on header taken from:  
Le titre de l'en-tête provient:

Title page of issue/  
Page de titre de la livraison

Caption of issue/  
Titre de départ de la livraison

Masthead/  
Générique (périodiques) de la livraison

Additional comments:  
Commentaires supplémentaires:

This item is filmed at the reduction ratio checked below/  
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	14X	18X	22X	26X	30X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12X	16X	20X	24X	28X	32X

# Dominion Dental Journal

---

---

VOL. XI.

TORONTO, OCTOBER, 1899.

No. 10

---

---

## Original Communications

---

### THE PRESIDENT'S ADDRESS.\*

BY DR. J. W. MOORE.

GENTLEMEN,—This, the tenth Annual Meeting of the New Brunswick Dental Society, marks the close of another year in the history of the organized dental profession in this province. To the ordinary observer the year may seem to have been uneventful and not marked particularly by progress, but to the keen, careful eye it has been one of great moment. In the quiet carrying out of the rules and regulations of our society we have been steadily rising to a higher standard in the profession, and coming more into harmony with our sister organizations in Canada and the United States.

A feeling and desire of unity has been slowly developing in the provinces, and last year at Digby, Nova Scotia, was found a large representation from each of the Maritime Provinces in an inter-provincial convention, the success of which was such that it was decided to meet again in two years in the city of St. John. As in one society the individual members, by their constant association, become more alike in thought and action, so different societies by coming together gradually grow into harmony, and, forgetting the differences and difficulties of the past, press forward to the mark of the high calling in the profession.

To St. Stephen has been reserved the honor, at this time, of having our sessions within its walls—a time when the neighboring

---

\* Read at meeting of New Brunswick Dental Society, St. Stephen, N.B., August 24th, 1899.

Republic has been so in harmony with our people as to entwine the flags of each nation, and as they float to the breeze we hear, to the music of their National Anthem, the words, "God Save the Queen." To this noble valley of the St. Croix we welcome you, trusting that during your short sojourn with us you may be so favorably impressed that again in the near future you will be pleased to convene by the river which here forms the boundary line between the two great English-speaking nations, whose people, like the waters of the river, coming from different sources, move quietly onward in peace and harmony as one mighty nation.

Dentistry is an important department of medical science, and an outgrowth of our modern civilization. Its present perfection is in considerable degree due to the thought and labor of American minds. The history of modern dentistry is covered by a period of less than two generations, and yet it has advanced from the rude operations practised by blacksmith and barber to one of the most scientific and exact of the specialties of the healing art. Scientific dentistry had its birth in the United States of America. The proud distinction of having organized the first school for the teaching of dental science, and the establishment of the first periodical journal devoted to the interests of dentistry, belongs to this side of the Atlantic, while many of the most useful appliances and scientific methods originated in America.

In our efforts to save the teeth or replace them when lost we must remember that we are dealing with a portion of God's handiwork. So while we study the various arts and methods whereby we still the throbbing nerves, protect and cover them with suitable materials, while we seek the most effective process for arresting dental decay, let us have reverence for our work, and learn how sublime that work must be which shall restore to health and usefulness one of the Creator's greatest gifts to man. Consider what belongs to the saving of an organ. It is in proportion as honorable as the sacred duty of saving life itself. If there be any great merit in the creation of any part of the body by the first artificer, then he who interferes to prevent its destruction must also share in the glory. Physicians and surgeons are co-laborers with God in the human frame. He, conceiving and creating; they, preserving against untimely ruin and repairing the broken places, preventing and alleviating pain. The dentist then, attending to the mouth and teeth, stands in the front ranks of these co-laborers, reversing by a proper attention to his art all the gloomy horrors of dyspepsia which bring the mind again and again to the question, "Is life worth living?" and bringing in their place joy and happiness, restoring hope, bringing back character, regaining beauty, and showing life to be full of desire and worth. It is given us then to work with the human face divine, bringing out latent

improvements and investing it with unforeseen beauties. We have not to chisel cold unyielding marble, but our matter is living flesh and our product an animate thought, a glowing beauty; for though beauty may dwell in mountain, tree, and landscape, its highest throne is in the face of man, and he who removes obstructions to its appearance is performing a service next to the creation itself.

Speech, one of the highest dowries of man, sometimes becomes defective or lost, and so comes within our work to restore. If it be a worthy thing to unstop the ears of the deaf or unseal the eyes of the blind surely our work in bringing back a man's departed powers of utterance is no less praiseworthy. Great, then, is our glory if we can bring back to man the power and pleasure of communicating his thoughts to his fellowmen, of moving multitudes by his eloquence, and with the highest exercise of language, of audibly praising him who gave to man a mouth and speech and wisdom.

In the work of dental associations we have been too slack and slow to recognize the advantage of such organizations. On leaving college we are very liable to settle down and depend on our stored knowledge to carry us through with the work year after year, apparently ignoring the fact that new ideas are being advanced, and new methods, appliances, etc., constantly brought out. We read our journals, but though the society discussions are taken verbatim they have lost the force and meaning that their author gave them; besides, many thoughts are given that do not reach the journals, and methods, appliances and ideas presented between the numbers of the programme that are too valuable to lose. Go to the society meetings for the good of the cause, to acquire all you can, and to give to the profession what new things you have learned yourself. The sooner, in general, we realize the necessity and advantage of societies and their work, the sooner will the profession reach that point of enlightenment and free interchange of thoughts and ideas that is required for its true advancement. Some of us may feel that because we do not read papers, lead or take part in the discussions, or conduct a clinic, that we are no help, and might as well remain in our office during the days of meeting. But for bringing out the best and most good of the meeting we must have those who are attentive hearers, good questioners and debaters. Next to a good speaker is a good listener. Yet, apart from this loss which we individually may sustain by our absence from the society meetings, there is the loss to the profession, in withholding from the fraternity all those little points and methods which have come up in the experiences of each individual, to bridge over the difficulties which formerly stood in the path, and which, if told to others, would be hailed as friends to lighten the darkness of those who have experienced the same difficulties, discouragements, and disappointments.

The interesting papers that are read, with their following discussions, and the social character of the meetings, stimulate us, and draw us out of the beaten path we have been treading, up through the clouds and darkness which surround us in the monotony of our office life to the bright and clear atmosphere of professional life, where we see each member as a fellow worker, and grasp the hand, now no longer cold in rivalry and competition, with all the warmth and tenderness of a brother, realizing that we are not alone, but are members of a great brotherhood whose every effort tends to prevent and alleviate the pains of suffering humanity.

---

### OXYPHOSPHATE CEMENT AND ITS USES.\*

BY C. W. PARTRIDGE, LAWRENCE, MASS.

---

No doubt we have all, in our every-day practice, echoed the sentiment of the man, who, speaking of the discovery of soap, said: "God bless the man who discovered it." So we say, "God bless the man who discovered oxyphosphate cement."

Especially when we are called upon to fill the temporary teeth of a four-year old or less. In these cases it is our sheet anchor, enabling us to remove only the decay, and put in a filling that will adhere to the cavity, if it is only kept dry. In many cases, as a filling for temporary teeth, I believe it is one of the best, especially in crown cavities. It will last a long time if rightly mixed.

The mixture should be quite stiff, but not carried so far but that the mass will become sticky from kneading. Its tendency to dissolve out at the cervical border calls for gutta percha.

Cement enables us to save the little patient a great deal of suffering by not cutting pits and heavy undercuts to retain the filling, thus gaining its confidence and love, which is very important for our first work on its permanent teeth in after years. Many a child has been made afraid of the dental chair for life by the dentist trying to do permanent work on temporary teeth. How much better to use a filling that will stick to the cavity and preserve them during this period, holding their confidence, and retaining their practice for years. But it is not in cement alone as a filling that one gets the best results, but in combination with amalgam its best qualities are brought out. I believe it is acknowledged by the dental profession to-day that, in using amalgam as a filling its liability to shrink, lack of edge strength, discoloration of tooth substance, we must use something that will stick or act as a matrix between

---

\*Read before New Brunswick Dental Society, St. Stephen, N.B., Aug. 24, 1899.

filling and tooth substance. Oxyphosphate cement, in my own practice, has been my ideal. A good method is to line the cavity with cement—the consistency of thick cream—then forcing a large piece of amalgam into the cavity with a rotary motion from the centre to the edge, thus forcing the amalgam into the cement, and driving the cement to the edge of the cavity. Then, with an excavator, remove a little of the filling along the edge, finish the filling with small pieces of amalgam burnished to the edge of the cavity.

If one never has attempted to remove an amalgam filling put in with cement, he has no idea how difficult it is to do. Circumstances often prevent our filling bicuspid, and the posterior surfaces of cuspid with gold. This method allows us to fill these teeth with good results, much to the satisfaction of patient and dentist.

The advantages that may be claimed for a filling inserted in this manner are :

- 1st. Adhesion to the wall of the cavity.
- 2nd. It is more compatible with tooth structure.
- 3rd. It prevents discoloration of tooth substance.
- 4th. It strengthens the tooth.
- 5th. It avoids weakening of the walls with heavy undercuts.

Another method of using cement is the one recommended by Dr. Strong, of Connecticut, where he mixes the two into one mass, using one-third cement; grinding the amalgam and powder together, then adding the liquid, and grinding all together again.

The cavity must be kept dry, and when the mass is similar to putty it must be worked rapidly, and pressure brought to bear, and kept there for a while. I use this mixture in the temporary teeth with good results. To get the best results with a mixture of this kind one must employ a matrix. I use one of German silver, it is cheap and convenient; then I can pack the filling with force, and am sure it will adhere to the walls of the cavity. After the matrix has been removed the filling should be polished. But to expect success with this filling two things must be kept in view: dryness of cavity and a matrix, and the matrix kept there until the filling is hard.

Another use of cement that has given me satisfaction is in the repair of a broken porcelain facing from a Richmond crown. When the facing breaks off the pins are left in the backing already headed. I take a duplicate of the broken tooth, cut off the pins, and drill out what is left in the tooth, enlarging the hole as I go down, or take a large tooth, drill new holes, and cut the tooth to the right size. Then cement the tooth to the pins and backing, having both dry.

I have had better success in repairing Richmond crowns and bridge-work with this method than any other. You do not weaken your backing by cutting large holes for the nut when you screw it

on to the pins. We know the tendency of the pulp dying under a capping of cement. Recent investigation has shown that, in some of the cements, there is a trace of arsenic in the oxide of zinc. This may account for the death of the pulp. We know cement has its faults as a filling material, but, to change an old song, "With all its faults we love it still," and once more I say: "God bless the man who discovered oxyphosphate cement."

---

### APPARENT MERCURIAL POISONING FROM RED VULCANITE. \*

---

BY P. B. LASKEY, D.M.D., MARBLEHEAD, MASS.

---

The subject which I present for your consideration is an old one. Some years ago it was quite freely reported upon, and discussed in the dental journals, but of late we have not heard much of it; not that I think the matter was in any way settled, as there seems to be some doubt in the dental profession, and also among the general public, as to the possibility of mercurial poisoning from red vulcanite in the mouth. I think this is indicated by the considerable use of black rubber, and of red rubber lined with metal, and by the alloys for base plates, which have been placed on the market. In these days of rapid and cheap production we must admit that vulcanite has been a benefit to the millions wearing artificial dentures, and leaving out the question of whether the advent of vulcanite has had an elevating or, as some claim, a degrading effect on prosthetic dentistry, we should discuss it solely in the interest of scientific truth. Having had two cases which may throw some light on the question, I thought the report of them may be of interest to you.

The first case was that of a lady of middle age and good general health. She had worn a full upper denture on a red rubber base for some years. She had had an uncomfortable feeling in her mouth for some time, and at last, from inspection, she and her family had become alarmed, and she came to me for treatment. An examination showed the membrane upon which the plate had rested to be in a very congested condition, in fact almost to the point of suppuration. It did not have the red look of ordinary inflammation, but was of a deep, brown color like liver, gradually fading and merging into the usual color of the surrounding parts.

---

\* Read before New Brunswick Dental Society, St. Stephen, N.B., Aug. 24, 1899.

As a lady had recently died in our town from cancer of the superior maxillary she was, of course, much alarmed. Now the most obvious and simple thing to do was to discontinue the wearing of the plate and apply a treatment for the restoration of the part to normal condition. You all know how a suggestion of this kind to a lady of the average social duties—to go without her teeth for an indefinite period—would be received. On a hint of this kind, for I had begun to entertain fears that there may be such a thing as poisoning from the plate, the lady decided to go home and think it over. This gave me a chance to think it over, and I decided on a course which looked to the curing of the trouble while she was still wearing the plate, and which would determine whether the abnormal conditions were produced by poisoning from the coloring matter, vermilion, which is, as you know, sulphuret of mercury, or from the non-conducting properties of the rubber, or from other causes. By request the lady reported at my office the next day. On close examination it seemed impossible to tell whether the plate had settled into the membrane or the membrane had swollen around the plate; but I concluded that the absorption of the alveoli had let the plate down so that the part had become surrounded by a ring of pressure on the labial, buccal, and palatal edges in such a way as to greatly impede the circulation of the blood.

As my object was to effect a cure while the patient wore the plate, I began to cut the plate away on these edges a very little each day, being careful not to go so far as to render it impossible for the lady to wear it. This cutting was continued for a few days and the mouth began rapidly to return to its natural color. In two weeks all signs of inflammation were gone, and I asked the lady, whom of course I advised to have a new set of teeth, what she wanted them made on. She replied, "Just the same as these." She has worn the new set on red vulcanite without any return of the trouble.

The second case was a parallel of the first, and you can judge with what grim satisfaction I received it. The lady was the wife of a Boston merchant, who had come to Marblehead to spend the summer. She had been anxious about the condition of her mouth for some time, and had consulted several Boston dentists, who had told her that her mouth was, or might be, poisoned with the rubber, and she must have a gold plate. As I had some friends in the family, they induced her to come to me. My object being to demonstrate scientific truth, I threw pecuniary considerations aside, and proceeded as in the first case (that is, refitting the plate by the eye), and with the same result. At her suggestion I made her a new set on red rubber. To prove the satisfaction of herself and family, her husband, becoming the



victim of artificial teeth in about a year, came to me and wanted a set just like those of his wife. Now, gentlemen, I venture to make the assertion that this condition can occur only in a certain class of mouths, and that is the class which we consider the most favorable for artificial dentures, the mouth being of almost uniform texture, caused by the equal distribution of bone and the superimposed tissue. This allows the plate, from the change caused by the absorption of the alveoli, to settle gradually and imperceptibly into the other part, and may interfere with the circulation, and produce a chronic inflammation. In other cases where the mouth is more or less bony the inflammation would be of the acute form, and, as you know, painful. It would be then evident that the plate was "cutting," and the patient would immediately seek relief from her dentist. There is another point which may have escaped your notice, as it did mine for some time, and that is, that if the cases had been of poison by mercury, then, by the continual cutting away of the plate, fresh surface was being exposed, and furnished the most favorable condition for the exhibition of the poison. No medicine or washes were used in either case. It may not be out of place to mention that the new impressions were taken in modeling composition.

To sum up, these cases were simply the result of mechanical violence, caused by ill-fitting plates, and I cannot escape the conviction that other cases of so-called mercurial poisoning were from the same cause.

As some gentleman may have had cases that corroborate or antagonize the apparent evidence of these cases, I should be glad to hear from them.

---

#### PASSING HINTS.

---

BY HENRY H. WAY, D.D.S., ST. THOMAS, ONT.

---

I was forcing an aluminum crown on recently when it began to crack at the edge, and I felt for a little while that I was in a dilemma. By-and-bye I brought the margins together again, then spliced the break with another bit of aluminum, doubled over the edge in and out, and forced firmly together with pliers. Dressed the outside smooth, reduced the tooth and soon had it in place. I have since tested platinoid in the mouth for other uses and find it soon tarnishes. I find that a tracing of carbolic acid close along the gum margin controls the mucus until the cement is fully set; this is important. Someone else uses tinct. perchlorid

of iron. Our cement will set quite as hard in the mouth as on the glass slab if we can maintain similar conditions.

I am pleased with Canada balsam for lining cavities, it's a good starter for gold. Sometimes it is desirable to place a smooth layer up against a frail wall, and this, I find, always holds it there. Try it. If still using gold in tapes, first anneal the whole sheet at once, fold up with paper-cutter and cut in strips as long as you like—it's a time-saver. Before making injections with the hypodermic always hold the needle upwards and force all the air out; and, after using, never permit yourself to lay it aside without making it thoroughly aseptic. Have met with several serious cases from this very neglect. To transmit a disease should be felt as criminal.

When using rubber for separating teeth I find it best to secure this with a cord to one of the teeth; then when the patient fails to fill appointment, but comes up later on, the rubber is still there. Having occasion to place a bicuspid crown, and having a single post (Davis) only on hand I adapted this one, then soldered a smaller branch to the shoulder for the palatine canal, when I had all I desired. If, after securing your dam, you find or make another hole, saturate a pledget of cotton with mastic or other varnish, place back of the hole and you are again happy and serene.

It is sometimes rather amusing to see how the local reporters get our titles mixed up. In our own town the local man tacks on D.D. at one time, D.S. at another, more often L.D.S.; but the last noticed was V.S. It does seem a good stride from Doctor of Divinity to Veterinary Surgeon. Possibly, we "professionals" are partly responsible for this variety of letters because some are so impetuous for a string of titles that they lead off at random, as witness: "—— ——— L.D.S., M.C.D.S."

If a dentist dreads the labor on an extra piece of work his best cure is to become thoroughly interested in that thing. It's no trouble for a child to play; you will notice it even runs in its enthusiasm.

It seems passing strange that we Canadians neglect our own literature so much. Not that I would patronize foreign periodicals less, but our own more. We have a Canadian profession that needs our constant supervision, and an uplifting element. To do this most effectively requires live dental societies, and a home literature of our own, especially adapted to ourselves, and through which we may communicate and otherwise keep posted as to what is being done in the several provinces. If we could but grow into a reasonable appreciation of our one dental Journal something like we all do of our local daily paper, we would find ourselves more brotherly and better Canadians. That word "brotherly" reaches

out further than we are apt to suspect. It was a rather one-sided, selfish feeling that prompted the little girl to say, "Oh, there's nobody in this town that I can learn anything of." Emerson had a very different idea on this subject. His words are: "Every man I meet is my master on some point, and in that I can learn of him." Let us mingle together more, to give as well as to receive, and we shall develop.

---

### A TRAUMATIC CASE OF NECROSIS.

By W. G. B.

---

Mr. B—, aged forty-four; vigorous constitution; no hereditary or acquired disease; all the teeth perfect excepting left lateral incisor, which had been excised, pulp destroyed surgically, and a Logan crown inserted. Eight years after insertion the pivot was broken close to the root; was quite easily removed. The root was not enlarged for the replacement of a new crown, but simply treated as usual, and the new crown inserted without any trouble. Three years afterwards the new crown loosened upon removal, the root was found to be split in two, complete necrosis was present. It was necessary to extract the separated pieces. They were stained throughout as black as ink; the apex had undergone considerable absorption, and there was entire absence of pericementum. No nodules, but the appearance as if the dentine and cementum had been darkened by the hemoglobuline of the blood. The suspicion of the patient was that the cause was the result of an accident, as about a year before he had been forcibly struck by his child directly on the tooth crown with a lead pencil, and the root had remained tender for several weeks. The deep-dyed fragments of the root resembled the darkest sort of tobacco stain, but the patient had never used the weed.

## Proceedings of Dental Societies

---

### THE NEW BRUNSWICK DENTAL SOCIETY.

---

The tenth annual session of this Society, was held at St. Stephen, N.B., August 24th and 25th, 1899.

The regular business of the Council occupied the morning hours.

Dr. J. WALKER MOORE, President, called the meeting to order at 2.30 p.m., and the order of business was suspended to allow the introduction of clinics by C. W. Partridge, D.D.S., of Lawrence, Mass., and P. B. Laskey, D.M.D., of Marblehead, Mass.

Dr. PARTRIDGE demonstrated mounting of Logan crowns on badly decayed roots. His plan is, after preparing the roots so that the pin fits into the canal, and having all the caries removed, to pack soft amalgam (a quick setter) all round the pin, being sure to have a surplus, then pushing the tooth with the amalgam on it right home. This, of course, is done with the root and surrounding parts wet. He then carefully removes the tooth with the amalgam sticking to it, and lays it aside for a few minutes until it has set, when, with sandpaper disks, he trims the surplus amalgam away, finishing down to exact shape of the root, which has left its imprint in the soft amalgam. It is then ready for setting with cement. This is an admirable method of procedure for badly broken down roots, as there is practically no pain in getting a perfectly tight fit between crown and root.

Dr. LASKER demonstrated his method of taking impressions in modelling compound, using a hollow tray through which a stream of water passes to chill and harden the compound, a most effective plan in cases where gagging is easily induced. In such cases he first inserts the tray with softened material and quickly gives it one moment's pressure, removing it from the mouth before the patient has time to gag. With a sharp knife he then cuts away all the compound behind the line where the plate is to come. Again warming it in the tray he inserts it and presses home. Immediately it is in place he motions his assistant to turn on the ice cold water, and in a minute, or less, he has a perfectly hardened impression which cannot warp on being withdrawn from the mouth. He also demonstrated the use of his flask, whereby he can positively guarantee freedom from broken blocks and black joints and yet be able to use plenty of rubber. His flask is open all round, except at the guide flanges and at the rear so that he can see while the flask is closing if he has plenty of rubber in it. He cuts no "gates" for surplus, but the plaster is trimmed down to a knife

edge just up to the wax mark ; the rubber is nipped off just the same way as the surplus is nipped off any piece of vulcanite made in a mould, as, for instance, a rubber ball.

A third item of demonstration was the assistance one can obtain in setting a bridge with an open-face crown or a band in a regulating case, by the use of modelling compound.

In addition to the two demonstrators the genial W. H. Towne, of the S. S. White Dental Manufacturing Co's. Boston house, gave an address on hypnotism. with practical illustrations.

At the evening session, after discussing the matter of the joint meeting of the New Brunswick and Nova Scotia Societies in St. John, in 1900, Dr. Partridge read a paper entitled "Oxyphosphate Cement and its Uses in Practice." (See pages 366).

Dr. LASKEY opened the discussion by commending the method which, while it differed slightly from that followed by himself, was excellent. He lines the cavity with soft cement and, flattening his amalgam, packs it tightly against the walls and floor of the cavity, completing the filling with amalgam. His experience with the cement and amalgam in combination was not so favorable as when mixed separately ; but when used together one must work quickly.

Dr. MOORE said that his experience with the mixture was that, unless you have a solid amalgam covering, you soon have the edges giving out and disagreeable "ditches" are formed.

Dr. McAVENNEY has followed the method of placing cement under amalgam for fifteen years, ever since he got the idea from Dr. Buckland, of Rhode Island.

Dr. MAGEE said he knew Dr. McAvenney had done that kind of work as long ago as fifteen years, for he had occasion once to remove two amalgam fillings, inserted by him, from a patient's mouth, and both were anchored in the cement. His methods of procedure are the same as those elaborated in a paper written by him and published in *Items of Interest* for September, 1897. Other things being equal, a lining of cement is always to be recommended.

Dr. BARBOUR agreed entirely with the plan of using a lining of soft cement and finishing with amalgam. He is at the present time experimenting with various cements, testing them in the same mouth under the same conditions, but as yet has no definite results, as the time is too short. His sheet anchor is Ash's cement, although in his hands Harvard cement gives good results, though he objects to it only on account of its slowness in setting. To obviate the liability of pulp dying where there is deep-seated caries he latterly followed the practice of using formagen or odoformagen, which he likes rather better because it sets more quickly. This may be hastened by mixing it over hot water. His experience is that more pulps die under phosphate cements than under metals. He had read that there was arsenic in nearly all the cements. If

so, it was no great wonder they died. Dr. Laskey gave it as his view that phosphoric acid was the cause of their dying.

Dr. MOORE thought it was due to an excess of liquid being used.

Dr. MOORE, of Calais, to whom the courtesies of the meeting were extended, said his experience proved to him that large cement fillings almost invariably cause the death of the pulp.

Dr. GODSOE agreed with Dr. Barbour that pulps do die under cement. He was taught and followed the practice which he still felt had much in it, that it was good to fill sensitive teeth in order to obtund that sensitiveness for a subsequent filling of metal. He attributed the death of the pulp to the action of phosphoric acid. He would like to have that matter of arsenic in cements thoroughly threshed out, and said that, notwithstanding "all its faults," he "loved it still."

Dr. SPROULE frequently employed cement for anchoring gold fillings in sensitive teeth and in large cavities, depending entirely upon its adhesive properties for anchorage for the gold. He said, generally speaking, his results from the use of cement were good, and yet if what previous speakers had said of pulps dying were true, he would have a good deal to answer for some day if all the teeth in which he had placed cement fillings should turn out to have dead pulps.

Dr. WHITNEY frequently cements into a cavity a loose gold filling and finds it works very happily. One case he cited, when last week he had occasion to repeat the operation of cementing into a cavity a loose gold filling he had four years previously cemented in. If it remained another four years he felt it would quite satisfy him.

Dr. MAGEE, referring to the question of arsenic in cements, said he had read somewhere (just the particular magazine he could not remember) that almost all cements contained traces of the deadly element, and believing that the man who made the statement knew what he was saying, he attributed all the deaths of pulps where cement was used to this baleful article; but, in order to make sure, he had a chemist make an analysis of some of the makes of cements under which the greater number of deaths occurred, and there was not the slightest trace of arsenic to be found. He doubted very much if there was the least trace in any of the cements on the market, because the analyst told him it would be through gross carelessness if arsenic were allowed to remain, even if once present, because it was so easy to eliminate it.

Dr. PARTRIDGE, in closing the discussion, thanked the various speakers for the interest evinced. He said he was waiting with considerable interest to read the reports of papers along the lines of his own, read recently at Niagara Falls.

Dr. LASKEY then read his paper entitled, "Apparent Mercurial Poisoning from Red Vulcanite." (See page 338).

Dr. NASE said that deep air chambers caused that condition described in the paper, and cited one case where the trouble was cured by making a plate without any air chamber in it.

Dr. GODSOE said he had four or five cases where sore mouth was present while using red vulcanite, but it disappeared after a black plate was made. Two cases in particular, a mother and daughter, each having a small partial denture of red vulcanite, complained of a heated tense feeling. He made in each case a black plate and there have since been no complaints. It seemed impossible that there should be enough mercury in either of the small plates to cause poisoning, but the condition was such that he knew of no other solution to the difficulty.

Dr. BARBOUR, when he meets with a patient complaining of her plate or her mouth, paints the plate with a mixture of glycerine and carbolic acid in the proportions of 12 to 1 and finds it very soothing.

Dr. MCAVENNEY said that when that burning sensation was complained of and the plate fitted well, he put it down as almost conclusively proving there was poisoning.

Dr. WHITNEY attributed the heated condition with red appearance and sore corners of the mouth to acid secretions. Upper and lower plates are sometimes made too short, thereby allowing the mouth to occupy too much of the face, and, as a consequence, the sores appear at the corners.

Dr. PARTRIDGE said that some people are so much more susceptible to the action of certain drugs than others; what would cause symptoms of mercurial poisoning in one case would not in another. He instanced a case of extreme susceptibility to the action of arsenic where an application for devitalizing a pulp resulted in the development of symptoms of arsenical poisoning.

Mr. TOWNE threw out the suggestion that perhaps the different colored plates might, in different degrees, retain or absorb heat, and cause a condition which might be mistaken for mercurial poisoning.

Dr. DAVIS said that only yesterday he had a patient presenting conditions identical with those described by Dr. Laskey. He had decided to make a new plate of black vulcanite, but now, since hearing of Dr. Laskey's success he intended experimenting, as he had done, before making a new plate.

Dr. LASKEY, in closing the discussion, said there were very few cases which bore so evenly as to interfere with the circulation, which he felt was the condition in these two cases. They were

striking examples, and had he not experimented he would undoubtedly now consider them to be cases of mercurial poisoning. In giving judgment upon the cases Dr. Godsoe described, he should, before deciding, make two plates, one of red and the other of black, and wearing them alternately each for a short time, watch the appearance of the mouth. If the conditions complained of were present only while the red plate was worn, then he would consider it was due to poisoning. He stated, however, that people sometimes imagined they were suffering from the result of poisoning of some kind when such a condition could not be induced by the article worn. In evidence of this imaginary peculiarity he cited an instance where a woman wearing an old vulcanite plate came to him for a new denture. It was during the period when the fight was hot against the users of vulcanite by the reputed patentee, and fearing, as he had not any licence to manufacture, that this woman was a decoy to lead him into a trap, that he might be sued and perhaps fined \$200, he first made a celluloid plate, then a plate of fusible metal. In each case she complained of an offensive taste which she did not like, and, in fact, could not endure. Then he made a gold plate, feeling that it was better to sacrifice the value of the gold than to pay the \$200. This time he was sure he had conquered the taste, but much to his chagrin she came back in a few days complaining of a bad taste, and pointed out the pink porcelain gum as the cause. No argument could convince her that it could not taste badly; so, in desperation, he risked being brought into court, and made a fourth plate, this time of vulcanite. He was at last quite easy in his mind that the taste question was settled, though he had not told her the plate was vulcanite. Again the woman came and complained of the bad taste, asking at the same time why he did not make a plate of the same material as her old one. On being assured that it was of the same material she went away satisfied. This was purely a case of vivid imagination, and he had no doubt but that feelings as well as tastes were sometimes imagined.

A hearty vote of thanks was tendered the two visiting dentists for their kindness in furnishing the society with the instructive papers and clinics, and they were cordially invited to return next year and participate in the joint meeting of the societies of the two provinces in St. John.

Votes of thanks were also extended to the dental supply houses who made such elaborate displays, viz., the S. S. White Dental Manufacturing Co., through Brown & Webb, of Halifax; Paterson & Foster, of Montreal; McDowell & Pattison, of Montreal, and the Boston Dental Manufacturing Co.

At this stage of the proceedings His Worship Mayor Clarke was asked to make a few remarks. He responded in a felicitous



but short speech, in which he first welcomed the society to St. Stephen on behalf of its citizens. He expressed regret that the weather was so unpropitious, but threw out the suggestion that perhaps the damp condition was due to the presence of so many dentists. The clouds seem to be following the example of some persons who always weep at the sight of the dentist. He concluded by saying he hoped that Dame Nature would smile on us to-morrow, when we would be able to admire some of the beauties of the St. Croix.

The meeting then adjourned.

---

FRIDAY, AUGUST 25TH.

Morning session was called to order at 9.30.

St. John was named as the place for the next annual meeting. It is the custom of the society to meet alternately in St. John and some other place that may be conveniently reached.

A resolution in reference to the meeting in St. John, 1900, with the sister society of Nova Scotia was next adopted. It was to the effect that instead of forming a maritime association, such as was suggested in 1898, the joint meeting elect its officers (chairman and secretary) for the meeting only, the officers of the two societies to be the Executive Committee, with power to add to their number.

The report of the Council was then read by Secretary and Registrar, Dr. Godsoe, which was received and placed on file.

After a notice of motion was given for a slight amendment to the by-laws, the election of officers for the ensuing year was proceeded with, and resulted as follows:

President, J. Walker Moore, St. Stephen; Vice-President, F. W. Barbour, Fredericton; Secretary and Treasurer, Frank A. Godsoe, St. John.

Four members of the Council retire this year, and the election resulted in the return of Drs. Magee and Godsoe, of St. John; Dr. Whitney, of St. Stephen, and Dr. Kirkpatrick, of Woodstock. These hold office for three years, and in company with Dr. Murray, of Moncton; Dr. McAvenney, of St. John, and Dr. Sproule, of Chatham, who are appointed by the Government to hold office for four years, comprise the Council of Dental Surgeons of New Brunswick.

At this meeting it was the unanimous opinion that the DOMINION DENTAL JOURNAL should be recognized as our official organ by each member being a subscriber, and the secretary was requested to write the Nova Scotia society so that the example of individual subscription might be urged upon their members, and not only encourage the publisher, but benefit themselves.

A discussion on various matters in daily office practice then followed.

Dr. MAGEE spoke of some uses to which carbolic acid may be put. First he mentioned the canker sore. Winding a little wisp of cotton on some slender instrument, and dipping into the pure acid, he gradually works right down to the bottom of the sore, which is nothing more than an inflamed mucous gland, and cauterizes it. The carbolic acid does its work painlessly, and in cases where the cheeks are very fat and the gland is perhaps 3-16 inch in depth, it proves of inestimable value. Another use to which he puts it is the cure of cracked and fissured lips, though this is not his own idea he says. He winds a thin film of cotton wool round a very flat instrument (a thin, flat piece of wood would answer almost as well), and dipping this in the pure acid, draws it right through the crack or fissure which he actually tears open as far as he can. The acid burns out every unhealthy tissue which may have formed, and the result is very gratifying to the patient, for it heals beautifully. He applies the same treatment to fissures in the nostrils, and suggests a piece of gutta percha fastened to the ends of clamp forceps for dilating the nostrils.

Dr. MCAVENNEY uses nitrate of silver for canker sores, and "steresol" for cuts and fissures, a formula for which may be found in *Dental Cosmos* for April, 1895. This material, he says, is admirable for one who goes on a fishing cruise, for innumerable cuts and scratches are sure to be encountered. For the benefit of those who may not have a copy of the *Cosmos* at hand the formula is here reproduced :

℞	Purified gum lac.....	270	grms.
	"    benzoin.....	10	"
	Balsam of tolu.....	10	"
	Carbolic acid, crystallized .....	100	"
	Oil Chinese cinnamon .....	6	"
	Saccharin .....	6	"
	Alcohol, q.s. to make .....	1	litre.

M. BERLIOZ, of Grenoble, describes it as "especially applicable in the treatment of inflammatory conditions of the mucous membrane and gum tissues, ulcerations, aphthæ, mercurial stomatitis, gingivitis, difficult eruption of third molars, treatment of pyorrhea alveolaris, etc."

Dr. WHITNEY uses nitrate of silver for canker sores and sensitive dentine. He says that carbolic acid will do everything but the particular thing he wants it to do.

Dr. BARBOUR uses nitric acid for canker sores; objects to the nitrate of silver because it discolors dentine. He uses carbolic acid after extracting, following an application of Labarague's solution, which he allows to remain in the socket a minute or so. He asked for information in a case which he had recently. During his absence from the city his assistant extracted several lower teeth; swelling began almost immediately to supervene in the region of the angle of the jaw. The swelling had about reached its height when he saw the case, and aside from the open sockets the only evidence of traumatic injury was a slight scratch on the cheek, apparently made by either the forceps beak or one of the roots. The teeth had come out quite easily. The swelling soon became quite discolored, and eventually suppurated, though very little pus followed the lancet. A hardened lump still remains. What was its cause?

No one seemed in a position to answer the question.

Dr. MAGEE showed a cast of a case in which a patient having lost all the teeth from one side of the upper jaw through necrosis, and having a perfectly formed row on the opposite side had a denture constructed whereby the contour of the face was restored, and the lower teeth made once more useful during mastication. He made a wire crib attachment of platinized gold to fit snugly over the three molars, and to it soldered a frame-work to be engaged by the vulcanite across the vault. He frequently employs a crib attachment in replacing lost teeth, where a plate is objectionable and crown and bridge-work inadvisable; for it not only keeps the teeth from wiggling about, but it supports the denture so that recession of the gums around the remaining teeth does not attend the wearing of the artificial substitute.

Dr. MOORE reported a case where extreme recession of the gum followed the grinding down of a lateral incisor for a Logan crown. Whether arsenic had been used in devitalizing the pulp and a sufficient quantity was left in the tooth to cause sloughing, he did not know; but as the tooth had not been treated, unless a small hole drilled into the pulp chamber very high: up under the gum, could be called treatment, he could think of nothing else as being a likely cause. However, the condition was there, and he asked if anyone could suggest a possible amelioration.

Dr. NASE suggested that he make an incision horizontally, and putting a stitch in the part of the gum below the incision, draw it down and tie it to the tooth. The idea was to have the gap fill in with granulations.

Before the meeting was closed, Dr. Whitney, on behalf of himself and Dr. Moore, invited the members and their wives (those who had them with them) to an afternoon's outing in a steam

launch. It need scarcely be added that the invitation was accepted.

To say how much the trip was enjoyed is given to very few to put upon paper. Certainly this correspondent cannot do it. Suffice it to say that the afternoon was not half long enough. On the return a hearty vote of thanks, followed by three cheers and a "tiger" were given for the projectors of the excursion.

While some of the members remained in St. Stephen, the greater number left on the evening train for their respective homes, and in nearly every instance with a package of confectionery bought after an inspection of the extensive premises of the Messrs. Ganong, and everyone felt like saying to the *confrère* who did not attend, "Oh! you don't know what you missed by not being there."

---

### PRACTITIONERS' COURSE.

---

The Board of Directors of the Royal College of Dental Surgeons of Ontario are to be congratulated on the eminent success of the practitioners' course, held in the College building, Toronto, for two weeks, beginning July 4th. The attendance was large, about one hundred practitioners from different parts of the province taking advantage of the splendid opportunity afforded them of becoming more familiar with some of the subjects which have more recently been added to the curriculum. Dr. Geo. Evans, Specialist in Crown and Bridge-work, and author of the widely known text-book on that subject, delivered a course of ten very exhaustive and practical lectures on the subject.

Dr. Webster, Professor of Orthodontia, delivered a course of lectures on the Principles and Technique of Orthodontia, and also demonstrated his methods of procedure in a number of special cases. Dr. H. Clark lectured on, and demonstrated, refining gold scrap and amalgam. Dr. J. B. Willmott's lectures on Jurisprudence were listened to with delight by his old students. Dr. McCallum lectured on: "The Care of the Eyes." Drs. J. F. Ross and A. J. Husband demonstrated methods in porcelain work, and Dr. W. A. Brownlee gave instruction in tempering steel and making instruments. Mr. Campbell, mechanical dentist, gave a number of demonstrations of his methods in crown and bridge-work. The members of the class were required to make and exhibit two cases of bridge-work.

The course was most pleasantly brought to a close by the class inviting the members of the board to be present at the afternoon

session of Thursday, July 13th. Dr. A. M. Clark was requested to take the chair, and Dr. E. H. Eidt, of Stratford, read the following address :

ROYAL COLLEGE OF DENTAL SURGEONS.

TORONTO, July 13th, 1899.

*To Dr. J. B. Willmott, Dean of the Royal College of Dental Surgeons of Ontario :*

DEAR SIR,—When each of us, the members in attendance upon the practitioners' course, now drawing to a close, graduated from the college of which you have so long been the head, we little thought we should ever again have the privilege of sitting at your feet in the capacity of pupils ; and even had we known it then we could not have anticipated the sentiment that possessed us, nor the thoughts and recollections to be called up by the renewal of the old-time relationship. We remember too well how clever we all were in those student days, and how badly all the professors fared, yourself included, when subjected to our keen and searching criticism. Alas, with the years that have come upon us since then, it would seem that our mental acumen has become blunted, and "our glory has departed," for in the light of our years of experience your teaching has gradually assumed such a form with us that now we have little to add to it, and less to alter. But while we have grown in our appreciation of your labors as a teacher, we have also learned to recognize more and more of the value of your devotion to the profession and the many and varied services you have rendered it. In the wisdom that underlies our splendid Dental Act, in our excellent system of dental education, and in this magnificent college building, that is the pride of us all, we can everywhere recognize your personality and your zeal for the welfare of dentistry. We would also have you know, sir, that we remember and appreciate the fact that when your duty as an officer of our Board of Directors has required you to proceed against the transgressor of our law, you have done it conscientiously and faithfully, no matter what odium you knew would be on your head in consequence ; and, lastly, we would remember your part in the organizing and arrangement of this splendid practitioners' course for the graduates of our College.

We can never repay you for all these things ; but, sir, we would have you know that though too seldom expressed, there is always a warm and growing appreciation from your old students, and while we are here assembled we cannot allow the opportunity to pass us of giving it some expression, and as a slight token of our esteem for you, and our sincere wishes for many years of con-

tinued usefulness, good health and happiness, we would ask you to accept the accompanying gift, hoping that it may often remind you of the increasing respect and esteem in which you are held by your old students.

Signed on behalf of the class,

SYLVESTER MOYER,  
*Chairman of Committee.*

J. J. TEETZEL.

W. J. FEAR.

W. R. HAMILTON.

J. M. BRIMACOMBE.

E. H. EIDT.

Dr. J. M. Brimacombe, of Bowmanville, President of the Ontario Dental Society, then called Dr. J. B. Willmott to his feet, and on behalf of the practitioners' class presented him with a magnificent "Grandfather's clock," taller, by half, than the old man himself. On turning to thank "the boys" Dr. Willmott was greeted by the hearty singing of: "He's a jolly good fellow," "He's a daisy, just now," and "He'll be an angel by-and-bye." Dr. Willmott very feelingly thanked the class for the kind expressions used in the address, as well as for the beautiful gift. There had been times when he had almost doubted whether he had any friends in the profession or not. He had had no pet schemes during his connection with the Royal College of Dental Surgeons except it was to see the profession own its own college building; that he was now proud to see accomplished. Dr. H. T. Wood, he said, had been his efficient colleague during the last thirty years, and to him was due a large measure of the praise for any success. He did not wish to take to himself any special credit for the present condition of our profession in Ontario, as the growth had been, to a very great extent, spontaneous. In conclusion, he said that no small part of the present efficient management of the college was owing to the efforts of Dr. W. E. Willmott, and he would consider it his duty, when he should no longer require the beautiful clock to measure time for him, to bequeath it to Dr. Walter, who he had no doubt would prize it very highly indeed.

Dr. Gumaer, of Kincardine, moved a hearty vote of thanks to the Board of Directors for making such generous provision of a practitioners' course to all licentiates whose fees were paid to date. This was carried unanimously and heartily, and called forth, in reply, speeches from members of the board present, as follows: Drs. A. M. Clark, J. A. Marshall, H. W. Abbott and J. Frank

Adams. Here we must not omit to mention the cordial reception of two songs sung by Dr. Hart, of Bradford.

Dr. Willmott took advantage of the occasion to read to Dr. H. T. Wood an address from the Board of Directors, expressive of appreciation of his life-long labors to elevate dentistry to its present level, to which Dr. Wood made a suitable and feeling reply. The afternoon's proceedings were brought to a close by sitting for a group photo, and then heartily singing: "Auld Lang Sync."

---

### FRATERNAL VISIT OF THE NATIONAL ASSOCIATION OF DENTAL EXAMINERS AND THE FACULTIES ASSOCIATION TO TORONTO.

---

A pleasing feature of the recent meetings at Niagara Falls was a visit of the members of the above mentioned organizations to Toronto, on invitation of the Board of Directors and Faculty of the Royal College of Dental Surgeons of Ontario. On July 31st, upwards of a hundred persons took train for Lewiston, where they boarded one of the Niagara River Line steamers for Toronto. On arrival they were met at the landing by members of the board and faculty and conducted to McConkey's, where an excellent luncheon was served, after which the party was taken by means of the trolley to visit various points of interest in the city, including the University of Toronto and affiliated colleges, the Provincial Parliament buildings, etc. At the Dental College the party assembled in the main lecture-room where some speech-making was indulged in, after which a tour of inspection of the college was made. The visitors, one and all, expressed themselves surprised and delighted with the excellence and up-to-date character of all the appointments of the institution. At the Temple Café light refreshments were served, after which the guests were conveyed to the five o'clock boat. As the boat left the landing the visitors gave three hearty cheers for Toronto and the Royal College of Dental Surgeons.

## Abstracts

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

---

IN the March *Cosmos* Dr. J. Leon Williams has a paper entitled: "Which shall it be?" This article is a scholarly plea for the cultivation of the true scientific spirit, as opposed to the empirical methods by which we learn and accept too many of the ideas we have imbibed. "All great teachers and investigators," he says, "discourage the use of books as primary sources of knowledge. Is it true," he asks, "that the results of scientific research meet in the dental profession with open hostility, and with what is worse, apathy and inability to appreciate the significance of those results? Is it true that the dental practice of to-day is largely founded upon empiricism? Is it true that our dental literature is saturated to the core with pseudo-science, and with ancient metaphysical habits of thought that have come down from the time of the Greek sophists and from the theology of the middle ages?" By quotations from certain very recent journals he proves that all this is true. From a consideration of the general position of dentistry with regard to science, Dr. Williams passes on to some of the questions on which we are still practically in the dark, and to advocate that a fund be provided from which any genuine original research may be rewarded suitably. Such questions are submitted as: "1. An inquiry into the causes and best methods of treating chemical erosion. 2. An inquiry into the causes of the disease or diseases which attack the pericemental membrane, with best methods of treatment. 3. An investigation which shall comprise a thorough comparative test of the germicidal power of such substances as are provided for the destruction of the micro-organisms of the mouth, and the adaptation of the best of these germicides to use in dentifrices. 4. An investigation for determining the chemical differences, if any, between human saliva and the saliva of various animals which do not suffer from dental caries, and also for determining the comparative inhibitive power of various salivas with reference to the development of micro-organisms. 5. A microscopic investigation which shall involve the preparation by well-known operators of a large number of cavities in extracted teeth, and the filling of some of these cavities by different methods of using gold and filling others with amalgams from the formulæ of Dr. Black and others, and then examining and photographing through the microscope the polished margins where metal and tooth substance meet; and, afterwards, grinding sections of these specimens to ascertain to what extent enamel, affected by the acid of caries, has been removed from the



margins of these cavities, especially at the cervical margin of approximal cavities. 6. A thorough comparative test of the various oxyphosphate cements on the market." The author says in closing: "We have been hammering and clamoring for I know not how many years at the door of medicine asking, beseeching, begging for recognition as medical specialists. We give ourselves all sorts of names—oral surgeons, oral specialists, stomatologists, and what not—in the hope that we may gain a nod of recognition from the world, that shall imply we are somewhat more than what is generally conveyed by the term, "dentist." We have done nearly everything except the right thing—the dignified, manly thing. Now, if we will go to work in real, honest earnest, we shall soon enter into our rightful and desired position without asking permission of any of the older organizations. The man who feels that he is master of the situation asks no favors of anybody. Just to the extent that our profession produces work worthy of recognition by the great scientific world, that recognition will come quickly and generously."

COCAIN *versus* EUCAIN.—In concluding his paper before the Section of Stomatology of the American Medical Association, Dr. Peck thus recapitulates the results of his interesting series of experiments with cocain and eucain: "1. The action of cocain is inconstant; one never knows whether the symptoms occasioned by like quantities of the drug in animals or individuals, under like circumstances, will be similar or dissimilar. 2. The action of eucain is constant. The symptoms occasioned by the use of like quantities in animals under like circumstances, and so far as my experience has gone in different individuals, also are the same. 3. That the first action of cocain on the heart is that of a depressant, and on the respiration is that of a mild stimulant, the after effect being on the heart that of a decided stimulant, and on the respiration that of a depressant. 4. That the first action of eucain on both the heart and respiration, is that of a stimulant; the after effect being that of a decided depressant. 5. That cocain causes death in animals by paralysing the muscles of the respiratory apparatus, the heart's action continuing in a feeble way for a brief period after breathing ceases. 6. That eucain causes death in animals by paralysing the muscles of the heart and of the respiratory apparatus, they ceasing to operate simultaneously. 7. That eucain in toxic doses nearly always causes nausea, and occasionally vomiting. 8. That cocain is much less nauseating, and scarcely ever causes vomiting. 9. That eucain is decidedly a diuretic, causing renal discharge in a majority of instances in which a toxic dose is used. 10. That cocain is not, to any appreciable extent—renal discharge having occurred in only

one instance in connection with all my experiments. 11. That the pupils of the eyes in nearly all cases of cocain poisoning do not respond to light, and are more or less bulging from their sockets. 12. That the pupils of the eyes in most cases of eucain poisoning do respond feebly to light, and rarely ever bulge from their sockets. 13. That the action of toxic doses of eucain is more like that of a paralysing tetanoiding, convulsion-producing agent, than it is like an anesthetizing one, the plantar and cremasteric reflexes nearly always responding. 14. That toxic doses of cocain cause general anesthesia with the other symptoms in the majority of cases. 15. True tetanus of all striped muscles of the limbs, and Cheyne-Stokes' breathing, nearly always occur when eucain is used. 16. That cocain is at least three times more toxic than beta eucain, and that alpha eucain is as toxic as cocain. 17. That boiling does not destroy the efficacy of cocain, but that it does modify it, and that boiling in no degree lessens the efficacy of eucain."—*Ohio Journal*.

DR. CLYDE PAYNE'S LOCAL ANESTHETIC.—Cocain, 15 grs.; glycerine, 5 drs.; nitro-glycerine, 1-10 grain; morphia sulph., 1 gr.; atropia sulph., 1 gr.; carbolic acid, 3 drops distilled water to make 2 ounces. Dr. Payne says: "There is sufficient glycerine to localize the cocain, holding it in apposition to the parts a sufficient length of time to complete the operation, and not so long that it acts as an irritant and causes swelling. The nitro-glycerine is intended to stimulate the heart just in proportion as the cocain may depress it. The sulphates of morphia and atropia overcome the after pain. The carbolic acid is intended to preserve the solution. In patients who have a poor circulation sometimes there is a swelling as soon as the anesthetic, with which you have infiltrated the tissues, has been absorbed."—*Dental Office and Laboratory*.

DR. GEO. EVANS' method of setting a crown, as given at Toronto, is as follows: First, warm the crown and paint the post with chloro gutta percha. The evaporation of the chloroform will leave a thin film of gutta percha on post. Apply to position on root, pressing out and removing any surplus, removing crown quickly. Then, after heating crown once more, apply to inside of canal, and to post sufficient creamy oxyphosphate cement, and press to place. The great advantage is that, if necessary, to remove crown at any time it may be easily accomplished by applying heat, and it may be easily removed without injury to root or crown.

Dr. CLYDE PAYNE'S obtundent for sensitive dentine is made by taking a saturated solution of carbonate of potassium and

glycerine, then a saturated solution of cocain and carbolic acid, and mixing the two together on a warm slab or a bottle filled with hot water. After applying the dam, and drying the cavity thoroughly with absolute alcohol and hot air, a drop of the mixture is placed in the cavity and hot air blown on as warm as the patient can bear. In five minutes the cavity can be excavated painlessly. In Dr. Payne's practice this is more satisfactory than cataphoresis.—*Dental Office and Laboratory.*

MERCURIAL POISONING FROM AMALGAM FILLINGS.—Dr. E. A. Bogue says in *Items of Interest*: "I have not made any experiments at all upon the toxic effects of mercury in amalgam fillings, perhaps because most of the patients for whom I have had the honor of operating have not, during my time, been subjected to a dull, red heat, which is about the temperature required to produce either of the two poisonous salts of mercury.

DR. BOGUE'S METHOD OF TREATING SENSITIVE DENTINE.—In sensitive dentine, when patients are extremely timid, Dr. Bogue dips a pledget of cotton into carbolic acid and then into powdered cocain, and places it in the cavity. This, he says, will obtund the sensibility enough to use granulated chloride of zinc with little or no pain. In ninety seconds the insensibility of the cavity is complete. — *Dental Brief.*

## Selections

### DISEASES OF THE TEETH.\*

Diseases of the teeth are, strictly speaking, denudation and desquamation, decay or rottenness and fractures; the others mentioned by dentists are affections of the contiguous tissues, as the formation of the enamel in the fœtus, seems to show that it has no nerves, blood-vessels or absorbents; in short, that it belongs to the dermoid tissue. Fracture of a tooth bears no analogy to fracture of a bone, no callous is secreted; a tooth never inflames or terminates in caries; the delicate, vascular and sensitive membrane investing its cavity is only exposed; this inflames, excites excruciating pain, and causes toothache, which affection is also excited by decay or rottenness of the inert enamel similar to the crumbling down of a mineral from having lost its attraction of cohesion; likewise produced by desquamation of the enamel, which resembles the separation of the exterior lamina of a mineral. In these two latter

\* From a work on Practical Surgery by John Lizars, R.C.S. (Eng.), 1859.

cases acute pain is often experienced before the investing membrane be exposed, in consequence of the thinness of the walls of the tooth, allowing hot and cold food to affect it. Rottenness generally begins with a small opaque white spot on the crown of a tooth, and often proceeds insidiously with the same small aperture to the lining membrane.

Whenever toothache depends on any of the above causes the tooth ought to be extracted; stuffing with mastiche, wax, or any metallic or mineral substance cannot so effectively exclude the atmospheric air as to prevent the recurrence of the disease; besides, whilst the tooth is stuffed, a chronic action may be going on in the investing membrane of the fang, and lead to chronic abscess and caries of the alveolar process. Let us only consider the insidious nature of lumbar abscess. Besides abscess and caries there are the lymphatic glands of the face and neck often excited to suppuration, ulceration of the tongue or mucous membrane of the cheek or lip, affections of the tonsils, tic douloureux, and diseases of the antrum, when the teeth of the upper maxilla are affected; and tumors of the gum and bone, when either upper or lower are affected.

Those who retain decayed teeth or stumps in their mouths for any time are tormented with headache, particularly in cold and changeable weather, pass restless nights, have impaired appetite, bad digestion and irregular bowels. They become emaciated and sickly. The retaining of stumps to afford pivots for artificial teeth has had pernicious consequences. As previously mentioned under Gumboil, a decayed tooth should not be extracted until the acute inflammation of the tissues in the contiguity has been subdued. The different essential oils, the potential and actual cauteries, creasote and all the nostrums of quacks, subdue the pain only for a time, and often aggravate the caries of the alveolar process, already begun.

The incisors, canine, the first and even the second of the bicuspid, should be extracted with straight forceps, but this must be regulated according to the shape of the jaws; the molars with the tooth-key of the late Mr. Hardy, which has a double bolster. When any teeth of the upper jaw, admitting the application of the straight forceps or any of those of the lower jaw, for which the tooth-key is used, require removal the patient should be seated on a chair, but when the front teeth of the lower jaw and the proper molars of the upper one are to be extracted the patient should be seated on the floor with his head between the knees of the dentist.

Let us suppose, then, that the first proper molar of the upper maxilla requires removal. We are to have within reach a gum scarificator with a proper cutting edge, the double bolstered tooth-key mounted with a slip of lint, a pair of strong curved tooth-

forceps, a straight bistoury, a tumbler of warm water, a towel and a basin. We place the patient on the floor, with his head between the knees of the dentist and his mouth to the light, then scarify freely and effectively the gum adhering to the tooth; we next place the point of the claw on the outside, round the crown on the neck, and the double bolster on the inside on the palate below the level of the point of the claw, which is to be retained in place by pressing the forefinger of the left hand on the centre of its arch; the dentist then extracts by slowly and steadily turning the handle, which ought to be set at right angles to the claw. If any portion of the gum is left attached to the tooth it should be divided with the bistoury. The sides of the gum are to be applied towards each other, the mouth rinsed with warm water, and the patient raised from the floor.

Smart hemorrhage, or oozing and debilitating bleeding may follow, which is stemmed by inserting a dossil of lint into the alveolar recess, a small compress between the contiguous teeth and a bandage under the chin and round the head. In place of lint, sponge tent, or the actual cautery is occasionally used. Some, when they could not apply this mode of compression, have secured the common carotid artery. Some recommend the teeth of the upper jaw to be extracted outwards, but this should not be done unless the tooth is so wedged as not to admit of extraction inwards. In regulating the force required during the operation we must remember the number of fangs of the respective teeth, and be aware that anchylosis between the alveolar process and fang of a tooth is not uncommon. When toothache occurs during pregnancy we should avoid extraction, if possible, at least until after the fourth month, and even then it is to be done only if the individual is suffering great irritation. An American dentist cuts off or chisels away the crown of a decayed tooth when affected with toothache, but unless the gum grows over the fangs I do not see how this can succeed.

During dentition in infancy and in manhood, severe irritation is often produced, leading frequently in the former to hydrocephalus, and in the latter to acute cynanche tonsillaris. The gums, therefore, should be freely divided with a sharp instrument by first incising parallel with the jaw, and next across the tooth so as to insulate that portion over it and thus prevent all chance of reunion. Great pains should be bestowed during the advancement of the permanent teeth, as they are often placed irregularly in consequence of the temporary teeth remaining and thus impairing articulation, and now and then causing ulceration of the lips or tongue; it is this state which usually produces a double row of teeth. The temporary teeth should be removed as soon as the permanent begin to appear. The surgeon should examine with

care what are deciduous and what are permanent, as the latter have been extracted for the former. Many are born with jaws so elliptically formed to admit of the complement of teeth advancing regularly or even irregularly, in which case some even of the permanent set must be extracted, otherwise the consequence just mentioned will take place, perhaps even cerebral irritation or tic douloureux. This last disease is not unfrequently produced by the descent of a wisdom tooth in the upper jaw, which tooth, in many individuals, revolves in its progress; the contiguous molars removed give immediate relief.

Tartar of the teeth is that disgusting calcareous concretion round their necks, deposited by the saliva during its decomposition, which sooner or later destroys the teeth. The sooner this is scraped off the better; and it collects more on the inner side, particularly on the teeth of the lower jaw which circumstance requires attention. The teeth should be kept clean with a bland tooth-powder and a soft brush, any acid preparation, as the super-tartrate of potass., gradually destroys the enamel, and a hard brush separates the gum from the necks of the teeth. The oftener they are washed with tepid water, particularly after meals, the better, and no food should be allowed to collect between them.

[The above selection was sent to us by a friend sometime ago and mislaid.—ED. D.D.J.]

---

---

### Obituary

---

---

#### WILLIAM CASE ADAMS, L.D.S.

One of the oldest dentists in Canada passed away recently in the person of William Case Adams, who for over forty-five years practised dentistry in Toronto. There were but three dentists in Toronto when he commenced his professional career in that city. He was the first dentist to use nitrous oxide gas for anesthetic purposes in Canada; and the first vulcanizer for the manufacture of rubber plates for artificial teeth in Canada was procured for his office. He was the inventor of a number of appliances now in ordinary use in the practice of dentistry. Among the dentists at present practising in Toronto who received their early training in their profession in his office are: Drs. J. B. Willmott, R. G. Trotter, J. G. Adams, A. W. Spaulding, E. E. Culbert and G. Adams Swann.

W. C. Adams was one of the fathers of dentistry as a profession in the province of Ontario, being one of the founders of the Royal College of Dental Surgeons of Ontario, and a professor in the School of Dentistry when first instituted at Toronto. A

quarter of a century ago he had laid by, as the result of a lucrative practice, quite a substantial fortune, but unwise investments made it necessary for him to continue the practice of his profession almost up to the time of his death, at the ripe age of seventy-five years. He was born at Lundy's Lane, Ont., in 1823, his father being Rev. Ezra Adams, a pioneer Methodist preacher of United Empire Loyalist stock, one of the oldest and sturdiest New England families. In religion he was a Methodist, being connected with the Metropolitan church as official and class-leader. He was for over forty years a Freemason, a member of St. Andrew's lodge. Like his ancestors for many generations, Wm. Adams was a thinker and a worker, a disciple of muscular Christianity, and fond of out-door sports, having learned to ride a bicycle when nearing his three score and tenth year. He leaves one daughter, Miss L. O. Adams, well known to lovers of ceramic art. J. G. Adams, L.D.S., well known as the advocate of dental hospitals for the care of the teeth of the poor, is a brother of deceased.

---

#### DEATH OF DR. GEORGE H. COOK.

---

We have to chronicle the sad and sudden death of Dr. Geo. H. Cook, of College Street and Spadina Avenue, Toronto. Dr. Cook and family were camping during the summer at Mimico, about five miles west of the city on the lake shore, and on Saturday, August 26, the doctor wheeled in to his office as usual, promising to return at four o'clock in time to go in bathing with his friends. Being delayed until 4.30 he found the other campers already in the water on his return, and heated as he was with his bicycle ride, he hastily donned his bathing suit and entered the water. He was seen to throw up his hands and disappear. Search was made for the body, but when it was recovered life was already extinct. Dr. Cook was only in his thirty-sixth year, and leaves a wife and two boys to mourn their loss. His wife is a sister of Dr. Fred J. Capon, of Toronto. He graduated in 1889, beginning the practice of dentistry in the town of Clinton. Removing to Toronto in 1894 he had already succeeded in building up a comfortable practice. Dr. Cook was regarded by the public as a most respected citizen, and by his fellow practitioners as a man of ability, conscientious in the discharge of duty, and anxious for the elevation of the profession. The memory of pleasant intercourse with him during the first week in August at the meeting of the National Dental Association at Niagara Falls, will linger in the minds of those of his Toronto friends who were in attendance there.

# Dominion Dental Journal

---

EDITOR:

W. GEORGE BEERS, L.D.S., D.D.S. " " " " MONTREAL, Que.  
699 SHERBROOKE ST. COR. PARK AVE.

*To whom all Editorial Matter, Exchanges, Books for Reviews, etc., must be addressed.*

ASSOCIATE EDITORS:

G. S. Martin, D.D.S., L.D.S., R. E. Sparks, M.D., D.D.S., L.D.S.,  
TORONTO JUNCTION, ONT. KINGSTON, ONT.

Carl E. Klotz, L.D.S., A. H. Beers, M.D., C.M. (McGill), D.D.S., L.D.S.,  
ST. CATHARINES, ONT. MONTREAL, QUE.

EDITOR OF ORAL SURGERY DEPARTMENT:

G. Lenox Curtis, M.D.,  
7 WEST 50TH STREET, NEW YORK CITY.

---

*All Communications relating to the Business Department of the Journal must be addressed to  
DOMINION DENTAL JOURNAL, 71 Grosvenor Street, Toronto, Canada.*

---

VOL. XI.

TORONTO, OCTOBER, 1899.

No. 10

---

## DOMINION REGISTRATION.

---

The Medical Convention at Toronto endorsed a scheme presented by Dr. Roddick for Dominion Registration. Dr. Roddick felt that the fathers of Confederation had made a mistake in not placing medical education under the power of the central government, and a bill was introduced soon after; but it was defeated because its promoters sought to abolish provincial boards altogether. The outcome of the matter has been the idea to create a central board, or council, which might induce the various provincial boards to accept their qualifications. The crowded state of medicine is made more painful by the restrictions of provincial registration. Exactly the same conditions are felt with respect to the practice of dentistry, and there has been for a long time suggestions made that something might be done to facilitate reciprocity between the provinces. In No. 1, Vol. I. of the DOMINION DENTAL JOURNAL our readers will find two editorials, suggesting the idea of a Dominion Dental Society and a Dominion Dental College as the preliminary steps to such reciprocity, and



from time to time attempts have been made to feel the pulse of the profession on the subject. In No. 2 of the same volume we printed the document from Dr. Chas. Brewster, issued in 1860, and circulated throughout Canada, in which he suggested parliamentary incorporation, and his plan at the time was to have one central board for all Canada, and one Act of Parliament. It will be seen that so far as dental practice was concerned the aim of Dr. Brewster was precisely what some of our correspondents suggest to-day. The difficulty stood in the way, however, that the scheme was not within the constitutional privileges of the general parliament, and several years afterwards the provincial movement began in Ontario and has since extended all through the Confederation.

We cannot find between medicine and dentistry analogous reasons for such a scheme, simply because our provincial educational facilities are in no case at all similar to those existing in the former. We have in Ontario a political and professional organization which cannot be imitated for a long time to come in the other provinces, and it stands to reason that the latter would not consent to give privileges to Ontario which Ontario could not return. In suggesting, in Vol. 1 of this JOURNAL, the scheme of making the Royal College of Dental Surgeons a Dominion Dental College, it was with a view to the arrangement of such details as would make it the accepted teaching body for dentistry in Canada, and thus to lay the foundation of provincial reciprocity subject to each provincial license, and the right of each Provincial Board. What is most desirable is often least possible. What can the other provinces give Ontario in exchange for full reciprocity? They have nothing whatever to give. None of them, excepting Quebec, has any pretence of an educational body such as exists for the benefit of medicine. The training in none of the provinces could, or should be accepted as any equivalent to that now compulsory in Ontario. The question of desirability is premature. It is simply impossible to harmonize the provincial conditions so as to rise to the actual status of Ontario, excepting in the matter of matriculation, which has no direct bearing upon reciprocity of license. "A Dominion standard of examination" means much more than a Dominion Central Board. It must first of all mean a Dominion standard of education. None of the provinces outside

of Ontario can at present, or for a long time to come, rise to this standard. We have always held the idea that the Royal College of Dental Surgeons should be the one teaching body for dentistry proper, until such time as the other provinces can rise to its standard and enjoy its facilities. There are details, especially in connection with the interests of our French brethren in Quebec, which may be discussed later. No reasonable man can object to widening his sphere for practice. The principle is all right.

Dr. Frank Woodbury, of Halifax, some years ago, read a paper before the Nova Scotia Society, in favor of reciprocity. Dr. McInnis, of Brandon, Manitoba, has sent us some interesting correspondence repeating the suggestion, and we have been led to these remarks by his letters. That there are more difficulties in the way than pertains to the registration of physicians need not deter us. Difficulties are things to be conquered.

---

### A SURPLUS OF SCHOOL TEACHERS.

---

Of two hundred graduates of the Normal College of Toronto last term only about 10 per cent. have been able to secure positions in the high schools and collegiate institutes of the province. A few others have secured positions in public schools, but the great majority of them are all looking for a place, even at a very meagre salary. Yet the probability is the Normal College will have its full complement of students when it opens on October 1st.

---

### Editorial Notes.

---

THERE is always a bright side of things. There are always compensations, hidden for the time though they may be, in every misfortune. It is natural to honest men in any profession that they should feel alarmed at conditions which tend to degrade it, just as it is to upright statesmen that the things which imperil a country's prosperity should be watched and defeated. In every profession, as in every state, there are unthinking people who

neither know nor care whether or not these evils are impending. They are incapable of taking what they call gloomy views of the future, just because they are either incapable of thinking much about anything that does not touch their personal interests, or because they are constitutionally indifferent. Even when the actual shock comes, their equanimity is no more disturbed than was that of Socrates when Xantippe tore his gown in the public street, and emptied dirty water on his head. It is a cheerful sort of philosophy, no doubt; but in our modern times the philosopher gets the worst of it. The philosophy which is purely for self is of no use to any one but self. No one can be so silly as to imagine that the sentinels have anything personal to make out of the warnings they sound. Many years ago, when there were those in the profession who predicted that we should see in Toronto and Montreal the lowest forms of dental degradation, there were also wisecracks who called the prophets croakers. The duty this JOURNAL owes is to the dignity and decency of the profession at large. The duty some of its critics owe seems entirely to themselves.

WE are regularly in receipt of copies of quack advertisements from correspondents throughout Canada and the United States, and not a month goes by without bringing to us the most convincing facts as to the overcrowding of the profession. It is evident that gentlemen who think otherwise have not got access to our journalistic literature, and are not in a position to speak *ex cathedra*. From a number of such letters by the last mail, we note a few extracts from one written by Dr. Way, of St. Thomas Ont. :

"I have just had placed into my hands about the boldest-faced advertising that I have yet seen, and enclose the same for your notice. We can but guess what wrong doing there must needs be behind the scenes. These people always remind me of that little spider story, so familiar in our school days, which begins—

'Come into my parlor  
Said the spider to the fly,  
It's the prettiest little parlor  
That ever you did spy.'

It is needless to carry the simile further. The congested condition in dentistry must surely be desperate to call forth this state of things. It is even worse than mere commercialism extended over into the professions. How to reach back, and just where to take hold of the primary causes that have led up to the present 'parlor' concerns, is what puzzles the stoutest hearts among us. There is that spirit of deception running clear through that will eventually do much towards working its own cure, that is, among right thinking people. But what about the many who, it would seem, are incapable of distinguishing between the true and the false? The number of dental colleges has become so numerous that it necessitates some strong bidding to secure students for each, and the flashy advertising parlor concerns, full of promises and appearances, are one of the resulting evils."

ANOTHER writes as follows: "As one of the older members I find it oftentimes a struggle to maintain the 'straight and narrow path,' but, withal, I will not permit myself to overlook the golden rule of conduct."

THE "wail," as the funny writers put it, of the medicos is now heard in the land. The medical convention held at Toronto did not, of course, know what it was talking about when it echoed the cry of overcrowding. The theologians, too, prevaricate the facts, of course, when the Methodist Conference complains of the overcrowding of the pulpit. And now the school teachers are at it, and, of course, they are a pack of asses also, and do not know what they are talking about. Only the comic writers who jeer at the "wail"—only they "know it all." It is very convenient to some people to have a lot of impecunious licentiates to draw upon at starvation wages. Poor fellows toot about the provinces working their way, here a little and there a little, at the pay of a street laborer. School teachers holding diplomas in Quebec give forty weeks' work for \$96. Medical men, preachers, dentists, lawyers, are a drug in the land. There are people who cannot see an inch beyond their personal necessities. The ostrich must have been in their gardens when they were born.

AN editor who would aim to make his work the mirror of his own predilections only, would indeed be very presumptuous. The

question of overcrowding of the profession has never in any way affected the personal interests or practice of the Editor of this JOURNAL. There are those established in business who are fortunate in not feeling, personally, conditions which affect the larger numbers. "I do not feel any injury from the influx." "It doesn't concern me." That is not only the tone of intense selfishness, but of cowardice. He who, seeing his brother in trouble, passes him by is not a character to be admired. All the interest most of us possess in the question of overcrowding, is the interest due from the successful to the unfortunate, and those who deny that the latter class exists, are simply wilfully blind, or blandly ignorant of the facts. No one connected with this JOURNAL has any direct or collateral interest to serve by echoing notes of warning, which come from every other profession in the Dominion.