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J. B. Cogswell S.S.S.

DOMINION DENTAL JOURNAL.

VOL. IV.

TORONTO, JANUARY, 1892.

No. 1.

Original Communications.

Dr. A. C. Cogswell.

ALFRED CHIPMAN COGSWELL was born in Cornwallis, King's County, Nova Scotia, 1834. At the age of fifteen, he attended the Academy at Wolfville, with the intention of taking a college course, but after two years he was compelled to abandon study on account of ill health. The next two years were spent with great benefit on his father's farm, near Portland, Maine, to which place (Falmouth) his parents had removed. Alfred entered upon the study of dentistry in the office of Dr. Edwin Parsons, of Portland, Maine, in 1852. After four years' study and practice in Portland and Boston, he opened an office in Wakefield, Mass., where he practised successfully until he removed to Halifax, N.S., in 1858, and was married the same year previous to his removal. In Halifax, a partnership was formed with Dr. Lawrence Van Buskirk, a successful practitioner of dentistry in that city. After two years Dr. Van Buskirk retired, from ill health, and soon after died of heart disease. In 1867 Dr. Cogswell formed a partnership with Dr. T. L. Mackay, of Boston, Mass., which continued for two years, when Dr. Cogswell repaired to Philadelphia, and attended the Philadelphia Dental College in that city, until he received the degree of Doctor of Dental Surgery. He then returned to Halifax, and after practising some years, close attention to practice necessitated a change and rest, and he spent a

winter travelling through the West, California, Mexico, and via steamer from San Francisco to New York, thence home again. After five years' practice he was obliged to take a trip out South, visiting the Southern States, Florida, St. Augustine, and up the St. John River, all of which added to his health, and enabled him to resume practice with renewed energy.

Dr. Cogswell has applied himself closely to his profession since 1852, making in all thirty-nine years in dentistry, thirty-three of which has been in the city of Halifax. At the time Dr. Cogswell obtained his degree, there were not more than twelve dentists practising in the Province of Nova Scotia, and not more than two or three who had degrees of M.D. or D.D.S. Dr. Cogswell has worked incessantly to elevate the profession, and, with others, tried to secure legislation for the benefit of the profession as well as the public. It is with no small degree of pleasure that Dr. C. has, with the aid of his professional confreres, at last secured an Act to incorporate the Dental Association of the Province of Nova Scotia, which was passed May 19th, 1891, with power to form a Provincial Dental Board of Examiners, of which Dr. Cogswell was made President. At the present time Dr. Cogswell has associated with him his son, Arthur W. Cogswell, M.D., D.D.S., who, after practising medicine and surgery for four years, completed his studies in dentistry, and secured his degree of D.D.S., and Dr. Cogswell and son are now still in practice in Halifax. His son, at the annual meeting of the Dental Association, was made Vice-President. It is to be hoped that Dr. A. C. Cogswell may be spared years yet of usefulness, as he is now in his fifty-seventh year, and, although his hair has been gray for years, he is full of energy and activity, and, with care, may live many years.

In 1868 there were only twelve persons practising dentistry in the Province of Nova Scotia, and not more than two or three who had degrees. Now, 1891, there are registered under the Dental Act seventy odd, while some thirty-five have taken degrees. The others are practising under the Act, having been granted license and certificates; while some twelve or fourteen have been refused license to practice, as they have not complied with the Act. Several of those who have registered have studied medicine as well as dentistry, and are therefore qualified, as it may yet be required, for all to be in time to come.

Ethics.

A Paper read before the Nova Scotia Dental Association, at their Annual Meeting, at Halifax, September 30th, 1891.

BY A. C. COGSWELL, D.D.S.,
President, Dental Board of Examiners.

First, What is ethics? The definition given in our dictionaries defines it as "The science of moral duty." This may give us an outline or skeleton of the word, but to know the science of moral duty, to feel its impress and force within one's self, it becomes necessary to analyze its true meaning, and to examine, so as to discover, if possible, what this science of moral duty consists of; what are its principal constituents and elementary principles; how they may be applied to every one in life, and most especially to the individual members of our dental profession; and if it is possible for every professional man to possess these elements that make up this moral code, and, having this within himself, to honestly and conscientiously live up to its moral teachings and principles of moral duty.

On analysis, we find, first, it becomes requisite to be possessed of a conscience—one, if possible, "void of offence toward God and man," one that has, at least, some small spark of the image of our Creator, that may be fanned into actual life and brought to know that, at least, "Honesty is the best policy," and that "An honest man is the noblest work of God."

"'Tis man's inhumanity to man
Makes countless millions mourn."

What is life without health? is often asked. So we ask, What is life without a conscience? No conscience: no moral life, no spiritual existence, no principle, no conscientious stimulus to urge us on to nobler deeds and higher and nobler motives, to lift us up to a higher plane than *self*. Conscience, we find, therefore to its full capacity, is the first and principal element that covers this science of moral duty. We can not exist without it, no more than without food to sustain life. Conscience should enter into every act and thought of our life; this, too, in our daily profession. The *Dental Cosmos* for June has as follows, under "The Ethics of

Work":—"There is no pursuit in which one can afford to do without a conscience, any more than he can do without brains or instruments. Just measure is required in all human transactions. Legitimate success is based upon legitimate methods, upon genuine standards. Rickety work of any kind will not stand; the veneering cracks, the whitewash peels off, the flaw comes out in the unsound timber, the bad needle 'cuts in the eye.' The greenest customer finds out in a little while that the best things are the cheapest. The knowledge may not come soon enough to prevent fraud, but it does come. Good work—work done in loyalty to duty—never loses its power, and has a sure reward. It adds to human well-being and progress. It stands in solid results, and circulates as moral force. It helps to make men better, and does make better those who do it."

Yes, gentlemen; what we want in ethics is conscience which has within it the elements of honesty, fair dealing, patience, kindness, unselfishness, sincerity and loyalty to duty, and a gentleman outside of all these, which he cannot fail to be if he possess these conscientious elements. Let our motto be "Excelsior." Let us pledge ourselves, as members of this Association, to live up to this moral science and practise its principles, that, as professional men and as specialists to suffering humanity, we may practise morality as a science of moral duty. Let it be done in a right spirit. If a brother confrere or member of our Association fails to act in accordance with professional ethics and acknowledged principles, or violates our code of moral duty, let us unite and reclaim our brother; help him to feel that, conscientiously, morally and ethistically, he cannot continue to degrade himself or disgrace the profession; and thus, by mutual aid, "Do unto others as we would that others should do unto us." A writer has said, in reference to our lives, "I shall pass through this world but once. Any good thing, therefore, that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer it or neglect it, for I shall not pass this way again." "Actions speak louder than words."

Let no one in our ranks have occasion to point the finger to another, or have occasion to remind him of his moral duty. It ill-becomes any who practise dentistry at the present time to be called such names as humbugs, quacks, or charlatans. While it

may have applied to some in the past, we hope for better things of those practising in the province of Nova Scotia—at least—at the present time. We have charity for all, and feel that all will come into line, and work conscientiously as men who are worthy of the profession.

An editorial in the July number of the *Dental Journal*, headed "Quack," may be read just here :—" It is one of the curious phases of professional morality—or, rather, immorality—that, while there are men who zealously and unselfishly labor for the professional good, and a majority who desire progress, but who do not put their shoulders to the wheel, there are also a small minority of men who deliberately put themselves in the ranks of the quack, simply because they believe that honesty does not pay. For this reason, they cast aside all the decencies and ethics of professional life, exclude themselves from membership in respectable societies, and fasten the stigma of 'quack' to their reputation, trusting to the gullibility of the public for what they call success. Our Canadian cities have never yet given long life to this class of fraudulent practitioners, but on matters of medical and dental treatment the public are easily deceived. 'A lie,' says Thackeray, 'once set agoing, having the breath of life breathed into it by the father of lying, and ordered to run its diabolical little course, lives with a prodigious vitality,' etc. When a man thus deliberately blackens his own professional character and ambition, he need not wonder that respectable practitioners take him at his own value. There has never yet been a single instance on record of a truly worthy professional man using false and boasting methods of advertising. A man who resorts to this degrading system has all the instincts of a quack."

Gentlemen, brothers of the Nova Scotia Dental Association, to you we look for much. Youth is the time to train the young. Our Association is only one year old. It is fairly launched ; look to it, we steer our bark well to avoid hidden shoals and untold dangers. To the young men of the profession we look for help. Put heart, soul and honest work into action, and aim to do something to redeem the past. Be up and doing ; you have hearts for any fate. Leave your 'footprints on the sands of time,' that others following after may be encouraged to press on,—

"Still achieving, still pursuing,
Learn to labor and to wait."

Gold as a Material for Filling Teeth.

R. E. SPARKS, L.D.S., Kingston, Ont.

Much has been, and is being written upon the subject of materials best adapted for the successful filling of teeth. Owing to their malleability, lead and tin were used with considerable success before gold in its present forms and the plastic fillings, now so popular, were prepared.

Gold was the next material which came into general use, and is said to have been used at a very early date. But only during the present century has the operation of preserving the natural teeth, by means of filling the cavities made by decay, been very generally performed with any marked degree of success.

So wedded to gold, as a filling material, were the old operators of the present generation, that it became an axiom with them, that a tooth which was worth filling at all was worth filling with gold. The man who dared to suggest that plastic material might be used to advantage in certain cases was set down as a crank or charlatan. Gold possessed advantages over the other then known materials. Lead and tin were soft, and consequently became worn away by the friction of mastication. Their dull color showing through thin enamel walls gave the teeth a discolored appearance. Gold was dense and withstood friction well. It also retained its color and brilliancy. So late as the edition of 1871 of "Harris' Principles and Practice of Dentistry," the author says of gold: "It is the only material in the opinion of the author which should be employed for the permanent filling of teeth."

Gold was first used as non-cohesive foil, and, to be retained in the cavity, required retaining pits or grooves in almost all directions. The contour fillings, which are the pride of so many operators, were wholly unknown. It was not until Dr. Robert Arthur wrote a treatise on "The use of adhesive foil," as late as 1857, and demonstrated the applicability of this form of gold in filling teeth, that the use of cohesive foil became at all general. If gold was found to be such a valuable filling material when used as non-cohesive only, what may be said of its value in its cohesive form, when a cavity having two walls, or even one wall, well

grooved, will retain a filling? or when a tooth having lost a part, or even the whole crown, may be restored to its proper contour and articulation?

But while some men have gone wild over gold as a filling material, and held the opinion that gold only should be used, others have gone to the other extreme, and say gold should never be used. Some who once lauded gold up to the sky, now condemn it. A prominent dentist of Philadelphia, who was or was a great advocate of gold, now, it is said, has printed upon his cards, "No gold used." While it is wise to profit by the experiences of others, what are we to do with such conflicting evidence? We must then draw upon the evidence of our own experience. Let us look at the requirements of a variety of cavities. I once heard Dr. Jas. H. Harris, of Baltimore, clinical professor of the dental department of the University of Maryland, say, of the relative merits of cohesive and non-cohesive gold foil, "It is impossible for an operator to do justice to himself or his patients by confining himself to the exclusive use of either form." I would say the same, from my own experience of gold vs. other materials. A case is presented: A central incisor, healthy patient, good tooth, pulp well covered, plenty of room for retention; that case calls for gold. Another case: A central incisor, patient very delicate, of lymphatic temperament, enamel of tooth thin, labial and palatine walls gone, tooth extremely sensitive; that tooth calls for some preparation of gutta percha or zinc. Another case: A cavity on the posterior approximal surface of a molar; if the condition of the tooth would warrant the use of a metal filling at all, that case demands amalgam. In that position the discoloration of amalgam would not be an objection, and a more perfect filling could be made than could be made of gold in the same position, and with much less fatigue to both patient and operator.

To sum up. The advantages of gold are: density, enabling it to withstand the friction of mastication well. Indestructibility, enabling it to withstand the action of ordinary solvents. Cohesiveness, enabling it to restore the contour and articulation of parts of teeth which may have been destroyed. Adaptability, permitting it to be so closely packed to the walls of a cavity that moisture may be excluded. Retention of color, neither becoming discolored nor discoloring the tooth.

Its disadvantages are: its color, making it a very conspicuous filling. Its conductivity, making it an unsafe material with which to fill a cavity, having an exposed pulp, which is very sensitive. Its inadaptability, making it (1) Tedious to insert, for, to adapt it perfectly to the walls of a cavity, it must be inserted bit by bit. (2) Expensive, because, for his time, rather than for the material used, does the operator expect remuneration. (3) Leaky, because cavities often present themselves which it is next to impossible to fill perfectly with gold, owing to their inaccessibility, or to the difficulty with which they may be kept dry. Who has not seen large compound approximal surface cavities in bicuspid or molars, containing apparently fine gold fillings, but which were leaky at the cervical wall? Such a filling is patched with gold with much more difficulty than the original cavity was filled, and with much more uncertainty of success. Therefore, I would recommend gold for front teeth of good quality, and for back teeth, where the cavities are small and easily reached; for, in such cavities, I consider the advantages to counterbalance the disadvantages of gold as a filling material.

Dental Dots Distilled.

By D. V. BEACOCK, L.D.S., Brockville, Ont.

To make nice wax sheets, I have used the following plan for the last fifteen years: After the wax is properly cleaned, get four pieces of glass cut the width you want to have your sheets, and about ten inches long. Any deep vessel, such as a dinner pail, or an old oyster can will serve to melt the wax. Put the pieces of glass in a pail of cold water, when the wax is melted, take two pieces of the glass, one in each hand, and dip alternately, one cooling while you dip the other; about three or four dips is sufficient, then drop into the cold water. Let these two remain till you dip the other two in the same manner. By trimming the edges off the glass with a knife the sheets will drop off themselves. If the wax is kept too hot the sheets will be too thin, if too cold they will be lumpy and thick; near the setting or cooling point is the proper temperature. A tablespoonful of Venice turpentine to three or four pounds of wax will toughen it. This should be

evaporated to dryness like resin. It can sometimes be obtained in drug stores in this form. It will answer the purpose even if used thin, but the thicker it is the tougher will be the wax sheets.

If you wish to have extra fine wax you can bleach it and cleanse it at one operation. Melt your wax and add two ounces of nitrate of soda, and one ounce of sulphuric acid diluted with one gill of water. This should be added slowly, at the same time stirring with a pipe-stem or glass rod. It is then cooled and set aside after filling the vessel with hot or boiling water. Wash the wax well with boiling water and the whole process is completed.

A solution of perchloride of iron is such a valuable styptic that no dental office should be without it.

To clean corundum wheels: dip a piece of cloth into alcohol, wash the wheel well with it. I have lately found out that one-third chloroform and two-thirds alcohol is much better. The chloroform dissolves the wax and oil that accidentally gets on the stone; the alcohol removes the shellac, and leaves the corundum free to cut as when the stone was new.

Too much attention cannot be given to the temperature, when mixing cements for filling teeth, and even for other purposes. Remember, that heat hastens, and cold retards, the process of setting and crystallization.

Very often it is the little hint or suggestion that we read somewhere, which proves a mountain of help to us at some critical moment.

Amalgam will expand or contract, depending on how it is mixed. Too much mercury causes it to shrink and discolor; if on the contrary it is mixed dry, it will not shrink or discolor nearly so much.

It is said that fully one-third of all the medical students that are graduated in the United States fail. By the way, the same may be said of many of the dental students.

Beer is much better to mix sand with than water for moulding, and I would add, that it is the only use to which any dentist should ever put it.

Metal for casting lower plates. Take one ounce of bismuth and fifteen ounces of tin; melt and stir till thoroughly mixed, run into ingots for future use. Keeps its color well, and vulcanizes with rubber attachments nicely; can be improved by adding a little silver if desired.

The work of the dentist is often expected to be infallible. It is

not an uncommon thing for a person to wear a plate for five or ten years, and then if a tooth happens to come off, demand that it be put on free of charge. A case in point: a woman came into my office, with a long visage handed me her plate, with the remark, "I have broken my plate; yes, it broke while I was eating mashed potatoes, and I am so very careful not to eat anything hard; oh! I am very careful." "Well," I said, "I am sorry; I never like to see a broken plate come into the office. How long have you had it?" "Why," said she, "you made it; don't you remember, seventeen years ago?" "And have you never broken it before?" "No." "Well, madam, it has not cost you much." "No, but I don't think you ought to charge me for mending them." "Why?" I asked. "Because you made my sister a set three years before I got mine and she hasn't broken her's yet!" There are others, with mouths so unfavorable, that it is almost impossible for any dentist to adapt a set of teeth to them, although he may try again and again to do it, who very generously offer not to trouble him any more if he will kindly refund them their money.

It is fearful to contemplate the number of living teeth that are ruined everywhere by the reckless use and abuse of the zinc plastics. I wonder if dentists ever stop to consider what they are using, and what may be the result of plastering up a sensitive tooth with zinc without proper care. Oxide of zinc contains a large percentage of arsenite of zinc, and this is insoluble in solution chloride of zinc. Arsenic also abounds in hydrochloric acid in the form of chloride of arsenic. Now if we cap a pulp, or one nearly exposed, without careful protection, what is going to be the result? There will very likely be a funeral, and you may just as well put it down in your notebook. Sleeping nicely now, but will die sure. Zinc also contains iron, copper, lead, tin, arsenic and carbon, etc. How many of us know or care to know what we are using? Oxyphosphate and oxychloride of zinc are undoubtedly two of the most useful articles, when properly used, that we possess; but, when carelessly used, they are capable of doing terrible damage to living teeth.

A little spirits of camphor, dropped into a wine glass of water, will sometimes prevent nausea while taking impressions; let the patient rinse out the mouth just previous to inserting the cup.

Don Quixote said to Sancho, "you must know that a mouth without grinders is like a mill without stones, and a diamond is not so precious as a tooth."

A Case of Interrupted Second Dentition.

By C. W. WELLS, D.D.S., Waterloo, Ont.

About eighteen months ago, a girl fourteen years of age presented herself for treatment. Upon examination, it was found that the right central incisor, right lateral and right cuspid were missing. The remaining permanent teeth of the upper jaw were in a normal position, and the vacant space was more than wide enough to receive the missing teeth. Upon inquiry, I found that when the patient was seven years of age or younger (she had forgotten the exact time), the six anterior deciduous teeth had all been extracted at one time, by a bearded man who was then a student of dentistry, but who has since repented and joined the ranks of the book agents (may the public be thankful). He extracted them "to make room for the new ones," he said. The alveolus, on the right side, was very much thickened, and as there was a hard bony plate under the gum tissue, it was concluded that the missing teeth were imprisoned, and would require surgical assistance to bring them out into position. The alveolus was cut away to a considerable depth, and here the points of the missing teeth were found. Further cutting of the alveolus around the crowns was indulged in, and into the space thus made was inserted a roll of cotton dipped in a 10% solution of carbolic acid. In a week the parts were again opened up and carbolized cotton inserted as before. At the end of the second week it was seen that the teeth had made some progress towards eruption. The case was seen every week, and progress noted, and in about six months these three teeth had fully erupted, but were very irregular. The right central came through inside of its normal position, and presented to the front its disto-approximal surface. The cuspid was twisted and crowded out of the arch by the lateral, which leaned toward the first bicuspid. A large space was thus left between the central and lateral. Platina bands, to which were soldered small gold hooks, were cemented to the teeth to be regulated and to the right first molar. By means of small rubber bands slipped over these hooks, the teeth were gradually moved into proper position. A retaining appliance was worn for several months. This consisted simply of platina bands, cemented to the teeth, a stiff gold wire

having been soldered to these bands previous to their final adjustment. I have seen the young lady several times since her dismissal, and the once imprisoned and regulated teeth are as useful, and, from an artistic point of view, as becoming as the others, and seem none the worse for their late and somewhat enforced eruption.

Thirty-six Teeth in a Set.

By GEO. McDONALD, L.D.S., Carleton Place, Ont.

I read an item in the November *Items of Interest*, written by J. W. Greene, P.D., Chillicothe, Mo., stating he knows a man who has *thirty-six* natural teeth and perfect in form. Some time ago I met a similar case at Bryson, Que. A gentleman called one morning to have a tooth removed which was annoying him on account of being loose, and, on examination, I found that he had *thirty-six* teeth, just as perfect in form and arch arrangement as any set of *thirty-two* I have ever seen. The surplus number consisted of molars, the four being as perfectly formed as the others, and about the average size of wisdom teeth. It was one of those he wanted removed, the left superior. After the operation I examined it and found it free from caries; also found the remaining three free from caries. At present he lives at Portage du Fort, Que. Was not aware he had *thirty-six* teeth until I told him. First and only case I have ever seen.

Cocaine.

By F. A. STEVENSON, D.M.D., L.D.S., Montreal.

Cocaine is the alkaloid obtained from the *leaves* of a South American shrub called *Erythroxylon coca*, which is found chiefly on the eastern slopes of the Andes in Peru and Chili. The coca leaf resembles the tea leaf in shape, and has an astringent and bitter taste, and is used by the natives both as a medicine and a stimulant.

The alkaloid, when pure, occurs in the form of transparent prisms, of a bitter taste, and is only slightly soluble in water, but

dissolves readily in ether, and fairly well in alcohol. There are several salts of cocaine used in medicine—the hydrochlorate (or muriate), the citrate and hydrobromate; there is also a wine of coca which has a very stimulating effect on the nerves. The hydrochlorate is the salt most generally used for producing local anæsthesia. It began to be used by dentists about 1884, principally to deaden the pain of extraction of the teeth. The usual course was to apply a 4% solution to the gum (many, also, injected it between the gum and the tooth), then, after waiting for five minutes to allow the cocaine to take effect, to extract the tooth. Very soon cases with very disagreeable constitutional symptoms were reported, such as severe cramps in the extremities, or fainting. I know of a case in which several teeth were extracted under the influence of cocaine, and partial paralysis of the tongue occurred which lasted for three days, and then gradually wore off. Of course, a natural revulsion against a drug which acted so capriciously followed, and its general use in the extraction of teeth has been given up. A few dentists, however, still continue to use cocaine. The late Dr. Whitten, of Boston, used it extensively, and claimed never to have had any unpleasant after-effects. He used a very strong solution of the hydrochlorate (20%), and injected 3℥ into the socket of the tooth to be extracted, making three injections into as many sides (1℥ into each). He then extracted at once, without allowing any time to elapse between the last injection and the extraction. Whitten's theory was, that the very small quantity of cocaine injected, and extracting immediately, prevented the alkaloid from being absorbed in a quantity sufficient to produce constitutional effects. I have found the anæsthetic effect from this method only partially successful, perhaps because I have only used it in cases where the patient was in a state of panic and afraid to take H₂O.

As applied to sensitive dentine, cocaine is practically useless, as it does not seem able to penetrate the dentine to any depth. According to one authority, it requires twenty minutes to take effect, which is more time than most of us would care to spend.

In the benumbing of partially devitalized pulps, cocaine is really very useful. It may be used freely in the strongest solutions, if care is taken to prevent any from being swallowed or getting into the mouth.

For some mysterious reason, drugs applied to the pulp of a fully formed permanent tooth are not apparently absorbed in the system.

By the use of cocaine, the pulp may be removed before it has become decomposed, and has still enough consistence to enable the nerve brooch to withdraw the pulp as a whole instead of piecemeal. The pulp cavity may be easily washed out and filled, without fear of any soreness afterwards.

I have found the following successful in every case, except in the treatment of two molars:—First apply the rubber dam to prevent any of the cocaine from being swallowed. Then uncover the pulp as much as possible, which does not cause very much pain in the majority of cases, the pulp being already somewhat exposed from decay. If the surface of the pulp is extremely sensitive, apply some of the crystals of the cocaine to it, and leave them there while getting your hydrochlorate ready. The needle of the syringe should have had the point ground down, and the temper should be drawn, so that it may be bent in any direction. The solution of cocaine used should be at least 20% strong. It is best to keep a supply of the hydrochlorate on hand, and make the solution as it is required, for it decomposes in a few days. Inject two minims. This will cause an unpleasant sensation for a moment, not amounting to pain. If there is still some feeling in the pulp, on applying the nerve brooch, repeat the injection, when the sensation will be destroyed, and the pulp may be removed. Immediately after the removal of the nerve there will be a considerable hæmorrhage, which, however, soon stops; the pulp cavity may then be washed out and filled at once. The whole operation may be done, and the tooth filled, within an hour, and it is the most satisfactory method of immediate root-filling that I have had anything to do with.

The two molars mentioned above as being unsuccessful were troublesome on account of the difficulty of getting at them with the hypodermic syringe, and also the narrowness of the buccal roots seemed to prevent the cocaine from taking effect on the pulp in them. It is important, in order to protect the needle of the hypodermic syringe, to wash it in clear H_2O immediately after the operation, as the solution of cocaine seems to corrode the steel.

If anything that I have said should prove of use to any of the gentlemen here, the object of this little paper will have been attained.

Proceedings of Dental Societies.

Ontario Dental Society.

The report of the discussions at the meeting in Barrie reached us in time for this number if it had been fit for insertion ; but it is so jumbled and mixed that it is necessary to revise and re-write the whole manuscript. This is hardly the duty of an editor, unless he has nothing else to do. It will delay its appearance until the next issue.

Nova Scotia Dental Association.

By FRANK WOODBURY, D.D.S., *Secretary-Treasurer*

The first Annual Meeting of the Dental Association of the Province of Nova Scotia was opened on Wednesday, September 30th, at 9.30 a.m., at the Y. M. C. A. Hall, Halifax.

The President, Dr. A. J. McKenna, occupied the chair, and opened the meeting with the following address :—

Gentlemen,—It gives me very great pleasure to meet so many with whom we are associated in a similar work, with similar aims and similar desires. At this, the first regular meeting of the Nova Scotia Dental Association, I feel very incompetent to present you such an address as your intelligence deserves, but I know you will bear with me in this my first effort.

I wish to thank you very heartily for the confidence and trust imposed by placing me in this position of duty and of honor, for I can assure you I feel it such to-day.

Ever since the beginning of my practice in dentistry, I have felt the need of some institution which would bring us together, for an exchange of thought on the different branches of our profession, of our office incidents, and for social intercourse. This was with a view of gaining new knowledge as well as keeping bright and polished

the instruction received in the college course. "College instruction often falls short in practicalizing what is taught." How much theory we hear in lectures which even the professors would not attempt to practice. "What is needed most is better dentists, rather than more of them." This must be one object of this Association; and how can this object be best attained? This Association is not a post-graduate course or school; but, in some measure, I hope it may bring about the same results. "An ideal post-graduate school is a society holding frequent meetings and clinics." You may think this to be too low a standard for this Association to adopt, but we meet here for mutual benefit, for mutual improvement, and "where is the educator equal to the clinic room?" By what method can we be taught so effectually as by seeing operations performed and by assisting in them ourselves? If no better method for receiving and imparting instruction can be shown, can we not at our future meetings have an hour or more, as may be expedient, devoted to clinical purposes?

As I said before, better dentists are needed. Was not that one of the motives which led our neighbors (after many fruitless efforts) to adopt an extension of dental studentship to three years, with six months' lectures in each, and exhaustive yearly examinations covering the course? Dental unions holding quarterly or biennial meetings, where complete facilities for clinics would be at hand (Halifax should afford such facilities), under the management of efficient men, should supply every need of a post-graduate school and in a better way. Then, too, the reports of these clinics, furnished from within our own borders, would be more interesting to our associate dentists who failed to attend. If Dental Associations are formed in New Brunswick and Prince Edward Island, with Nova Scotia, these three could hold special unions from which much practical knowledge must be gained by the weaker, and the stronger would be benefited by imparting. Beside, a much kindlier feeling must, through such intercourse, spring up and thrive among us.

And now, I would just say, that I trust the same harmony and unity of spirit may characterize this meeting as was notably felt at our former convention. I feel that we all must have come here prepared in some way to assist in making this meeting a success. The business to be done, I trust, will receive your most careful consideration. The papers to be read will be of such an order as

will merit our strict attention, and what must receive our deepest study is the reconstruction or revising of one or more sections of our dental Act, to insure the complete working of it, so that there can be no friction in its machinery. And, in conclusion, I wish to thank you for your kind attention and patience.

The Executive Committee reported the following programme: Papers to be read and illustrated by clinics, "Preservation of Deciduous Teeth," "Reflex Pain," "Filling Roots and Bridge Work," "Orthodontia."

Much time was consumed in the adoption of by-laws, and completing the organization of the Association, after which the officers for the ensuing year were elected: Dr. A. J. McKenna, President; Dr. F. W. Ryan, 1st Vice-President; Dr. A. W. Cogswell, 2nd Vice-President; Dr. Frank Woodbury, Secretary.

An Executive Committee was elected to provide programme for the next Annual Meeting, and were instructed to spare no efforts to provide a programme both interesting and instructive. The meeting was adjourned until Thursday morning. On Wednesday afternoon, at 2 o'clock, the Provincial Dental Board held its Annual Session. The members are as follows: Dr. A. C. Cogswell, President; Dr. H. Woodbury, Dr. C. K. Fiske, Dr. J. A. Merrill, Dr. Geo. Hyde, Dr. M. P. Harrington, Dr. Fred. Primrose, and Dr. Frank Woodbury, Secretary-Registrar.

On Thursday morning at 9.30 o'clock, the Association met. The morning session was occupied with the discussion of dental ethics.

Dr. A. C. Cogswell read a forcible paper on the subject, followed by a spirited discussion. A committee was appointed to draft a code of ethics and report at the next Annual Meeting. The meeting then adjourned.

The next Annual Meeting will probably be held in Kentville.

The enthusiasm which characterized the meeting is a pleasant prophecy for the future of the profession in the Province.

During the years past a strong individual effort on the part of a number of dentists, has resulted at last in a thorough legal organization of the profession. It is pleasing to see the large number of young men who are ready to put their energies into this work, and place the profession on a footing that shall claim the respect of the public. The Dental Law is working well. The number of men registered now are sixty-four.

Several delinquents were reported to the Dental Board. They will be promptly dealt with. The penalties for practising without registration are so heavy, that one example will probably suffice for a long time to come.

The DOMINION DENTAL JOURNAL is made the official organ of the Association.

HALIFAX, N.S., *October 6th, 1891.*

New Brunswick Dental Society.

The second annual meeting of the New Brunswick Dental Society was held in St. John, on the second Tuesday in August, 1891. There was a large representation of dentists, in fact, nearly all in the Province were present. In the absence of the President, Dr. A. F. McAvenny, St. John, Dr. B. H. Torrens, Fredericton, Vice-President, presided. After the reading and adopting of the Minutes of the preceding meeting, the address of the President, Dr. McAvenny, was read by the presiding chairman. In the address the President dwelt on the advantages to be gained by a college training compared with the old system of apprenticeship in dentistry. The great advance in the science of dentistry within the past fifty years were noted, and the enlargement of the field for the dental profession by the increasing premature decay of teeth. He very heartily welcomed the delegates, and referred to some matters which the Society would be called on to deal with. He trusted that the work done by the Society would be for the good of mankind at large, and would tend to arouse among the members a greater enthusiasm for their noble profession.

Dr. C. A. Murray read the report of the Secretary-Treasurer. "Professor" Napoleon Ashley, "the king of dentists," had been twice prosecuted during the year for illegal practice.

Dr. J. M. Magee, St. John, reported on behalf of the Committee on By-laws. The report was taken up section by section, discussed, and, with some few amendments, adopted. It was resolved that the dental law and by-laws of the Society be printed and placed in the hands of the members, and that any amendments to the law

be also supplied. It was thought advisable to take some steps to have the dental law amended in some respects, and the following resolution was passed on motion of Dr. Magee, St. John,—That two members be appointed by the Council, and the third by the Governor and Council, to constitute a committee to frame any amendment to the dental law which they deem necessary. The following constitute the committee: Drs. Murray, Moncton; White, Sussex; and Smith, Shediac; the latter being appointed by the Governor and Council. The election of officers was then proceeded with, resulting in the selection of the following: President, Dr. A. F. McAvenney, St. John; Vice-President, Dr. J. W. Sangster, Sackville; Secretary-Treasurer, Dr. C. A. Murray, Moncton. It was decided to hold the next annual meeting in Moncton, on the second Tuesday in August, 1892, when there will be some interesting papers read for discussion, also some important and instructive clinics, as well as some other interesting work of the profession.

MEETING OF THE COUNCIL.

Previous to the meeting of the Society, the Council of Dental Surgeons held their second annual meeting and went through the routine. All the members were present: Drs. McAvenney, St. John; White, Sussex; Sproule, Chatham; Murray, Moncton; Torrens, Fredericton; Camber, Woodstock, and Magee, St. John. Dr. Murray, President, in the chair. After reading minutes, the Secretary and Registrar read his report, which was adopted. The report was very encouraging, showing that the Society was in good financial standing, and that all those who were practising in the Province, and who were qualified, had their names on the dental register, with only two or three exceptions. The resignation of Dr. Magee from the office of Secretary and Registrar was read and accepted. Dr. F. A. Godsoe, St. John, was appointed in his stead. It was moved that unless those who were qualified to register, and do not, after being duly notified by Registrar, within one month after date of notice, they may be proceeded against according to law. Carried.

Royal College of Dental Surgeons, Ontario.

OPENING EXERCISES.

The opening lecture of the School of Dentistry was delivered on October 6th by Dr. Luke Teskey, to a class of about sixty students, of whom about forty were juniors. In his address, Dr. Teskey opposed the idea that it would be an advantage to the dental students to take some of their lectures along with the medical students, urging that the study of dentistry, differing widely as it does from that of medicine, should be carried on in an entirely separate institution. The School of Dentistry, he thought, should be controlled by the profession, so that the standard for graduation could be made as high as the dentists themselves might think desirable. There was some talk, he said, of doing away with the L.D.S. examination, and making the D.D.S., from Toronto University, the necessary qualification for obtaining a license to practice. This he considered would be a serious mistake, as the dentists of Ontario cannot afford to hand over to anyone outside of their own Board of Directors, the right to say who shall or who shall not practice dentistry. Coming to matters which more directly concerned them, he advised the students to throw themselves heartily into the work of preparing for future usefulness, and make the best of their time while at college. In conclusion, he said he hoped that the students would avoid forming loose business habits. Many professional men fail because of the slovenly way in which they do business. To succeed in any profession a man must be prompt and business-like; and as a start in the right direction he would suggest, that all the students call at once upon the registrar and pay their fees for the session.

Royal College Dental Surgeons' Reception.

Friday evening, Nov. 27th, was the time appointed by the Dean and Demonstrator of our Ontario College, for a social gathering of the graduating class, at the residence of Dr. J. B. Willmott. The boys availed themselves of the invitation by gathering in good

time, and a "good evening's entertainment" was the verdict of all the day after. Through the systematic arrangement of games, solos and impromptu declamations, the popular Dr. W. E. Willmott *demonstrated* practically the fact, that an enjoyable and profitable time can be had, and the conscience of none of the participators be pricked thereby, after cool consideration of the evening's proceedings. An oyster lunch was served, and afforded an opportune interruption. Mrs. J. B. Willmott (with her good man), contributed her share in affording *a home*—for a few hours, at least—to students who have had none since entering the *profession*.

W. R. WILKINSON, D.D.S.

Toronto Dental Society.

The last regular meeting of the Toronto Dental Society was held in Dr. R. G. Trotter's office on October 12th, 1891. The following officers were elected for the ensuing year: Honorary President, Dr. Pearson; President, Dr. W. E. Willmott; 1st Vice-President, Dr. Martyn; 2nd Vice-President, Dr. Spaulding; Secretary, Dr. A. J. Husband; Treasurer, Dr. R. G. McLaughlin.

Odontological Society of Quebec.

By WILLIAM J. KERR, L.D.S., Secretary.

The Society closed a very successful year last May, and entered upon another year last November. The following papers were read last year:

"Filling Materials," E. A. Barton; "Fracture of Inferior Dental Maxillary," C. H. Wells; "The Union Dental Convention," J. A. Bazin; "Electricity in Dentistry," P. Brown; "Professional Hobbies," J. B. Vosburgh; "Cleft Palate," W. G. Beers; "Reflex Neuralgia of a Dental Origin," A. A. Lanthier.

The election of officers for 1891-92 resulted as follows:

President, F. A. Stevenson; 1st Vice-President, C. H. Wells; 2nd Vice-President, A. A. Lanthier; Treasurer, P. Brown; Secre-

tary, W. J. Kerr; Committee: S. Globensky, J. B. Vosburgh, J. A. Bazin, Geo. W. Lovejoy, J. Brosseau, Stewart Nichol, R. H. Berwick, J. G. Ibbotson.

The regular meeting for this year began on 10th November, when Dr. Stevenson read a paper on "Local Anæsthetics. Dr. Berwick read a paper on the same subject. On the 11th December, owing to the absence of a promised essayist, Dr. Beers read a paper on "Notes on Alveolar Abscess," and a sketch, entitled, "The Voyage of a Velum," descriptive of the "grand tour" made by a velum swallowed by a patient. The Society is very active and doing good work.

Correspondence.

The Laboratory.

Editor DOMINION DENTAL JOURNAL:

Let me add to the excellent advice of "Phineas" in January number, relating to laboratory. Buy a package of *Pyle's Pearline*, get a tin can—a baking powder can is good—and keep the Pearline in it, open and ready for use. It is excellent for all cleansing purposes, and especially for flasks; and (mixed with a little soap and warm water) for cleaning the hands on short notice. I have tried many soaps and find, for office use, Colgate's Glycerine the best. Chloroform on a bit of cloth will remove wax; or gasoline, barring the odor, is just as good. Also a little aqua ammonia added to warm water makes a great improvement in its dirt-removing power, and is valuable in the office as well as at home, especially if the water is not quite soft. If not the barber's basis of "*shampoo*," it is quite as good. Anyone who will try a very little in the water used for cleansing the beard and hair will be surprised the first time by the revelation he will receive. If one in the laboratory will take the pains to bathe the hands freely in glycerine before engaging in any plaster or rubber work, they will be so far protected as to be readily cleansed afterwards.

GARRETT NEWTHIRK,

Chicago.

Re-setting Teeth.

In the September number of the DOMINION DENTAL JOURNAL, I read a plan of re-setting teeth, as outlined by Dr. E. H. Raffensperger, in the *Ohio Journal of Dental Science*. I have for many years practised that plan. The idea, I think, I got from my preceptor, Dr. T. J. Jones, late of St. Catharines, Ont., now of Victoria, B.C. I proceed as Dr. R. describes, only that before waxing my case I scrape the palatal surface, and generally drill a number of holes or pits. If I wish to be very particular, I scrape the lingual surface of the rim of rubber up to the teeth. When packing, I leave the old rubber attached to the teeth, unless the plate had been broken before re-setting. The new rubber attaches to the old, and seems to be as strong as if the old rubber had been removed, without the danger of breaking blocks, spoiling joints, straining pins, etc.

KINGSTON, ONT.

R. E. SPARKS.

How Shall I Advertise ?

SIR,—My only rival in my town fills the local paper with great announcements, that he has just returned from New York and Boston "with all the modern improvements;" that he has "the only reliable article," etc. Now if he would tell the truth he would not say that, and if he would not tell lies in the paper, I would not object so much, although I think that a certain amount of decent advertising is necessary to reach the scattered districts, and to make known to the farmers out of the towns that their teeth can be saved. But country people are generally honest themselves, and they are likely to believe a good deal in the "honesty" of a quack who may really be the biggest liar out of jail. My humble card appears in the same paper. My dental education cost my father thousands of dollars, and I received a thorough college training. I have been a diligent student ever since; doing nothing else and thinking of hardly anything else but my profession. I am afraid I would come near to starvation before I would resort to the tricks my rival uses. I would rather leave the profession and go to town and drive a

street car. Now, my rival was a poor student ; was always what we call "a bad egg ;" and from his boyhood was distinguished for mean and cunning tricks upon his friends. In fact his reputation extended beyond the confines of our little town, and gave him an unsavory name a hundred miles away. He "picked up" what he knows by vagrant studentship. But to read his advertisement, you would think a new dental genius had been born, and that those of us who have won by hard study and honesty a reputation among our confreres—who are, after all, the best judges of a dentist—are ignorant and unskilful ! How am I to meet such rivalry ?

Yours truly,

ONTARIO L.D.S.

[Surely not by flattering a quack by imitation. We cannot conceive of any way of meeting such a rival on his own ground, except by surpassing him by the ingenuity and immensity of lying. The quack who is the greatest liar attracts the most attention. There is, however, a moral and professional compensation in uprightness and integrity, far beyond the passing "success" your rival enjoys. One wants courage and faith in these times to be honest. It needs neither to be a knave.—ED. D.D.J.]

Editorial.

Argenti Nitras as a Therapeutic Agent.

We wish to refer to an important paper in the October number of the *International Dental Journal*, entitled, "What value has argenti nitras as a therapeutic agent in dentistry?" by Dr. E. A. Stebins, of Shelburne Falls, Mass. We had the pleasure of hearing the paper and seeing the patients, at the meeting of the Connecticut Valley and the Massachusetts Dental Societies last June. It is, we know, unfair to the author to epitomize his remarks, but we do the best our space will afford. The Doctor begins by referring to the arrest of caries, frequently observed in teeth, wherein "black spots" or "black crust" is present, and inquires if this condition

can be produced instantly and at will, and so that it will remain. The Doctor has experimented for six years, and this is his first announcement. After quoting from several authorities, as to the action of nitrate of silver in contact with living tissue, and an interesting letter from Professor Mayr, of Springfield, as to its chemical effect on decaying tooth-structure, besides a quotation on its use in the treatment of sensitive dentine, from Professor Taft's "Operative Dentistry," he proceeds to explain his method of using it for the arrest of caries. At the convention, he made his paper doubly interesting by the presence of several of his patients, in whose mouths the treatment had been highly successful. The cases treated by the Doctor varied in age from seventy years old to mere children, extending over a period of six years, and in most of the cases the decay had not returned. One hundred and forty-two cavities, after more than three years, showed eighty-seven to be successful, thirty-three partially successful, and twenty-two unsuccessful—most of the latter being in mouths of patients of delicate constitution.

Dr. Stebins uses pulverized crystals of the nitrate dissolved in an equal amount of water. Hard wood points that will enter very small cavities, put on handles convenient for application, are dipped in the solution. The cavity, or the surface, to be treated, should be comparatively dry. Enough of the powder—about the size of a pin-head—is taken up on the stick, and applied to every part of the diseased portion, the mouth of the patient being protected during the operation. After a short interval, inject plenty of water. The use of the nitrate in the same way is recommended in pyorrhœa alveolaris. The liberated nitric acid should be removed. Further experiment will be watched with interest.

"The Wonderful City."

Chicago is sometimes called "the windy city;" but its worst enemies must admit it is a "wonderful city." How it grew between 1830 and 1872, from seventy inhabitants to nearly three hundred and sixty-five thousand, and how it is growing into the million, everybody knows. How its merchants had such a reputa-

tion, that when the great fire destroyed books, securities and everything but reputation, the faith of the people in themselves, and the confidence of their creditors, enabled them to revive trade, rebuild the city, and make it one of the modern marvels of architecture, everybody knows. The atmosphere of lake and prairie stirs the soul and stimulates the brain, even when you have *la grippe*. To many a quiet man, it is doubtful if there is compensation enough to induce him to live in the terrible whirl of its existence. Everybody is on a rush. Even the loafers move quickly. And it pleases a dentist to see the amount of "go" in the profession. The quacks of Chicago represent the very quintessence of quackery. Bad and good are intensely bad and good. The leaders of dental thought and action are ahead of the world. All the world is going there in 1893, and Chicago does not intend to let the rest of the world show it anything it does not already know.

Among the many distinctions the splendid city enjoys, we were interested to learn that it aspires to the professional one, of having a dental college for every one hundred of the inhabitants. However, our visit to the Chicago Dental College, of which Dr. Truman Brophy is Dean, Drs. Haslam, Johnson, Swasey, Ottofy, Gardner, and others, are Professors, was a revelation in dental education entirely new to our observation. Through the personal courtesy of Dr. C. N. Johnson, an old Ontario boy, and who has identified himself with Chicago, as any good citizen should, we had a most thorough insight into the whole system of teaching in the college. The results of the teaching were open to the eyes of any one who could see; and it was a great inspiration to witness the zeal on the part of the professors, and the remarkable attention and devotion on the part of the students. Each student in the laboratory and the operating room, seemed as interested in excelling as if he was engaged in his private practice. A fine and generous spirit animates the class, and an unselfish sense of duty the professors. While giving very strict attention to theoretical and technique teaching, the practical departments excel anything we ever saw before. We say this in no invidious spirit, as we bear warm feelings of grateful recollection to other schools, and it may be all in the atmosphere of Chicago, as Michel Angelo thought the pure air of Arezzo favorable to genius.

Advertising Again.

If we examine the trade and commercial advertisements of the daily press, we will find the so-called art of advertising often reduced to the meanest depths of falsehood. When a fourth-class circus or theatrical troupe herald their advent by extravagant splashes of design and color on the fences, the fools who have been caught a dozen times are just as apt to be fooled a dozen times again; and in spite of costly experience, people are entrapped by the repeated lying of the retail merchants, who advertise with a flourish of trumpets and a profusion of type. Any man, however he may murder the Queen's English, can gather gaping audiences by the hour round a waggon, to listen to him dilating upon "education." Cities like Toronto and Montreal, containing medical colleges which are recognized by the first institutions of Europe, and many of whose teachers are world-wide known, will furnish immense patronage to any debased quack who has the temerity to boast of his exclusive skill, and the shamelessness to lie theatrically. Quacks come and go, and so do dupes.

To young men who start in life there comes the moment when they have to choose between the two paths—one of honor, though of struggle; the other of ease, though of fraud. We may err in our convictions, but we have always believed that the decision was an unconscious exposure of one's true character. When a young man, with all the world before him, resorts to disreputable advertising, with a lie in almost every line, it is conclusive proof of his personal immorality. It may be that he was intended for a burglar, but accident slid him into dentistry. Every student of the psychology of criminal law is aware, that some men seem born to be rascals, as some are born to be poets. The one will rob as instinctively as the others will rhyme. Experts declare that murderers like Birchall are but the creatures of fate, bad from birth. It may be that the mendacious dental advertiser is an irresponsible being.

However, there ought to be neither personal nor professional intercourse with men of such disrepute. If any portion of the public choose to believe that they possess exceptional skill and ability, when they are well known by the profession to be impos-

tors, it ill behooves respectable members of the profession to identify themselves with them, personally or professionally. They only lower themselves to their level. The man who is low enough to advertise his own imposture, and who is insensible to shame before his own profession, will be base enough to take any advantage he may secure by being seen, even by accident, in respectable company.

"A Cap that Fits."

In the prosperous days of Napoleon the Third, Victor Hugo made the following sarcastic remark: "When the Paris police overhear anyone using the terms 'ruffian' and 'scoundrel,' they assume you must be speaking of the Emperor."

It is very suggestive that our remarks upon quackery have been appropriated to themselves by no less than four offenders against professional decency. The quick consciousness that they were the parties meant, is a refreshing illustration of the fact, that no matter how low a man may descend in the degradation of himself and his profession, he hugs to himself the delusion that he is actually blacker than he is painted! The object of a code of ethics is not to send every offender to professional perdition, but to protect the public from a class of men who are liars as a matter of investment. As dentistry emerges from its rude and barbaric origin, its members naturally aspire to elevate the social and professional tone; and when shams of no ability force themselves before the public, with pretentious insolence, it is proper that they should be ostracized. Quackery does not pay in the long run. It has never paid in Canada, and it never will. Any charlatan can get public notice and patronage if that is all he wants. It is only a matter of advertising. "'Tis as easy as lying." He can fool the public to the top of his bent, and they will cry, "More!"—for awhile. It is our duty, as the organ of the Canadian profession, to warn young men from following in the path of these impostors. The most of our dentists are educated men; and while we sympathize with the difficulties which meet those who are honest, and who are discouraged by the cupidity, not to say stupidity, of a portion of the public, it would be better to abandon the profession as a means of

living, than to depart from integrity and truth-telling. The advertising liar can never remove the stigma from his professional name.

Code of Ethics.

One of the worst offenders against the code of ethics on this continent has written us a letter, for which he asks insertion. If he could tell the truth, even by way of variety, we would oblige him, but consistently with his "professional" life, his moral life is on a par, and we could imagine nothing more funny in the way of apology for wrong-doing, than a defence by Satan of sin. Coincidentally with this letter, he liberally repeats his falsehoods before the public, while attempting to extenuate them before the profession. If there were any evidence of sincerity in his protestations, we should even then hesitate to trust his motives. You may muzzle a mad dog, but, if you remove the muzzle the next day, the recollection of the muzzle will not prevent his bite. It will take many a day of repentance before we can forget or forgive a schemer, who has made every honest man ashamed of his profession. One extract from his letter will suffice: "Give me public recognition by the Society, as a qualified and reputable practitioner, and I will bind myself in bonds (!) not to advertise as I do, and I will subscribe to a fund to punish all who do." (!) There is refreshing impudence, with a vengeance. It reminds one of the saying in the days of MacAdam, "As no roads are so rough as those which have just been mended, so no sinners are more intolerant than those who have just turned saints." It was once a fashion in England to employ reformed thieves as detectives. It would be a lively employment to engage the liar-quacks of dentistry as the reformers of the profession. There is nothing more hateful than a liar. When a liar utilizes his peculiarity in his profession, then *facilis descensus Averni*.

We reserve for a future issue further discussion on the subject of the Code.

Reviews.

Dental Medicines. A Manual of Dental Materia Medica and Therapeutics. By F. J. S. GORGAS, A.M., M.D., D.D.S. Fourth edition. Revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1891.

This new edition of the work of our industrious confrère in Baltimore, proves that its author is determined to make it an indispensable text-book for the student, and a ready reference for the busy practitioner. Much new matter has been added, bringing the work up to the times. The diagnosis of the affections of the mouth, the remedial agents, the properties, actions, uses and modes of application of the substances classed as dental materia medica, are carefully presented; while new matter has been added on the use of antiseptics.

In the examination of students, whose education has been limited to the curriculum of the dental colleges, there is perhaps no subject in which more confusion, and frequently ignorance, is displayed, than in the branch of dental materia medica and therapeutics. Dr. Gorgas' work covers the field as fully as modern dental education demands; and no matter how much a man may know, or imagines he knows, on this particular subject, the volume will bear earnest study.

Defective Personal Hygiene as it Affects the Teeth. By GEORGE CUNNINGHAM, M.A. (Cantab.), D.M.D., L.D.S., Eng. J. P. Segg & Co., 289 Regent Street, London W., England.

This very interesting reprint, from the *British Journal of Dental Science*, of a paper presented by Dr. Cunningham, in the Seventh International Congress of Hygiene and Demography, has been made accessible to the profession and the public in convenient form. The subject has been a labor of love with Dr. C., and neither dentist nor patient can afford to be ignorant of its teachings.

Nitrous Oxide Gas Viewed from a Practical Standpoint. By JOHN D. THOMAS, D.D.S., Lecturer upon Nitrous Oxide at the University of Pennsylvania. Reprinted from the *Cosmos*.

The experience derived by the author from exclusive practice in this department, makes his opinions orthodox. It was described at the time it was read, as "the best paper on nitrous oxide to which the members had ever listened." No higher praise is necessary.

Abstracts from the Journals.

Divided Mercury in Thermometers.

In the *Dental Office and Laboratory*, Dr. C. H. Gilbert suggests a simple plan for re-uniting the mercury in the thermometer of a vulcanizer when divided. All that is necessary, he says, is to heat the vulcanizer with dry heat until the mercury fills the tube; as it cools it will be found to have coalesced perfectly.

He Knew His Measure.

A dentist at Bristol, Pa., received an order for artificial teeth from a man in another town, with details as follows: "My mouth is three inches across; five inches through the jaw; some hummocky on the edge; shaped like a horse-shoe, toe forward. If you want me to be more particular I shall have to come thar."—*Items*

Keep Clean.

An unkempt, slovenly, dirty dentist is a nuisance. If you can't afford nice professional clothes, shut up shop and earn them at the anvil or in the potato patch. Look neat and clean anyway. Starve yourself if necessary, but look presentable. Keep your mouth

clean, too, and your breath. Away with that nasty stuff that so defiles the whole body. The idea of burning it in your mouth and making a chimney of your nose! it is an offence to your best customers. Have a bath tub and get in it often and scrub yourself till you shine. The best cosmetic is thorough rubbing, and the best perfume is cleanliness.—Editorial in *Items of Interest*.

Implantation of Artificial Teeth.

Dr. Znamensky, Professor of Odontology in the Imperial University of Moscow, claims that he has successfully implanted artificial teeth, both of rubber and porcelain, and that they have become fixed and as useful as natural teeth. He perforates the root, and says that granular tissue grows through these openings, which eventually ossifies and retains the artificial tooth in its alveolus with remarkable firmness. He has experimented upon the dog as well as upon man, and says that the results are the same whether the tooth be of porcelain, metal, or rubber.

Temporary Sets.

In inserting temporary sets immediately after extraction, it is usually thought advisable to have the anterior teeth project upwards about a third of their length into the sockets of the former teeth. In fitting these, however, it is sometimes difficult to decide just where to cut into the cast, as the loose edges of the gums turn inward and obscure the outline of the alveolus while the impression is being taken. To overcome this, Dr. Driscoll, in the October *Items*, advises the use of rolls of soft wax inserted into the sockets in such a way as to come away with the impression. These are then trimmed to the depth the teeth are intended to go, the result being that the teeth if fitted to the model, will go to place in the mouth without infringing upon either the gum or the alveolus.