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Dominion Dental Journal

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No. 2

Original Communications

MANITOBA DENTAL ASSOCIATION—PRESIDENT'S REPORT.

—
BY S. W. MCINNIS, BRANDON.
Retiring President.
—

Notwithstanding the fact that this association has been an incorporated body since 1883, and that during the intervening time the presidential chair has been six times filled, I believe this is the first president's report ever laid before the Association, and I feel satisfied that, under the circumstances, I will therefore be excused for making so many references to the actions of your Board and the progress of the Association and profession in the Province, during the years preceding the official term now closing.

Since the passing of the Manitoba Dental Association Act in 1883 the Act has been twice amended, *i.e.*, 1898 and 1899, and the By-laws have been several times amended and additions made thereto.

The amendment passed by the Legislature in July last reads as follows:

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Manitoba, enacts as follows:

1. Sub-section (*b*) of Section 21 of Chapter 44 of the Revised Statutes of Manitoba is hereby amended by adding thereto the

following words: "and upon passing the final examination prescribed for admission of students to practise."

2. The Board of Directors of "The Manitoba Dental Association" shall fix the times for two examinations in each twelve months for the examination of persons referred to in Sub-section (b) of Section 21 of said Chapter 44 as above amended; one of which times shall be the time for final examination of students, and in case any such person takes his examination at the time other than such annual time for students, he shall in addition to any fees now prescribed for certificates of license pay a fee to be fixed by the Board, not exceeding forty dollars.

3. This Act shall come into force on the day it is assented to.

The primary object of this amendment was that the governing board of this association should have the power to see that *all* persons receiving license to become members of this association and to practise dentistry in this province, should present the same knowledge and command of the profession as we exact from our own students in receiving license in the Province. Under the Act before this amendment any person who was a member of any College of Dentistry of any of the provinces of the Dominion of Canada having authority by law to grant certificates of license, or diplomas to practise dentistry, or who was a member of any Association or School of Dentistry having like powers in the United Kingdom of Great Britain and Ireland, and who produced sufficient evidence of such membership and certificate of good moral character and conduct, upon payment of fees was necessarily admitted a member of the Association, and received a license to practise in this province. The terms and conditions under which these licenses were granted in years gone by in the provinces and countries above referred to, differ very materially from the terms and conditions now existing for the granting of similar licenses in those same countries or provinces; while at the same time the qualifications required were far below the standard exacted of the students of dentistry in this province at the present time.

That many who received their diplomas or licenses under those older conditions, failing to keep abreast of the profession in its progress, were driven to the wall by the overcrowding of the profession in the localities in which they lived, is undoubted; that they seemed likely to be thrust upon us in considerable numbers under the conditions of this Act before the amendment of July last, is evident from the number of letters of inquiry and applications continually received.

Therefore, for the protection of the people, the members of this association and the students of dentistry in this province, the amendment is not only justifiable but commendable.

The clause calling for midsummer examinations was not suggested by your Board, but was recommended and insisted upon by the Legislature of the Province, and the wisdom and necessity of it is apparent in view of the rapid growth of the Province, the increased number of applicants for license and the ever-increasing business to be transacted by your Board.

One of the lesser advantages arising from the changed condition brought about by the amendment, is the ultimate settlement of the much discussed question whether or not the applicant, having presented his papers and paid his fee, should be allowed to practise in the interval between the date of application and the date of the next meeting of the Board. It is now readily apparent that no one should be allowed to practise until he shall have successfully passed the examination and received his diploma or license.

The judgment given against Mr. Washington is established legal precedent in this matter, and is in full accord with the judgment given by the Supreme Court of the State of New York in a similar case.

In 1895, by amendment to By-law No. 6, the standard of matriculation for students was raised to the level of the matriculation standard of medicine or law, and the examination was put out of the hands of the Board.

In 1897, the term of indentures for students was changed from two and a half years to four years, by amendment to By-laws Nos. 7, 8 and 9, and such provision for college attendance as was within the power of the Board to make was made by an additional clause to By-law 7.

The cases of prosecution for violation of the Manitoba Dental Association Act conducted by this Board during the three years of office are two, and though the cost in each case was considerable, the judgment given and the precedents established fully compensate for the expenditure.

In the case of Samuel Rowan, a student articled to Licentiate Clark, practising outside his preceptor's office, judgment was given against Mr. Rowan. With a view to preventing this class of offence, the Board has introduced an additional by-law, By-law No. 13, which reads as follows: "No student shall, during the term of his indentures, conduct or visit a branch office for the purpose of performing dental operations, nor shall he perform any dental operations elsewhere than at the head office of his

preceptor, except when accompanied by such preceptor; any violation of this by-law shall subject the student offending to the cancellation of his indentures."

From the Registrar's report to follow, you will learn that during the year just closed there were twenty-five duly registered dentists in the Province, besides six whose registration fees are in arrears, making a total of thirty-one, and from the Secretary's report you will learn that there are about twelve students in the Province, three of whom are now to appear for examination. Four other applicants, I believe, are also to appear before the incoming Board for examination. If these gentlemen are successful, you will in a few days find your ranks increased over twenty per cent.

The congested condition of the profession in Eastern Canada and the Eastern States leaves no doubt that we shall have abundance of successful applicants for license notwithstanding the high professional standard of qualification maintained by your Board during the last three years, and now to be more strictly maintained.

Some murmurings of complaint have been heard from unsuccessful applicants, but while those men were actuated by purely selfish motives, the action taken by the Board was a deliberate and well-considered action, prompted by a desire only for the safety of the people and the welfare and dignity of the profession.

In view of the fact that there were over twenty-five applicants with a view to entering the profession in the Province either as licentiates or students during the last twelve months, there is no likelihood of a scarcity of good men to receive the privileges of membership of this association.

The Treasurer's report shows the Association to be in good financial standing, the balance being on the right side of the ledger. While on the subject of finances, let me suggest that the Secretary should receive, if not a salary, at least a liberal allowance for stationery, stamps, etc. It is wrong for this association, in good financial standing, to ask the Secretary to give, in addition to his time, his paper, envelopes, stamps, etc., for the business of the Association as has been done heretofore.

From time to time I have made strenuous efforts to form a society for the giving of clinics, the reading and discussion of papers in connection with this association, but up to the present have met with very little success. Three years ago, at the last general meeting, Dr. Bush gave a very interesting clinic, but the attendance was very small and the interest manifested not as I fancied it should have been. At the present session there is some

better prospect, and I hope you will give those participating the encouragement they deserve.

The question of interprovincial registration, or better and larger, a national standard for Canada in our profession, is one to which your president has been giving some attention. A resolution regarding that matter will appear later in the evening; at present I wish to call your attention to the attitude taken by the Board of Examiners of the North-West Territories, and I quote here from Dr. Cowan's letter to me under date of April 3rd last:

"I wish to advise you of a recent amendment made to our law, and which is of interest to Manitoba. We have always required from provinces that their standard should be equal to that of the Territories—that is to say, that they shall require a second-class certificate as a matriculating standard, and shall require as a part of their regular course (we will not make exceptions in favor of individuals), at least two and a half years' preceptorship and attendance at college (the diploma of which is recognized under this law) for at least one course of lectures; the passing of examinations in *Materia Medica*, *Oral Surgery*, and *Practical Anatomy* (dissecting), to be evidence of having so attended. Now, in addition to this, the Government has recently enacted that the license shall be registered only if the Province issuing it recognize the license granted by the Territories. To make it short we will recognize your provincial certificate if you make your standard equal to ours (which is not), and recognize us.

"The intention of the Government as expressed by their Legislature is to stop this irresponsible tramping into the Territories of Manitoba and other dentists, and make a strong resident profession."

I have not yet received a copy of the amended ordinance and by-laws respecting dentistry, of the North-West Territories, though applied for, but a copy of the Ordinance issued some months before is herewith attached,* and I suggest it is for this meeting to pass such resolutions as seem to it necessary for the guidance of the incoming Board as to what action, if any, the Association would like to have said Board take in this matter. It is with regret I mention the death of two of our members since the last general meeting, Mr. Niles and Dr. Sharman, both promising young men, held in high esteem.

In closing, I have to thank you all for the moral support you have always tendered this Board and for your active support and co-operation when called upon. I wish also to express my thanks

* See page 58

and appreciation of the three resident members of the retiring Board, for more sincere and earnest workers in discharging the duties devolving upon them I have never had the pleasure of being officially associated with.

GLOVES IN DENTAL SURGERY.

By L. D. S.

In a recent issue of the *British Medical Journal* appears an article by Mr. J. Lynn Thomas, assistant surgeon to the Cardiff Infirmary, "On the Value of Gloves in Operative Work, with a note on Cleansing of the Hands," with many good suggestions applicable to dental practice. The author, in giving his experience of using gloves in aseptic operations, states that he tried those made of silk, taffeta, thread and cotton. In septic cases he uses a nonpermeable one of the rubber type, which are now for sale under the name of the patent film P. M. gloves. "Surgical operations from a glove-wearing point of view may be divided into the septic and aseptic classes. In the (1) aseptic cases, one may state that gloves are worn to prevent the possible contamination of the field of operation by the hands of the operator, his assistants and nurses; (2) in septic cases, to protect their hands from being contaminated by the field of operation."

In dentistry we have been in the habit for a long time of using either the single rubber fingers, slipped over the fingers of the left hand specially—the fingers which have to handle the field of operation in extracting teeth. But the presentation more recently of a more than usual diseased condition of the roots of teeth and foul gums, led us to adopt the common white kid glove on both hands. Dentists who care to keep their hands soft and clean, may rub mutton tallow or vaseline well into the hands, nails and fingers, and sleep with them. This very much softens the kid, and nothing can be more cleanly or comfortable than to use kids treated in the same way, where one has to finger discharging abscesses in extractions. The sense of touch is not in the least impaired: the tallow or vaseline enables the operator to enjoy a more delicate manipulation than with rubber gloves, while the precautionary advantage to the operator is at once apparent.

Proceedings of Dental Societies

INTERNATIONAL DENTAL CONGRESS.—REPORT OF TRANSPORTATION COMMITTEE.

The Sub-Committee on Transportation has completed arrangements with the well-known tourist firm of Thomas Cook & Sons, 251 Broadway, New York, so that dentists who expect to attend the Congress to be held in Paris, commencing August 8th, 1900, may secure for themselves and families steamship and railroad tickets and hotel accommodation at the minimum of expense and trouble.

In making these arrangements, the committee has taken into consideration that while some of the delegates may wish to secure only transportation from New York to Paris and back to New York, many delegates will wish to visit other parts of Europe during the summer, and they have planned the following tours to assist such in the selection of a trip that the time at their disposal and their means will suggest:

TOUR I.

A. From New York, by Red Star Line Steamer, *Friesland*, on July 18th, for Antwerp, thence rail *via* Brussels to Paris, returning same way to New York. First-class passage, providing berth at minimum rate for two-berthed room, \$157.85.

If travelling second-class from Antwerp to Paris and return, fare would be \$4.65 less.

By travelling on steamers *Kensington* or *Southwark* of same line, fare would be reduced.

B. *Via Cherburg* (North German Lloyd Service).—From New York by North German Lloyd Steamers, *Barbarosa* and *Friederich der Grosse*, sailing July 12th and 19th, respectively, for Cherburg, thence rail to Paris and return same way (twin screw service only). First-class passage, providing berth in room for two persons (minimum rate), \$177.00.

C. *Via Cherburg* (Hamburg-American Line Service).—From New York by Hamburg-American Line Steamers, *Pennsylvania* and *Pretoria*, sailing July 14th and 21st, respectively, to Cherburg, rail to Paris and return *via* Boulogne-sur-mer and Hamburg-American Steamer (twin screw service), to New York. First-class passage, providing minimum fare for berth in room

for two persons only, \$184.25. Lower fares can be obtained if occupying berth in room with two or three other occupants.

D. *Via Boulogne-sur-mer* (Holland American Line).—From New York by twin screw steamers *Potsdam*, *Statendam*, and *Rotterdam*, sailing July 7th, 14th, and 28th, respectively, to Boulogne-sur-mer, thence rail to Paris and return same way to New York. First-class passage, providing minimum fare for berth in room for two passengers, \$163.00.

If travelling second-class from Boulogne to Paris and return, fare would be \$3.80 less.

Lower fares can be made by leaving on steamer *Spaarndam*, July 19th.

Tickets can also be arranged *via* Southampton or Liverpool at proportionate fares.

TOUR 2.

To provide hotel accommodation in Paris for two weeks (fourteen days and thirteen nights), at Grand Hotel du Trocadero, carriage drives for three days, including excursion to St. Cloud and Versailles, twenty tickets of admission to Exposition and transfer to and from railway station to hotel, \$65.00.

TOUR 3.

One week's tour to Switzerland from Paris, visiting Lucerne, Interlaken, Thun, Berne, Lausanne, Lake Lemane, Geneva, including hotel accommodation, sight-seeing, etc., second class R. R., \$50.00.

TOUR 4.

One week's tour from Paris to Mayence, thence steamer on Rhine to Cologne, rail to Amsterdam, The Hague, Rotterdam, Antwerp, Brussels, Harwich, London, including second-class railway travel, first-class on steamers, hotel coupons (three meals per day, with lodging), \$42.50. Those travelling *via* Cherbourg can return by steamers of same line from Southampton and so make short tour from Continent through England in connection. There is a U. S. revenue tax of \$5.00 upon each ticket, regardless of the number of passengers in whose name it may be made out. Should any one wish to make a longer tour than any of the foregoing, or one with a different route, Messrs. Cook & Sons have such a large variety of tours already planned that there need be no difficulty in making a selection to suit the taste, means or the time at the disposal of any one.

The war in South Africa has caused the withdrawal of many of the English steamships. Passenger accommodation across

the Atlantic will be less than usual this summer, while the Paris Exposition is attracting great numbers, so that the committee wish to impress upon the delegates the great importance of securing their steamship accommodations at once.

Address all communications regarding steamships, railroads, hotels, etc., to Messrs. Thomas Cook & Sons, No. 251 Broadway, New York.

<i>Transportation Committee.</i>	}	A. W. HARLAN.
		W. E. GRISWOLD.
		W. W. WALKER.
		WILLIAM JARVIE, <i>Chairman.</i>

[We insert the above by request of Dr. Jarvie. Just now our interests and sympathies are more in South Africa than elsewhere, but we should be glad if Canada could be represented at the Congress. Canada, more than any other part of the Empire, or of the world, in fact, has historical associations with France which are present with us every day. The two races get along splendidly together, one speaking French and the other English, and we have the presumption to believe that both are a bit of an improvement upon the stock from which they came.—ED. D. J.]

"DENTAL SOCIETY OF WESTERN CANADA."

The dentists of Manitoba have at last taken a practical step toward the formation of a society. Though the matter has been agitated by some of the leading members of the profession in the Province for some time past, it was not until the general meeting of the Association, held in Winnipeg on January 9th, that it took definite shape. A good committee was appointed, consisting of Drs. Clint, Dalgleish, White, Emmons and Matheson, all of Winnipeg, to take the matter in hand, and the date was set. The date July 13th and 14th is the Friday and Saturday following the midsummer examinations, and immediately preceding Western Canada's big fair held annually in Winnipeg. This seems a happy choice, for it will not only allow the members of the profession to come from all parts of Canada at a reduced fare, but will call for their being here at the time when they will be able to see the fair and get some idea of the wonderful resources and rapid development of the West. It is to be hoped that this meeting will be borne in mind, and that every dentist from Port Arthur to Edmonton will

make an effort to be present, as the committee are sure to provide a good programme and the hospitality of the city is already widely known.

The Society has not yet been formed, nor christened, but will be at the July meeting, and the name of "Dental Society of Western Canada" is already suggested, for while all will be welcome, it is particularly intended that this Society should be made up of the members of the profession between the Great Lakes and the Rocky Mountains.

The number of applicants for license at the last meeting of the Board of Dental Examiners in Manitoba was seven. All received license, though in one instance the license was withheld till March 1st.

The Board of Directors and Examiners elected by the Dental Association of Manitoba at its last general meeting held in Winnipeg on January 9th, was as follows: President, Dr. R. H. Robertson, Portage la Prairie; Secretary, Dr. G. F. Bush, Winnipeg; Registrar, Dr. S. W. McInnis, Brandon; Treasurer, Dr. G. J. Clint, Winnipeg; also Dr. Matheson, Winnipeg. The term of office is three years.

COMMENCEMENT EXERCISES OF THE ROYAL COLLEGE OF DENTAL SURGEONS.

The annual convocation and commencement exercises of the Royal College of Dental Surgeons for the presentation of degrees and licentiate certificates will be held in the Young Women's Christian Guild Hall, on April 27th. The doctorate address is to be delivered by Dr. C. N. Johnston of Chicago. Members of the profession desiring to attend may have invitations sent them by applying to the secretary of the faculty,

DR. HAROLD CLARK,
45 King St. W., Toronto.

VERMONT STATE DENTAL SOCIETY.

The twenty-fourth annual meeting of the Vermont State Dental Society will be held at St. Johnsbury, March 21-23, 1900. A cordial invitation is extended to all.

Rutland, Vt.

THOMAS MOUND,
Rec. Secretary,

Abstracts

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

IMPROPER METHODS OF FILLING AS A CAUSE OF PYORRHEA ALVEOLARIS.—Three quarters of the cases, I believe, come from improper methods of filling teeth, without observing the contour of the tooth as it originally was, and leaving faulty approximal spaces into which food can be crowded. Malocclusion is also a very powerful cause, and it is my invariable practice, after having thoroughly cleansed the teeth, to take impressions of the mouth and study the articulation. Ninety per cent. of these cases can be cured by looking to these details. After thoroughly cleansing the teeth and taking your impressions, leave the pockets alone. There is nothing so sure to keep up the trouble as frequently poking instruments into these places.—W. G. A. BONWILL, in *Dental Clippings*.

REMOVAL OF PORCELAIN CROWN SET WITH GUTTA-PERCHA.—When for any reason it becomes necessary to remove a crown that has been set with gutta-percha, heat the crown, using a miniature alcohol lamp, made by passing a cotton string through a medicine-dropper, cutting it off even with the tapering end. With a few drops of alcohol you have a flame about the size of a pin's head.—R. EUGENE PAYNE, in *Items*.

HEMORRHAGE AFTER PULP EXTRACTION.—Dr. Hungerford, in *Western Dental Journal*, advises the use of Pond's Extract, pumped into the canal to check hemorrhage after extraction of pulp. After one or two pledgets of cotton have been inserted the bleeding is stopped, and the canal may be dried with absolute alcohol and hot air blast, and filled immediately.

GOLD CAPS FOR BROKEN DOWN, DECIDUOUS TEETH.—It is good practice to place short gold caps—mere caps—over broken down, deciduous molars or even incisors. They can be made to serve a good purpose in mastication for the few years these teeth remain.—DR. A. H. THOMPSON, in *Welch's Magazine*.

KEEP a cake of calcined magnesia in the cabinet, and when the last disc of cuttlefish is used, touch it to the cake and give a brilliant polish to the filling.—*Dental Hints*.

Selections

OCULAR DISTURBANCES AS THE RESULT OF DISEASES OF THE TEETH.*

BY L. L. DAVIS, D.D.S., CHICAGO, ILL.

The selection of the above topic for discussion by this society was prompted by the startling assertion of a well-known oculist in this city that "the dental profession needed education in this direction." Knowing this society to be a representative one of the dental profession, I am glad to be able to bring before it a subject which, while not entirely new, yet is one of interest and requiring investigation. In this day of specialties, the great aim of the practitioner in any particular branch of medicine is thorough investigation of all causes likely to affect the organ he treats, and, therefore, if it is possible to elucidate any important data upon the subject of this paper by creating an interest in and bringing about careful observations along this line by the dental profession the writer will feel that he has accomplished his purpose.

In order to more clearly outline the connection between the teeth and the eyes it is necessary to briefly run over the anatomy of the parts, and in doing this we find that the fifth or trifacial nerve supplies sensation to both teeth and eye through its three great divisions. The first, the ophthalmic, sensory in function and supplying eyeball and lachrymal gland, mucous membrane of nose and eyelids. Second, superior maxillary nerve the orbital or temporo-malar branch starting at a point directly above the posterior dental branch. The temporal connects with the lachrymal branch of the first division of the fifth, and then passes on and through the temporal canal to the integument. The superior maxillary also supplies the side of the nose and the upper lip, the lining membrane of nose, antrum of Highmore and posterior ethmoidal cells, all these parts being in close relation with the sympathetic ganglion.

From the third division of the fifth or inferior maxillary nerve small twigs are given off which connect with branches of the second division; thus we have a union of all parts of the three great divisions through its terminal filaments as well as by their common origin, the Gasserian ganglion. It is therefore reasonable to presume that any continued excitability of one part may result in sympathetic disturbance of the other parts; but as diseases of the

* Read before the Odontological Society of Chicago, October, 1899.

eye demand immediate attention, reflexes to the teeth are not of so common origin from this source as from the nose and teeth to the eye. Ocular disturbances often arise from nasal trouble, and the ophthalmologist who omits a careful inspection of this organ may fail to give his patient the desired relief.

Kirke's "Hand-book of Physiology" says in relation to muscular movements, "the branches of the ganglionic portion of the fifth exercise great influence on movement of parts to which it is distributive. It is probably for conferring this sensibility on the muscles that the branches of the fifth nerve communicate so frequently with those of the facial and hypoglossal, and the nerves and muscles of the eye. These have an intimate connection with muscular movements through the many reflex acts of muscles of which it is the necessary excitant, hence, when divided and can no longer convey impressions to the nervous centres, to be thence reflected, the irritation of the conjunctiva produces no closure of the eye.

"When the trunk of the ophthalmic portion is divided, the pupil becomes, according to Valentin, contracted in men and rabbits, and dilated in cats and dogs, but in all cases becomes immovable even under all the varieties of the stimulus of light. How the fifth nerve thus affects the iris is unexplained; the same effects are produced by destruction of the superior cervical ganglion of the sympathetic, so that possibly they are due to the injury of those filaments of the sympathetic, which, after joining the trunk of the fifth, at and beyond the Gasserian ganglion, proceed with the branches of its ophthalmic division to the iris; or, as has been ingeniously suggested, the influence of the fifth nerve on the movements of the iris may be ascribed to the affection of vision in consequence of the disturbed circulation or nutrition in the retina, when the normal influence of the fifth nerve and ciliary ganglion is disturbed. In such disturbance, increased circulation, making the retina more irritable, might induce extreme contraction of the iris; or, under moderate stimulus of light, producing partial blindness, might induce dilatation, but it does not appear why, if this be the true explanation, the iris should in either case be immovable and unaffected by the various degrees of light."

The literature on this subject is very meagre, only slight reference being made to reflex lesions, etc., and in some works absolutely no mention whatever. A careful review of the work of St. John Roosa, on diseases of the eye, fails to discover a single reference to the subject.

Swanzy, on diseases of the eye, mentions the teeth in a paragraph on the subject of orbital cellulitis or inflammation of the connective tissue of the orbit, diseased teeth being mentioned as one of the causes.

De Schweinitz, a recent work on diseases of the eye, has no reference to the teeth. He, however, remarks that periostitis as the result of syphilis, is an important factor in diseases of the eye.

Noyes' book on diseases of the eye mentions teeth only as indicative of syphilis by their formation, but nothing is said of effect on the eye.

Gould's "American Year-book of Medicine and Surgery for 1899" shows no record on this subject.

Reference to the "Index Medicus" for several years past fails to show that any article has been written on this subject.

Knies' work on the eye in general diseases is productive of the greatest amount of information; one whole page being devoted to records of cases where the teeth had shown marked evidence of effect on the optic. All of these cases are recorded by foreign writers, and some of them are so remarkable as to require an interrogation point after them. He says, "Nearly everything that happens between the ages of one and seven years is attributed—and not by the laity alone—to teething."

"Conjunctivites and phlyctenulæ are said to result from teething, but the former are so frequent that this relationship is very uncertain. During the teething period disturbances of function can only be recognized when they are very marked, and for this reason are undoubtedly overlooked in the majority of cases.

Among the many forms of ocular affections ascribed to toothache in adults, are keratitis, iritis, phlyctenulæ, glaucoma, intra-ocular tumor, paralysis, asthenopia, supraorbital neuralgia and exophthalmus; restriction of accommodation is mentioned with special frequency. Schmidt found it seventy-three times in ninety-two cases, either bilateral or unilateral (in the latter event, only on the side of the toothache); it was most frequent in youth. He believed it due to reflex increase of pressure in the eye, but Knies argues that limitation of accommodation during toothache results from lack of vigorous innervation on account of distressing pain.

On the other hand, spasm of accommodation has been observed as a nervous symptom in toothache, and disappears immediately after the removal of a painful tooth.

Gosselin makes a similar statement concerning supraorbital neuralgia. Amblyopia and amaurosis as the result of disease of the teeth have been reported in the records of ophthalmology, by Lardier, Gill, Metras, Keyser and Samelsohn.

"The reverse is also true according to cases cited by Dimmer and Sewill, development of cataract having been observed as the result of tooth extraction."

Neuschueler reports the cure of toothache by means of glasses. Knies says "That pain in the upper teeth, on the same side, is a frequent symptom of the so-called ciliary pains of keratitis, but

particularly of iritis. A neuralgic toothache may be the prodromal sign of glaucoma."

Observations by the essayist have not proved of much value, as but two cases have been of a sufficiently marked character to attract attention.

In one case, male, between forty-five and fifty years of age, a considerable interference with the powers of accommodation extending over a period of two years. Under advice of oculist his glasses were changed several times. Several of the teeth in superior maxillary were in a diseased condition, one especially as the result of pyorrhea alveolaris. This tooth, the left central incisor, was retained by ligatures, and treated for six months, but without beneficial result, so was extracted and a bridge inserted. The eye trouble passed away within two weeks after the extraction, and up to the present has shown no signs of recurrence.

The other case was that of a female, about forty-seven years old, who after the insertion of a bridge extending from the first molar to cuspid tooth on left inferior maxillary. Some months after the bridge-work was inserted, the patient was referred to me for relief from pain at point of root of cuspid. Finding it necessary to remove bridge and treat root, I did so, and the patient then explained that ever since the work had been done she had suffered with her eyes, and that the removal of the bridge had given relief.

With higher education and civilization there seems to come a corresponding weakening of many organs of the body, more especially those of the eye and teeth; and the recent investigations of the sight of children attending the public schools of this city, show the need of such examinations of important departments of the human economy at an early period in life, if the body is to keep pace with the brain in future generations.

Hyperopia, myopia and astigmatism are prevalent to an alarming extent among the children of to-day, if statistics prove anything, and the close relation of the dental organs to the perfect function of nearly all the other organs of the body, suggest that the impairment of the teeth may be a factor in producing some of the ocular disturbances. Certain it is that an impaired digestive function, at a period before the eruption of the teeth, will result in defective development of the entire body of the child, and should the child live long enough to complete dentition, one of its first needs is the care of the teeth. Should the teeth be neglected, impaired digestion is one of the first results of such inattention, to say nothing of the more serious troubles liable to arise by the admission of disease germs, tubercular and otherwise, through the defective organs of mastication.

Carrying the argument to its climax, it is reasonable to presume that the suggestion made previously must become an assertion of

some force, viz., the impairment of the teeth is a factor in producing ocular disturbance.

Aside from these cases, I have nothing more to add at this time except a plea that as the subject needs investigating, some attention may be given it in your daily practice.—*The Dental Review*.

MUMMIFICATION OF PULPS.*

BY R. C. GEBHARDT, D.D.S., BLACK RIVER FALLS, WIS.

My attempts in the line of mummification of pulps have in the majority of cases been failures. I do not know whether it was the fault of the method pursued or whether it was a natural sequence. In the *Cosmos* of 1895, Dr. Soderberg gives his method of procedure, and it was this that I pursued. In substance it is as follows: The pulp is devitalized, using equal parts of arsenic, cocain, alum and glycerol, q. s. to make paste. When devitalized, the main pulp chamber is opened up and its dead contents are drilled out, leaving that part of pulp in root canals untouched. Then fill pulp chamber with the paste, pricking the paste into remains of pulp in the canals, although this last is not necessary. Then seal with cement and over this insert the permanent filling. The mummifying paste is composed of the following:

Dried alum	I ounce.
Thymol	I “
Glycerol	I “
Zinc oxid q. s. to make stiff paste.	

In December, 1895, I commenced to experiment with this method, thinking what a boon to suffering humanity it would be, and also what a load would be lifted from the shoulders of the dental profession in the time saved, and the relief from the nervous strain incident to the removal of obscure pulps. I doubt if I ever treated and filled the roots of a tooth by the old method but what I dismissed the patient for the time being with fear that I should see him return with a swollen face or perhaps worse. Of the thirty-five or more cases treated with the mummification

* Read before the Wisconsin State Dental Society, at Madison, July, 1899.

process during three years a few returned to me inside of six months.

One peculiarity noticed in those that returned was the seeming disintegration of the cement, a bulging out as it were, and it seemed as if there was expansion to such an extent as to throw out the filling or fracture the walls of the cavity. In opening up several of these after being treated by the mummification process I found the pulps white, very tough, and they appeared desiccated and shriveled, and bathed in moisture. In several others extracted on account of soreness I found pulp in two of the canals perfectly dry, very tough and of whitish color; in the third canal, which no doubt caused the trouble, found remains of pulp surrounded with moisture, but tough and white. One case which I frequently see has often slight soreness.

When examining these cases, I concluded that to mummify a pulp thoroughly, so as to give no trouble afterwards, we must have some remedy that will not shrink the pulp or shrivel it to such an extent that there will be a space between it and the walls of the canal. Otherwise secretions of some kind will find their way into the canals and sooner or later give trouble.

Another reason why I feared to continue the mummification was that after applying the paste the pulp remnants were shriveled or drawn from the apex of the root, thereby leaving an opening at apex through which moisture found an entrance. If the apex could be tightly sealed or encysted at the very beginning, before the drawing away of pulp, we might avoid this.

Thymol, which is relied upon as the principal antiseptic, is slow in action, and whether a pulp would remain sterile indefinitely under its antiseptic action is doubtful.

Dr. Soderberg mentions alum as one of the properties of an ideal mummification agent, an ingredient that will quickly cause mummification by drying or shrivelling of the pulp tissues. In that alone we can look for future trouble. The pulp, being shriveled, will naturally draw away from the walls of the root-canals and secretions will eventually fill this space, and it is doubtful if thymol will indefinitely keep this moisture in an antiseptic condition. Furthermore, the majority of cements are not impervious to moisture, and in several of the cases opened up the cement looked as though it were disintegrated, perhaps by action of the mummification paste. Although I have about twenty cases in which the mummification has been a success, if after three years one can call the treatment a success, I feel that with fifty per cent. of the cases a failure it does not warrant a continuance of this method of treating teeth.

Discussion. *Dr. J. H. Woolley*, Chicago: I have never mummified pulps, because I think the treatment unscientific. In root-filling, the canal should be thoroughly aseptic, absolutely dry, and the filling should fill the canal throughout the entire length, and should not disintegrate. Mummification meets none of these requirements. I had one case where the pulp had been mummified and it was necessary to treat the tooth for nine months before it was serviceable. In speaking of pulps and fillings I wish to emphasize the necessity for proper occlusion of filled teeth. Many scientific operations fail through poor articulation, and I have found cases where the pulps died from malocclusion.

Dr. W. H. Cudworth, Milwaukee: I took up this practice about the same time *Dr. Gebhardt* did, soon after reading the article in the *Cosmos*. From about 150 mummified pulps I had more trouble than with all the pulps otherwise treated in eighteen years' practice. It is impossible to successfully treat such teeth when ulceration occurs.

Dr. F. L. Barney, Viroqua: My experience has been that if much of the pulp is left in position the tooth must be treated afterwards, but when the most of it is removed the balance can be successfully mummified.—*The Dental Digest*.

SURGICAL CLEANLINESS.*

BY W. A. KNOWLES, M.D., D.D.S.

In the practice of dental surgery there is not commonly so much danger or liability of serious ensuing consequences as in general surgery, and yet the mouth is liable and often is infected in a mild way by dental operators. It is a source of wonderment that infection of a more serious character does not more often occur when one considers the lack of precaution upon the part of many operators.

Extracting instruments are not always kept as scrupulously clean as they should be, and it is a very common experience that the rubber dam clamps are frequently in decidedly bad condition. The mouth pieces of the saliva ejectors often carry infection from mouth to mouth, especially what are known as "cold sores."

* Read before the San Francisco Dental Association, October, 1899.

Once used in an infected case the mouth piece, if improperly cleansed, can transmit to many.

Syphilis is communicable, and in numerous instances has been carried from mouth to mouth.

One cannot exert too much care in attending to instruments used in dentistry, and especially and doubly careful must he be in any case where the least suspicion exists as to specific trouble.

Upon more than one occasion has specific disease and cancer been diagnosed by dentists, from the appearance of the mouth or associate parts, before the patient had any knowledge of the presence of the disease.

Many small practical points may be mentioned which will prove of assistance in securing better sanitary conditions of the mouth during dental operations.

Previous to any operation about the oral cavity where blood is liable to be shed, the mouth should be thoroughly rinsed with an antiseptic solution, and especially is this true of opening abscesses and extracting teeth.

Rubber dam clamps should be carefully cleansed and sterilized immediately after removal from the teeth, and the secretions should not be allowed to dry upon them. Scaling instruments and lances should receive the same prompt and careful attention.

Burrs, when used in the saliva previous to placing the rubber dam, should not be allowed to retain the dried saliva and mucus, but should be antiseptically cleaned, and especial care should be taken when the teeth operated upon are dead, and contain septic matter.

The mouth pieces of saliva ejectors when not in use should be kept soaking in a strong solution of some disinfectant, such as sulphuric acid (if glass) or boracic or carbolic acids.

If fountain spittoons are not employed, then the reservoirs of both ejectors and spittoons should be daily disinfected by means of a strong solution of permanganate of potash.

Many instruments can be best cleansed by washing them in tepid water, which will remove some deposits which might otherwise be coagulated upon the application of certain disinfectants, and dry heat is a good sterilizer when the temper of the instruments will not be affected by its employment.

Little pads of bibulous paper should be placed under the rubber dam spreaders, thus preventing them coming in contact with the patient's skin, and accomplishing two purposes—freedom from liability to transmit skin diseases, and the prevention of those disfiguring little wrinkles which the metal of the spreaders

often produces, and which is especially objectionable to lady patients.

Patients should be advised to make frequent and copious use of mouth disinfectants, for it is easily susceptible of proof that in a surprisingly great percentage of cases the tooth brush will propagate colonies of germs if placed in proper media.

The operating rooms should be large, light and airy—not mere cubby-holes, and the curtains should be arranged so as to admit the light, and the windows and ventilators the sunshine and air, which are Nature's potent sterilizing agents.—*Pacific Medico-Dental Gazette*.

NECESSITY FOR REMOVAL OF TARTAR.

BY F. B. SPOONER, D.D.S., BROOKLYN.

In the various journals I notice methods multiplying for treating disease of the teeth, but there is little said of prevention. Papers are read in which we see—"First apply the rubber-dam," but never "First remove all calculi from the teeth." Yet it would seem excellent advice to facilitate the application of the dam, if for no other reason. We read volumes on gold filling, the primary object being to get smoothness, all overhanging edges avoided. Then why not remove all tartar from teeth not decayed, as this deposit is all roughness?

Nothing is more important than that the teeth be kept free from the deposit. In fact we know that tartar is more hurtful than caries, for we see that there are teeth, especially in the aged, so dense as to resist all attacks of caries, yet they finally succumb to tartar. In time a germicide may be found that will prevent caries, but nothing will be discovered to defeat tartar, unless we can stop the normal action of the glands. Tartar will be always with us. It has been found on prehistoric remains and will be with the coming man when crown and bridgework have passed with an age so ignorant as to lose their teeth.

Salivary calculus must be fought as a most dreaded evil. It clings to and lodges between the teeth, favoring decay by impeding the dislodgement of the food through normal action of tongue and saliva. It penetrates under the gum, causing recession and rendering them sensitive to heat and cold.

Scaling is given too little attention in daily practice. I judge the reason is that "cleaning" is the word applied to the opera-

tion, a small word for a large thing. This is the fault of the dentist for countenancing such an appellation. We would not speak of "cleaning" out a bullet, or of "cleaning" out a spur from the nose septum; yet to reach down, and by delicacy of touch detect the scale in the gingiva, requires as much skill and certainly takes more time.

I often have patients ask, "What shall we do to preserve the teeth?" My answer is, "Have them *scaled* at regular intervals, and then *clean* them yourself with a brush." No brush will remove tartar; except to a limited extent it will never go between the teeth. Where calculus is under the gum, use of the brush is a positive injury, as the sharp edges of the tartar wound and bleeding takes place. This condition is easily recognized; the red and swollen gums show plainly to the experienced eye what is beneath. If a scaler be passed under the gum the lime deposit comes away like breaking glass. Nothing shows such magical change as that which takes place when this tartar is removed. But what a frail thing is a brush to remove this tenacious substance that takes steel and strength.

There is another charge to be laid to tartar—it is porous and becomes impregnated with decomposing matter. Though no decay be in the teeth, it is a rank offence, tainting the breath with the odor of putrefaction. No brush can remove it and no mouth-wash disguise, except for a time. How many know this when they use brush and floss-silk, thinking they have complied with all the rules of cleanliness?

How many women know the reason or wonder at the omission of the good-by kiss in the morning? How often is an offence charged to tobacco when it is mostly tartar? How many good, estimable people know what a trial they are to those with whom they come in contact? Is it not our duty to tell them of it, for we have the privilege of doing so without offence, and it is therefore a responsibility. We can say what others cannot to their dearest friends, and by so doing we can benefit the individual and society. It seems our duty to tell them that brushes, floss-silk, or antiseptic washes are only gentle means, while the evil must be attacked at its source. The tartar scaled by steel and strength at regular intervals (according to disposition of individual) is the only radical cure.—*The Dental Digest*.

Legislation

CHAPTER 53.

An Ordinance respecting Dentistry.

The Lieutenant-Governor, by and with the advice and consent of the Legislative Assembly of the Territories, enacts as follows:

SHORT TITLE.

Short title. 1. This Ordinance may be cited as "*The Dentistry Ordinance.*" No. 41 of 1897, s. 1.

THE DENTAL ASSOCIATION.

Dental Association constituted.

The members of the Dental Association of the North-West Territories formed under the provisions of Ordinance No. 6 of 1892, and such other persons as hereafter from time to time are registered and certificated under the provisions of this Ordinance, shall constitute an Association to be known as "The Dental Association of the Territories," and the said association shall be deemed a body politic and corporate and shall have perpetual succession and a common seal with power to sue or to be sued and acquire, hold and dispose of chattel property and real estate for the purposes of this Ordinance. No. 41 of 1897, s. 2.

ANNUAL MEETING. OFFICERS OF ASSOCIATION.

Annual meeting.

3. A meeting of the association shall be held on the first Tuesday in April in each year at such hour and place as the officers of the association hereinafter mentioned may appoint, at which meeting not less than three members of the association shall constitute a quorum and the members present at such meeting shall appoint officers consisting of a president, vice-president and secretary-treasurer, who shall hold office until the next annual meeting of the association or until others are appointed in their stead.

Appointment of officers.

Officers pending holding of meeting.

(2) Until the said meeting is held and their successors are appointed the president, vice-president and secretary-treasurer of the Dental Association of the North-

West Territories are hereby declared to be the officers of the association hereby created with all the powers conferred upon such officers by this Ordinance. No. 41 of 1897, s. 3.

REGISTRATION OF DENTISTS. STUDENTS.

4. The association shall cause to be kept by the secretary-treasurer a book or register in which shall be entered the name of every person registered according to the provisions of this Ordinance, and from time to time the names of all persons who have complied with the enactments hereinafter contained and with the rules and regulations made or to be made by the said association respecting the qualifications to be required from dental practitioners in the Territories and those persons only whose names are inscribed in the book or register above mentioned shall be deemed to be properly qualified and licensed to practise dentistry or dental surgery in the Territories except as hereinafter provided and such book or register shall at all times be open and subject to inspection by any person.

Registration
of dentists.

(2) All dentists certificated under the provisions of Ordinance No. 6 of 1892 shall be deemed to be registered according to the provisions of this Ordinance. No. 41 of 1897, s. 4.

Previously
certificated
dentists.

5. It shall be the duty of the secretary-treasurer to keep his register correct in accordance with the provisions of this Ordinance and the rules, orders and regulations of the association and he shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Ordinance and the said secretary-treasurer shall perform such other duties as may be imposed upon him by the association. No. 41 of 1897, s. 5.

Duties of
secretary-
treasurer.

6. The secretary-treasurer shall admit upon the register:

Persons to
be admitted
on register.

- (a) Any person who at the time of the passing of Ordinance No. 41 of 1897 was and had been for the twelve months next preceding actively engaged within the Territories in the practice of the profession of dentistry or dental surgery

- and who verifies by statutory declaration that he had been so actively engaged as aforesaid;
- (b) Any person possessing a diploma of graduation in dental surgery from the faculty of any Canadian dental college or the faculty of any Canadian university having a special dental department or from any such institution duly authorized by the laws of Great Britain or any of her dependencies;
 - (c) Any person possessing a license to practise dental surgery issued by any of the provinces of the Dominion of Canada exercising similar powers as conferred by this Ordinance and in which the standing for qualification is equal to that of the Territories;
 - (d) Any person possessing a diploma from a foreign dental institution which required at the time of issue of such diploma attendance at a regular course of lectures and practice for a period of not less than two and one-half years;
 - (e) Any person receiving a recommendation from the board of dental examiners for the Territories;

and it shall be the duty of the person claiming to be entitled to be registered to produce to the secretary-treasurer evidence satisfactory to him that he is entitled thereto. No. 41 of 1897, s. 6; No. 40 of 1898, s. 16.

Articles of students.

7. Articles entered into after the coming into force of this Ordinance binding any person to serve as a student of dentistry to a dental practitioner in the Territories shall be in duplicate and one copy shall be filed with the secretary-treasurer; and unless so filed within six months from the date thereof shall be reckoned to commence on the date of the production for filing. No. 41 of 1897, s. 7.

Fees.

8. Any person whose name is admitted upon the register shall pay a fee of \$25 if he is admitted under the provisions of clauses (b), (c) or (d) of section 6 of this Ordinance and a fee of \$10 if he is admitted under the provisions of clause (e) of the said section; and upon

being registered and the payment of the proper fee he shall be entitled to receive a certificate to that effect under the corporate seal of the association and signed by the secretary-treasurer and shall be entitled to receive a similar certificate annually upon payment of a fee to be determined by the association, such fee to be payable on the first day of January in each year. No. 41 of 1897, s. 8.

9. The officers of the association shall be a board of examiners whose duty it shall be to prepare papers and examine students in dentistry and grant, to such as are worthy, recommendations for registration. No. 41 of 1897, s. 9. Board of examiners.

10. Recommendations for registration shall only be granted by the board of dental examiners to students of dentistry in the Territories— Recommendation for registration of students.

- (a) Who are over twenty-one years of age.
- (b) Who produce evidence of scholarship equal to that required to pass the Public School Leaving Examination;
- (c) Who have articed themselves to and served an apprenticeship of two and one-half years with a dental practitioner who is registered as such under this Ordinance or under the laws of any province of Canada and is practising within the Territories or such province;
- (d) Who have passed the examination prescribed by the board of examiners.

(2) The provisions of clause (b) of this section shall not apply to any student articed prior to the 15th day of December, 1897. No. 41 of 1897, s. 10; No. 40 of 1898, s. 16.

PRACTISING WITHOUT REGISTRATION.

11. Any person not in possession of a valid certificate as aforesaid who practises dentistry or dental surgery (except the extraction of teeth) shall be guilty of an offence and upon summary conviction thereof shall be liable to a penalty not exceeding \$100 and in default of payment forthwith after conviction to imprisonment for Penalty practising without being registered

any term not exceeding one month. No. 41 of 1897, s. 11.

Unregistered
practitioner
cannot
recover fees.

12. No person who is not registered as required by this Ordinance shall recover in any court of law any fees or money for services rendered or materials provided by him in the practice of dentistry or dental surgery. No. 41 of 1897, s. 12.

Secretary-
treasurer to
make return
to Territorial
secretary
when
required.

13. The secretary-treasurer whenever required by the Lieutenant-Governor shall transmit to the territorial secretary a return certified under oath setting forth all such information and particulars relating to the association as may from time to time be required. No. 41 of 1897, s. 13.

MEDICAL PRACTITIONERS.

Ordinance
not to apply
to prac-
titioners of
medicine or
surgery.

14. The provisions of this Ordinance shall not apply to any registered practitioner of medicine or surgery in the Territories. No. 41 of 1897, s. 14.

JUDGMENT RENDERED BY HIS HONOR JUSTICE CHAMPAGNE, JANUARY 10TH, 1900. CIRCUIT COURT.

THE DENTAL ASSOCIATION OF THE PROVINCE OF QUEBEC,

Plaintiff,

vs.

ERNEST PAQUETTE, Book-keeper, of Montreal,

Defendant.

Considering that Plaintiff alleges:

1.—That Defendant is not and never was physician and surgeon in this province;

2.—That he has not and never had a dentist's license legally granted by the Board of Examiners of the Dental Association of the Province of Quebec, and that he is not and has never been registered as member of said Dental Association;

3.—That on or about the 22nd March last (1899), Defendant has registered at the *Tutelle Office* and Registry Office a declaration that he intends carrying on business alone in Montreal,

under the name and style of "Institut Dentaire Franco-Americain;"

4.—That since April last, Defendant has placed on the wall of his establishment the sign "Institut Dentaire Franco-Americain," at three different places, and in the windows, at two different places, in large characters, the sign: "Dentiste;"

5.—That the aforesaid registered declaration of Defendant and the signs referred to above are of such nature as to impress the public that Defendant is duly authorized to practise as a dentist; and said declaration has been filed by Defendant, who maintains such signs and inscriptions in order to make the public believe that he is duly authorized to practise as a dentist;

6.—That since that date, Defendant advertises constantly in *La Presse*, *La Patrie*, and *The Star*, of Montreal, under the name of "Institut Dentaire Franco-Americain," setting forth in these advertisements that he makes sets of teeth and all the operations of dentistry, and these advertisements are of such a nature as to make the public believe that Defendant is duly authorized to practise as a dentist;

7.—That since that date (15th April, 1899), the Defendant uses the titles "Institut Dentaire Franco-Americain" and "Dentiste," in his windows and on his office paper and business cards, and such titles are of such a nature as to make the public believe, and in fact make him believe, that he has obtained a diploma or degree granted by a Dental College, and he uses such titles toward that end;

8.—That the Defendant uses these signs, titles and advertisements with the intent of making the public believe that he has obtained a diploma or degree of some kind from a Dental College and that he is duly authorized to practise as a dentist;

9.—That said signs, titles and advertisements are contrary to law and that Defendant has incurred a penalty of \$25.00 at least, and not exceeding \$100.00; Plaintiff prays that Defendant be sentenced to pay the minimum \$25.00 and costs.

The Defendant, in his answer, admits allegations 1, 2, 3, 4, of the above declaration and denies the rest, adding that the present action is vexatious, and prays for dismissal of same and costs.

At the hearing, Plaintiff filed a considerable number of advertisements that Defendant admitted he has published in the newspapers.

Defendant, when heard as witness, said he was not a dentist, that he had not advertised himself as such, that he was but the book-keeper, and that he employed licensed and well-qualified

dentists, who alone made the work of dentistry, that he paid his employees himself and that the revenues belonged to him.

The Court, after hearing the parties, examining the proof, and on the whole maturely deliberated:

Considering that the present action has been taken in virtue of Article 4065 of the Revised Statutes of Quebec, parag. 3, that reads as follows:

“Falsely pretends that he is registered as a dentist, or that he is the holder of a license granted by virtue of the law, or who makes use falsely of a name, title or quality, or places before or after his name letters or signs of a description to induce the belief that he is duly authorized to practise as a dentist, or who makes use of a title of such a style as to induce the belief that he has obtained any diploma or degree from any college of dentistry, or who makes use of any sign, title or indication whatsoever, so as to induce the belief that he has obtained the aforesaid degree or diploma.”

Considering that by admitting paragraphs 1, 2, 3, and 4 of Plaintiff's declaration, the Defendant admits that he has registered himself as carrying on business alone under the name of “Institut Dentaire Franco-Americain,” that he has an establishment on St. Denis Street, in Montreal, on the front of which he has inscribed on the wall the words “Institut Dentaire Franco-Americain,” at three different places, and in the windows, at two different places the word “Dentiste,” and that he admits also that he is not a licensed physician or surgeon, and that he is not registered as a member of the Dental Association;

Considering that by these registered declarations he has made it known to the public that he keeps alone the establishment on the front of which he has inscribed the word “Dentiste,” and that he has assumed a title that does not belong to him and is of such a nature as to make the public believe that he is duly authorized to practise as a dentist, and this, contrary to the statute;

Considering that by these signs, titles and advertisements, the Defendant intentionally gives to understand that he is duly authorized to practise as a dentist and that he has infringed Article 4065, parag. 3, of the Revised Statutes of Quebec;

Considering that Plaintiff has established the essential allegations of declaration;

The Court condemns said Defendant to pay Plaintiff the sum of \$25.00 and costs, according to the conclusions of the declaration.

Correspondence

FROM A DRUMMER.

To the Editor of DOMINION DENTAL JOURNAL :

SIR,—My business as a traveller takes me over the entire Dominion, more especially in Ontario and Quebec, and though it might be to my interest if every hundredth man was a purchaser of dental goods, I feel it due to give you my experience. There can be too many dentists, as too much of any good thing.

All over the country I hear of and see the congested condition of every profession, and what is worse, I have observed during the past few years a poorer class entering the professions. I mean a class of men who look upon medicine, law and dentistry as short-cuts to money-making, and I have learned that with scarce an exception these acknowledged that they were deceived as to the prospects of a good living, and feel that they made a mistake. But once a man has spent the time and money to get his license, he is bound to get the cost of it back just as soon as possible. He looks around, and he sees that the quacks and the cheap advertisers are by no means the worst in underhand methods of getting business. My own experience is that the very worst are the hypocrites, who are sly enough to hold their tongues, and be very modest and humble-looking, and who do and get done for them meaner things among the churches, societies, etc., than the sensational advertiser can be accused of. When I was down in Ottawa, I had proof given me there of the mean way in which a non-resident lady endeavored to bring to the notice of the Governor-General and his wife the existence of one of her proteges as a dentist, and it was a repetition of what she had done with their predecessors. I think the open, sensational advertiser far more honorable than these sneaks.

I have been on the road half my life-time, and I see these changes with regret. There was little or none of this thing in the past. In fact, my opinion is that your profession has become unprofessional, and I attribute it just as much, if not more, to the "sly-boots" on the one hand, who use all sorts of social dodges to boom themselves, and to many who keep away from the meetings, more than to the quack. These things undoubtedly occur because dentistry is overcrowded. I know it is just the same in other professions. That does not alter the facts, and no

one so well as the dealer and the traveller knows it, because our books show it. I know a man who doesn't believe that the earth is round, and he thinks all people who think it is round are fools. He is not a fool himself by any means, and he is honest in his belief, but he is one of those very superior people who when they make an assertion do not think it necessary to trouble themselves to verify it. All your troubles—not one, but every one—in Ontario and Quebec can be directly traced to the fact that there are too many dentists for the demands of the public, and that the public have got now the firm belief that dentistry is a trade, and that the public benefactors in the profession are the dentists who do cheap work. You may make what use you like of this.

Yours truly,

P.S.—I enclose my card.

A DENTAL DRUMMER.

[We publish this letter as sent us. The writer has had wide experience, and his opinions are at least worth heeding. Our readers can take them as they like them.—ED. D. D. J.]

Dominion Dental Journal

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DENTAL PRACTICE BY COMPANIES.

One of the subterfuges to which unethical and impecunious licentiates have resorted, both in Great Britain and Canada, is to induce business men to invest in the organization of a "company" which the unlicensed investors control, hiring the poor devils of dentists under cover of their license, like barbers, at a paltry salary per week, or on commission. A bill has been introduced by the Lord Chancellor into the House of Lords in England, to prohibit the business or profession of physician, dentist or midwife being carried on by such companies, and the Courts of Quebec Province recently gave a decision making such practice illegal, and compelling the investor, who, by the way, was a butcher by trade, to cancel his arrangement.

Judge Choquet rendered a judgment against a Montreal den-

tist who was suspended by the Association for practising, and a fine was imposed. In a similar case a writ of *certiorari* was served on the Judge, and the case carried to the Superior Court. In the meantime, the unfortunate licentiate was sold out by a bailiff, a matter which, however, did not disturb his circulation, as he is accustomed to such little diversions.

The rush into dentistry has developed all sorts of commercial artifices among a certain class of men, to whom moral suasion is a farce. When these parties find themselves possessed of a license, they regard it with no more respect than the laborer who finds himself in possession of a pick-axe. A convicted burglar said that he had utterly failed to make an honest living in trade, and that nature had evidently designed him for a burglar. Yet he was more honest than the young licentiates who hire out their license to speculators, because they had not the decency to attempt the effort of making an honest living."

PROFESSIONAL UNITY IN BRITISH AMERICA.

The important announcement we promised in the last issue is as follows: In course of time it may be possible to carry out the question of Provincial Reciprocity, as referred to by Dr. Frank Woodbury, of Nova Scotia, and Dr. McInnis, of Manitoba. Whether or not, it seems important that our interests as a profession should be identified as closely as possible. With the national inspiration of "Imperial Unity" just now in full force, some of the enthusiasm may be given to the unity of our profession. With this end in view, and we may again urge, with the object of a Dominion Dental Society in view, we have induced representatives in each of the provinces to accept editorial association on this journal, while we felt that Newfoundland, belonging as it does to "British America," and some day we trust to the Confederation, should not be left out in the cold. Brother Jonathan, too, holds out the fraternal hand. The new arrangement appears at the head of the editorial page.

DEATH OF DR. B. N. CATCHING.

Everybody did not know Dr. Catching in person, but everybody knew the author of Catching's "Compendium of Practical Dentistry" and the editor of the *Southern Dental Journal*. Personally we never met the Doctor, but for several years we had a lively correspondence on questions of political as well as professional interest. On the 23rd of last November, he was seized with apoplexy, and died almost immediately. The Doctor was one of the most prominent men in the profession, and eminent in many social and philanthropic relations. The number of such sudden deaths in our profession has been exceptional the last few years. We have all too great a strain.

Editorial Notes.

IN response to a constant, private, personal appeal for contributions, we get many such replies as the following, which has just been received from a worthy friend: "I work so hard during the day that I feel it rather irksome to sit down to write in the evening; besides, I have nothing original." We can all sympathize with these remarks. But a few jottings at idle moments, without any more elaboration than is needed to write an ordinary note to a friend, would not be difficult. As to originality, there are many readers to whom old ideas are new and useful, and if we were to print nothing that was not purely original, one issue a year would more than suffice.

SEVERAL more letters, two of them of pathetic interest, have come to us on the overcrowded question. No doubt many of our readers who are not pushed in the crowd, are weary of the reiterated complaint. From the point of view of some spectators, a bull-fight is intensely interesting. The goading of an ox is fun to them if it is not the ox they own. Whatever remarks have been made on this subject in this place, were based entirely on facts supplied by reliable correspondents, as well as from subsequent personal investigation. We are forced to acknowledge the truth-

fulness of these statements, and that the condition has cheapened professional fees in most places to trade profits, without the advantage which large production in trade enjoys. It is better to face all facts, however disagreeable. The demand for dental science is nothing like what it should be in Canada. A large part of the public is still in the dark ages, so far as knowledge of the importance of the teeth is concerned. Quack advertising is not the remedy. The public should be educated, not by the sensational advertiser, but by the impersonal effort of the Provincial Associations.

WE are glad to learn that Manitoba is waking up to the value up associative effort. Quebec had a remarkable unity of interest for over eighteen years, until the quack advertiser and the "company" speculators began their tricks. The records of journalism will show the zeal and activity of the profession generally in Quebec Province, in spite of the heavy task of organization. There were no more vigorous associative efforts in the Dominion than those made by the Dental Association of the Province and the Montreal Dental Society. The licentiates of each province hang too much upon the representatives and Boards. The members of these bodies have quite enough to do, and are entitled to all the assistance the licentiates can render. But the old days, when the members generally met for clinics and discussions, should be revived. Some of our provinces, in this respect, recall the remark of Cæsar, that the river Seine in France ran so slowly that it was not easy to tell whether it was stagnant or in motion.

THE blood-seal of Canada has been put upon "Imperial Unity" by our soldier-boys in Africa. They have given their lives for the sentiment of patriotism, which is dearer to us than love of our very dearest. It is this devotion to duty which has made the English-speaking races masters of civilization. And so when we met Jack Sparks, the son of our co-editor, Dr. Sparks of Kingston, with the Mounted Rifles *en route* to defend the old flag, we felt that he was a type not only of young Canadian manhood, but of that fidelity to our tie with Britain for which Cana-

dians are ready to risk their lives seven thousand miles away, as well as at home. Here's to you, Jack! God bless you, and God save the Queen.

THE forty-fifth year of the *Dental Register* marks some changes, but the special change is the retirement of Dr. I. Taft from an editorship which he has held for forty-four years. We believe that Dr. Taft was the doyen of dental editors, and has certainly left a monument of his fidelity and untiring energy in the interests of the profession. We wish success to Dr. Taft's successor. He has had a splendid example for imitation.

"I CLAIM that if one city paper, of high standing, should make an effort to have a professional directory of medical and dental men, excluding the quacks and incompetents, society members exclusively of accepted standing, each with name and address, it would be a good thing for the paper, the public and the profession." The above extract from the *Items of Interest* has in several towns in the United States led to a movement of the kind. Nothing invidious or high-sounding is inserted.

ONE of our friends hints to us that we should give more notice to the various additions to our *materia medica*. If we had nothing else to do than edit this journal, we could do a good deal better in many ways, but our friend is one of the many who never sends us anything but advice. Some time ago we solicited advice. We got lots of it. Now we want our advisers to take their own advice and help us.

THE twelfth annual meeting of the Ontario Dental Society was held in the College Building, Toronto, on the 21st, 22nd, and 23rd of February. The annual banquet was held on Thursday evening, the 22nd.

Reviews

Bale's Appointment Book for 1900.—This book presents many features that commend themselves to the dentist. It has evidently been the aim of the publishers to produce a strictly first-class article. To the British dentist particularly it must be very useful, containing as it does a full list of members of the British Dental Association, and officers and dates of meeting of the various Dental Societies. The almanac, cable and postal information are among other good features. There is ample space for appointments, and the appointments of each week can be seen at a glance.

The Alumni Annual (1899) of the Dental Department of the University of Pennsylvania is one of the neatest and most interesting records of college life we have seen, both practically and pictorially. The progress made by the Department has been quite phenomenal, and the fraternity displayed among the professors, demonstrators and students is quite American. In saying this, we mean to include all that is earnest, generous and helpful in college life.