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Dominion Dental Journal

VOL. VIII.

TORONTO, MARCH, 1896.

No. 3.

Original Communications

COMMON - SENSE.

By G. V. N. RELVEA, L.D.S., Oswego, N.Y.

Common-sense—that scarce kind of commodity, which is often sadly, if not lamentably lacking, in the best of men. Solomon, that great seer, was wanting in this essential element, the lack of which, combined with worldly surroundings and giving rein to his lower proclivities, led him to forget his God; hence he left a record stained, which has become a by-word for the impure, and his influence, owing to his exalted position, will be a blot upon his escutcheon for all time.

What led me to this preamble was the question asked in your journal, viz., “What do you think of the relative value of the six-year molars?” I extract quite a number of these valuable teeth, but only under the force of circumstances. Why and when are we justified in doing so? Let us suppose a case, the type of which will meet the experience of almost any dentist in active practice.

A mother comes in with her son in the morning, with despair written upon the features of both mother and child, while the following colloquy ensues: “I have been up with this boy all night; I want to see what you can do for his tooth.” “How old is he?” “Nine years.” The patient is placed in the operating-chair. On examination I find a six-year molar badly decayed, the entire crown involved, combined with chronic periostitis; it has passed dead line. I tell the mother it is too far gone to be saved; extracting is the only remedy. Whereupon the boy protests, does not want it out; and the mother comes to his relief and says it is only a temporary tooth and will not be bad; but

the patient knows better, and attempts to leave the chair. I send the mother away, and then bring to my assistance my powers of hypnotism. I begin to soothe the boy, pat him on the head and cheek, look him in the eyes, and say, "We will soon stop that tooth from aching," etc. I am gaining his confidence, and say, "We have different ways of treating these troublesome teeth," and then take out my handkerchief, on which I pour some chloroform, smell of it (all the while talking), and then give him two inhalations; then smell it again myself, and say, "I like to smell this," and give him another dose; keep talking, so as to get his mind under control. Soon he begins to lose consciousness, and I have him in my power. His tooth is extracted; the mother and son are sent home happy.

I have administered chloroform to children under twelve years of age for upwards of thirty years, and with no evil results. The question about six-year molars was undoubtedly asked owing to the early decay of these teeth. It more frequently happens than otherwise that before the twelve-year molars are erupted the six-year teeth show signs of decay owing to the bad condition of the fluids of the mouth, caused by the decay of the temporary teeth, no attention having been given to them. If the six-year molars escape the ravages of decay up to the time of the eruption of the twelve-year teeth, they are good for life, under favorable circumstances, and should be carefully looked after, as they are the most useful teeth for masticating purposes. When any hard substance is to be triturated and made ready for the digestive organs, it is unerringly placed between the six-year molars; or, does a boy wish to crush a walnut, it unconsciously finds its way to where it can be most readily accomplished. Those molars, grand in construction, central in position, are unquestionably the most valuable organs in the entire process.

The premature extracting of these first molars involves an irreparable loss. It destroys the contour and symmetry of the face divine, nor can art ever supply the want, however ingeniously the substitute may be constructed. Yet I have heard dentists who claim eminence in the profession recommend the early extraction of these noble teeth in anticipation of a crowded condition; indeed, I have had patients who have been robbed of them when in all probability there would never have been occasion for the removal of any teeth. Again, I say, with bated breath, cases have come under my observation where I have reason to believe teeth had been extracted, when in a perfectly sound condition, for the paltry fee of twenty-five cents. Anathemas rest upon anyone who would thus wantonly prostitute our noble calling. Never should a good grinder be extracted to make room for a less valuable one.

In regulating teeth, there are cases where it becomes imperative

to extract, but it should only be done after mature deliberation, as operators are often at a loss to decide at the moment, and may have to regret a hasty decision. Much depends upon circumstances ; but never extract in expectation of a crowded condition. It would be about as wise as to take the remedy before the disease had manifested itself. "Woodman, spare that tree."

I have written the foregoing to give my estimate of the first molar. Many a time I have found them, in my long practice, the only good masticators left, and thousands of partial plates are now in wear supported by these same teeth.

A FEW HINTS.

By G. V. N. RELYEA, L.D.S., Oswego, N.Y.

OBSTINATE BLEEDING.—I will relate a case just treated. The servant girl of my family physician called to have an inferior molar extracted. The fangs diverged, which caused it to come very hard, but, taking time and care, I brought it out safely. Here let me say, better be a minute in getting a tooth out than a second in breaking it. My patient left me, and, as usual, I forgot about it until the doctor came in the next morning to inform me that it commenced to bleed three hours after the operation and continued to bleed all night ; he also reported much pain combined with the bleeding. Calling to mind the difficulty in extracting, I suspected a fracture of the process. However, after a close examination I found no injury had been done, and after removing the coagulated blood it should have been syringed out with tepid water ; but I did the best I could under the circumstances, and, in a word, I arrested the bleeding, and the young lady went out riding the next morning. I will now give my manner of treatment when all the necessaries and conveniences are at hand. After the accumulations are removed, roll up a piece of bulbous paper hard, about the size of a small pea. This, fully loaded with wood creasote (not the commercial article, but *pure wood creasote*), force down hard, and continue to pack as you would gold in a cavity of a tooth. When three-fourths full, roll a larger piece and place in the mouth of the cavity, which must be forced down and left in for several hours. Should it show signs of bleeding again, remove and repeat the packing system, and, if properly done, success is certain.

MODELLING COMPOSITION will be found an excellent temporary stopping. It is easily manufactured, is a non-conductor, and the temperature of the mouth keeps it in a condition to be easily removed, and it will wear for weeks and months.

A LARGE, coarse individual came to my surgery at Belleville to have a tooth extracted. After surveying the surroundings and taking my measure, he seated himself in the operating-chair. I brought out his tooth safely, when he turned to me and with a combined look of relief and anger, remarked in the most deliberate and emphatic manner, "If you hadn't got it out, I meant to have knocked you down." Query: Are not we dentists justified in having a revolver at hand to deal with such customers?

QUACKERY.

By C. A. MURRAY, D.D.S., Moncton, N.B.

That this is an age of quackery is apparent to all readers, for almost everywhere the eye is met with alleged astounding cures, effected through the agency of this, that or the other patent nostrum or fake remedy, some of which are harmless, many positively harmful, while very few possess any real merit, and all are unwarrantably extolled.

Man is truly a wonderful creature. Never satisfied, he is ever groping for some panacea that will bring youth to the aged, and the spring and activities of boyhood to the decrepit and infirm; and the individual who can best use printer's ink portraying the wonderful curative properties of his elixir of life has the largest number of dupes as followers.

While this is true as applied to medicines (or so-called medicines), it is by no means confined to the domain of physics, for, since the love of being quacked is in human nature as weeds are in our fields, the charlatan has invaded every profession, and dentistry furnishes an inviting field for his impositions. Here we find men who advertise infallibility, painlessness, best material and workmanship at rock bottom prices. Of such men the public should beware, and should brand them as frauds, for men who perform the wonderful feats in dentistry that these quacks advertise have no occasion to resort to such means to bring themselves before the public, much less to operate at rock bottom prices, nor would they keep their wonderful art locked up in the narrow confines of their own offices.

If the claim of painlessness, best material and workmanship were borne out by the facts of the case, such glaring unprofessional advertising would not be called for, these triumphs of skill and workmanship being the operator's best advertisement, and such services would readily command not "rock bottom," but "gilt edged," prices. This sensational advertising, and all unseemly puffing in the columns of the press of every little thing accom-

plished by these wonder-workers, should, to every intelligent person, be sufficient to put them on their guard against those operators whose work is not of that high standard of excellence to ensure them a patronage. We should try to succeed by merit, not by advertising some fake remedy or deceiving the public in some other way. "He who does well will always have patrons enough," is an old saying and a worthy one. What would be thought of a surgeon advertising "amputations" performed "painlessly" at rock bottom prices, and to the "full satisfaction and delight of the patient," or a lawyer advertising, "Divorces procured cheaply, secretly and with despatch"? Such men would be shunned by every honorable member of their respective professions, and merit the contempt of all worthy citizens, and their names would be stricken from the roll.

Why should we be more lenient? We should not. Lord Bacon has said, "Every man is a debtor to his profession, and ought, of duty, to endeavor to be a help thereunto." And we, if we are true to our chosen profession, will do all that lies in our power to elevate its standard and leave it nobler and more desirable than we found it upon our admission thereto. How, say you, can this be accomplished? This very pertinent question demands our most serious consideration, as whatever improvement is brought about must emanate from the members of our profession. It is true, as the law now is, we cannot lay our hands upon these dental quacks that degrade our profession, cast them from our midst and prevent them from practising their quackery hereafter, for, having fulfilled all the requirements for the graduation in any of the colleges or dental schools recognized by the Council and passed satisfactory examinations before the Dental Board of Examiners gives them the same rights we all enjoy.

I believe we should strike at the root of this evil first, and that is, the dental colleges of Canada and the United States should procure legislation giving the said dental schools power to cancel the diploma of any practitioner found guilty of practising quackery in its true light, or give to the Dental Council power to adopt rules and regulations respecting the enrolment of dental students, the registration of dentists and the suspension of unprofessional practitioners. If it would be possible to carry out these plans, then we would have a profession free from quacks and "Five dollar plate men." At present any person, being a graduate, may become a member of our profession by paying the required fee and passing a satisfactory examination before the Dental Board of Examiners. It matters not how undesirable, immoral or ill-bred he may be, we cannot prevent his admission.

Each person, before presenting himself for registration, should be compelled to present a certificate to the Registrar, setting forth

his age, place of birth, residence, place of education, and the name of the college or dental school from which he received his degree, and the time of attendance thereat, which certificate should be subscribed by the applicant, and certified by at least one member of the Dental Council, after a careful enquiry and personal examination as to the character and habits of the applicant to be a fit and proper person to be enrolled or registered.

To prevent charlatans from entering our profession is, to my mind, the best way of raising said profession to the position it should occupy. As the law now stands, it is within the province of the various dental colleges recognized by the Council to pronounce upon the fitness, or otherwise, of the graduates they belch forth upon us, and therefore the good work must begin with them. Let them do their duty, and this generation will witness the funeral obsequies of the last dental quack. The professional sentiment of these schools will not rise above that of the profession at large, nor will it fall much below. These schools, backed by a strong sentiment of loyalty to the profession, will become much more careful about conferring their diplomas, and we will not have it to say, "These schools gobble up every person who can pay the required fee, only to vomit them forth upon the profession, irrespective of all considerations whatsoever," but on the contrary it will be our proudest boast that they send forth none but men who have honestly won their diplomas and who would be an ornament to any honorable profession.

A healthy sentiment of loyalty to the profession does not, like the gourd of Jonah, spring up in the night. It may be of slow growth, but, as assuredly as we cultivate it, it will grow until it permeates the whole profession, throwing the responsibility of protecting its own honor upon the Council by means of or through the rules and regulations aforesaid; will do much towards promoting a sentiment that will watch well over, and carefully uphold, the dignity of our profession, and be a powerful adjunct of the college in rescuing it from the whirlpool of quackery, charlatanism and general disrepute to which it has been dragged by these shameless adventurers (five dollar plate men and painless operators), who have degraded the profession to the level of the ordinary unskilled laborer and made it a camping ground of the quack, charlatan and dental impostor. Then the quack salver will be a thing of the past in our profession; the (so-called) painless operators will operate in other fields for a living; best material and workmanship will be obtained at regular prices through the regular legitimate dental channels, while the rock bottom price man will extract comfort from the fact, that the prices paid him were more than an equivalent for the services (?) rendered.

Proceedings of Dental Societies.

DENTAL ASSOCIATION OF NOVA SCOTIA.

The first session of the fifth annual meeting of the Dental Association of the Province of Nova Scotia was opened in the Y. M. C. A. parlor, Halifax, on September 25th, 1895, at 9.30 a.m. The President, Dr. J. E. Wilkinson, of Halifax, in the chair. The minutes of the last meeting were read and approved.

The election of officers was the first order of business. The ballot resulted as follows: President, Dr. F. W. Ryan, Windsor; First Vice-President, Dr. F. H. Parker, New Glasgow; Second Vice-President, Dr. J. R. Fritz, Digby; Secretary, Dr. J. A. Johnson, Spring Hill. Drs. A. C. Cogswell, J. A. Merrill and J. A. Johnson were reappointed representatives to the Dental Board. Executive Committee, Drs. F. W. Ryan, A. C. Harding, J. R. Fritz, H. H. Bigelow, J. A. Johnson. Auditors, Drs. H. H. Bigelow and F. W. Stevens.

The report of the Dental Board was then read as follows, and laid on the table until the afternoon session:

To the Dental Association of Nova Scotia:

Mr. President and Gentlemen,—The Provincial Dental Board beg to submit the following report for the year ending September 24th, 1895:

DENTAL REGISTER.

The Register was published, according to the resolution of this Association, with the transactions of the annual meeting, in pamphlet form, and each practitioner was sent a copy.

Number of dentists registered September 25th, 1894,	72
Number of dentists registered this year.....	4
	—
	76
Number of names removed.....	2
	—
Number of names on Register at this date.....	74

The names added are as follows: H. W. Burchell, D.D.S., North Sydney; E. A. Randall, D.D.S., Bayfield; C. R. Murphy, D.D.S., Windsor; C. O. H. Webster, D.D.S., Pictou.

These gentlemen have all passed the matriculation examination except Dr. Webster, who is registered as a student previous to 1891.

Four students have passed the matriculation this year, which make eight in all. The names are: H. G. Dunbar—Dr. F. H.

Parker, preceptor, New Glasgow; G. H. Thompson—Dr. F. W. Wright, preceptor, New Glasgow; E. A. Randall—Dr. W. W. Tarr, preceptor, Boston, Mass.; C. R. Murphy—Dr. W. Dill, preceptor, Windsor.

The persons whose names have been removed from the Register have died during the year. Dr. W. A. Payzant, of Wolfville, died suddenly in Halifax. Dr. Frank S. Morton, formerly of Granville Ferry, died at Maynard, Mass., of consumption.

The Dental Board pass as recognized the list of colleges accepted by the National Board of Dental Examiners; also the degree of D.D.S. from the Toronto University, providing that the applicant for registration has complied with the requirements of the dental laws of the Province and the regulations of the Board.

LEGISLATION.

The legislation asked for by the Dental Association has been secured, and is herewith laid upon the table. The clauses relating to the curriculum and length of studentship, etc., are made general and comprehensive, so that changes may be made in these matters without having to secure special legislation.

The clause which deals with the matter of annual dues is just, gives all a fair chance, and allows each to assist in supporting the general interest of the corporation.

The clause relating to the extracting of teeth in public places will effectually rid our Province of any more "kings of dentists" and "street professors."

The Act of 1895 was published and sent to each member, together with a circular explaining its import.

A standard for matriculation is submitted to replace Section 36, Schedule B, in accordance with the resolution of this Association, which is now rendered possible by the Act of 1895.

Prof. H. Murray, of Dalhousie College, has devoted a good deal of consideration to the subject, and kindly prepared the course, which is comprehensive, and as near as possible to the requirements of the resolution.

It is recommended that the standard for matriculation be as given below, provided that the Board will accept in lieu of said examination a Grade "B" certificate of the Academy course of N.S., including the Latin qualification required in the schedule, or a Government certificate from any other Province or country, which, upon inspection, is proven to be equivalent to said examination.

It is recommended that the term of studentship remain at three years for the present.

It is, however, the opinion of the Board that in the near future it should be increased to four years.

THE NEW SCHEDULE.

The matriculation examination shall be upon the following subjects :

1. *Latin*.—Translation from specified books. Grammatical questions. Easy sentences of English to be translated into Latin.

2. *English*.—Writing from dictation. Questions on English grammar, including parsing, and the analysis of sentences. A short essay to be written on a subject announced at the time of the examination.

3. *Arithmetic*.—As much as is contained in Hamblin Smith's arithmetic.

4. *Algebra*.—Fundamental principles. Factoring. Fractions. Indices. Surds. Simple equations and quadratic equations with problems involving their use. Arithmetical progression. Geometrical progression.

5. *Geometry*.—First four books of Euclid, with easy exercises.

6. *Physics*.—As much as is contained in Gage's Introduction to Physical Science.

7. One of the following subjects at the option of the candidate :

(a) *Greek*.—Translation from a specified book, with questions in grammar.

(b) *French*.—An examination similar to that in Latin.

(c) *German*.—An examination similar to that in Latin.

(d) *History*.—History of England, or general history as in Swinton's Outlines of the World's History.

(e) *Chemistry*.—As much as is contained in Williams' "Introduction to Chemical Science."

It is recommended that the Board be authorized to secure the consent of the Governor-in-Council to the changes in the curriculum as soon as possible, but that the new schedule shall not go into force until October 1st, 1896.

Resolved, That the matriculation examination for the coming year be in all respects the same as last year.

With the consent of Dr. Parker, the Dental Board undertook the work of revision of the by-laws as outlined in the notice of motion given by that gentleman at the last annual meeting, and to submit the following changes and amendments to the by-laws :

The Dental Board beg to submit a draft of corrections deemed necessary to carry out the provisions embodied in the resolutions of the Dental Association. These are as follows :

1st. That a Treasurer be elected, instead of moneys of the Association passing only from the Secretary-Registrar to the bank.

2nd. That the Secretary of the Association be elected by that body at its first session in the same manner as the other officers.

3rd. It is deemed advisable by your committee to make changes in the Executive Committee, by making the President and Secretary of the Association members *ex-officio*, and the Association electing three members, making five in all, instead of six as at present.

The Board beg to ask for instructions from the Association in reference to those members who are two years or more in arrears for dues. Shall their names be erased from the Register?

The Board ask whether this Association deems it prudent that they should undertake the prosecution of persons who are practising dentistry without a license.

The afternoon session opened at 3.30, with the newly-elected President, Dr. F. W. Ryan, in the chair.

Minutes of the morning session were read and approved. The report of the Dental Board was the first order of business. The by-laws were considered clause by clause and passed as recorded.

Re clauses in report of Board asking for instructions :

Resolved, That the Dental Board carry out the provisions of Section 4, Act of 1895. Passed.

Resolved, That this Association request the Dental Board to bring action against such parties violating the dental laws as they may in their best judgment see fit and at such time. Passed.

Resolved, That the financial report be adopted. Passed.

The report of the Dental Board was then adopted as a whole.

Resolved, That this Dental Association having heard with deep regret of the death of Dr. F. S. Morton, of Granville Ferry, N.S., and late of Maynard, Mass., and of Dr. W. A. Payzant, of Wolfville, N.S., members of our profession ; therefore resolved, That this Association express our heartfelt sympathy with the nearest relatives of the deceased, and that a copy of this resolution be forwarded to said relatives and also embodied in our minutes. Passed.

Resolved, That the transactions of the Association, Register, and instructions to students, be published as last year, and that the Secretary of the Association and Secretary-Registrar of the Board be a committee for that purpose, and that two hundred copies be printed. Passed.

Resolved, That five hundred copies of the dental Acts, by-laws and code of ethics be printed. Passed.

Report of annual meeting of the Dental Board was read and ordered to be placed in the Minutes :

To the Dental Association of N.S. :

Gentlemen,—The annual meeting of the Dental Board was held on September 25th, at 2 p.m.

Dr. A. C. Cogswell was elected President ; Dr. F. Woodbury, Secretary-Registrar ; Dr. F. W. Stevens, Treasurer ; Professor H. Murray, Matriculation Examiner ; the Dental Board, Board of Examiners ; B. Russell, LL.D., Q.C., Solicitor of the Board.

Respectfully submitted,

A. C. COGSWELL, *President.*

F. WOODBURY, *Sec'y-Registrar.*

Resolved, That the annual dues be the same as last year. Passed.

Resolved, That the Secretary-Registrar be paid \$100 for his services. Passed.

Resolved, That the next annual meeting be held at New Glasgow. Passed.

Resolved, That by-law No. XXIII. be amended to coincide with Clause VI. of the amendment of 1892.

Resolved, That by-law No. I. be amended by substituting the word August for September in the second line. Passed.

Resolved, That each member prepare questions to be deposited in the question box for the ensuing session. Passed.

Meeting adjourned.

Evening session opened at 8 p.m., President Dr. F. W. Ryan in the chair.

Moved by Dr. F. Woodbury, seconded by Dr. Fritz, that Section 23 of the by-laws be amended to read as follows :

These by-laws may be amended, repealed or suspended at any regular meeting by a two-thirds majority vote of those present, provided that neither the Board nor Association can control the by-laws relating to the other. Passed.

The question box was the next order of business and occupied the remainder of the session.

It was very profitable and interesting.

Upon motion, the fifth annual convention adjourned.

F. W. RYAN, *President.*

J. A. JOHNSON, *Secretary.*

VERMONT STATE DENTAL SOCIETY.

The Vermont State Society met in Montreal, on the 19th and 20th inst., and proved a success, socially and professionally. A full report of the proceedings will appear in the April number.

Abstracts.

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

DR. C. N. PEIRCE advocates trichloroacetic acid forced into canals to destroy any remnants of pulp.

PULP CAPPING.—Dr. H. J. McKellops uses a cap cut from asbestos paper covered with a paste of iodoform in glycerol.

DR. J. A. FRAZIER says that he has had success in bleaching dark joints in porcelain teeth with 25 per cent. pyrozone.—*Dental Office and Laboratory.*

FOR tenderness of a tooth after root canal filling, Mr. Baldwin uses fluid extract of Jamaica dogwood, asserting that it has a far better effect than tincture of iodine and aconite.—*Dental Office and Laboratory.*

TO POLISH THE GROUND SURFACE OF A PORCELAIN TOOTH.—Smooth the surface by using an emery disk with the engine, following with a cuttle-fish disk. Then polish the tooth on the lathe with a felt wheel, using pumice as a powder.—*J. Van Pelt Wicks.*

IT should be mentioned in the interests of antiseptic purity and suffering humanity, that a good stout toothbrush, plenty of water and some antiseptic dentifrice applied morning and evening afford a greater safeguard against many diseases than many people are aware.—*Sims Woodhead.*

THREE things go to make an ideal operator—thoroughness, gentleness, quickness, and one should possess these qualities in the order named. If gentleness of touch and manner were put first, then thoroughness must suffer; if rapidity were put first, then one might say good-bye to thorough work and to considerate work.—*Leonard Matheson in Dental Record.*

DR. GORDON WHITE uses chloropercha in which is dissolved 50 grains aristol to the ounce of chloroform. During the operation the tooth and instruments are sterilized. When the excavation is complete and the cavity wiped out with chloroform, a small quantity of the paste is placed on a small capping of paper which is placed in position and the chloroform evaporated by hot-air blast, leaving the capping securely fastened to bottom of cavity. A little thin cement is flowed over this and allowed to harden before introduction of filling.—*Cosmos.*

USE cottonoid between the rubber dam and your patient's chin, and prevent oozing of saliva.—*G. S. M.*

DR. L. OTTOFY recommends the use of architect's cloth as a substitute for tape in polishing the approximate surfaces of teeth and fillings.—*Items.*

LIQUID SILEX.—If you want what is sold under the name of liquid silex, you can get the same thing, which is nothing more than silicate of soda, at any wholesale drug house for forty cents a quart.—*J. G. Templeton, D.D.S.*

DR. C. H. STRANG uses a combination of oxyphosphate and amalgam in children's teeth, or poorly organized teeth of adults. He mixes the alloy and mercury first, adds to this one-quarter to one-third cement powder, grinds to a dry powder, then adding the liquid to make a stiff ball, introduces to cavity quickly. It must be put in dry to be a success.—*Digest.*

FRACTURE OF INFERIOR MAXILLA.—A simple method of treatment for fracture of the inferior maxilla was described by Dr. W. W. Coon, of Alfred, N.Y., before the Eighth District Dental Society at Buffalo. This method consists of adjusting metal bands to one or more teeth in each fragment, and joining these bands by means of a stiff metal bar soldered to the buccal side of each band. The edges of the loosely adjusted bands are crimped so as to retain the cement used in the final adjustment.—*Cosmos.*

GUAIACOL-COCAIN CATAPHORESIS.—William James Morton, M.D., of New York, has an article in the January *Cosmos* on "Electro-Guaiacol Cocain Anæsthesia." The formula for the mixture used was:

℞ Guaiacol ℥i
Cocain hydrochloral gr. v.

Making a solution containing eight per cent. cocain. He has used it successfully in such operations as excavating hyper-sensitive dentine, removing pulps, and in tooth implantation. The guaiacol is used as a solvent of the cocain, and also for its own anæsthetic effects, two-thirds less time and two-thirds less current being required than when an aqueous solution of the cocain is used by the cataphoric method. Dr. Younger, for whom anæsthesia was produced by this method for a number of cases of tooth implanting, expressed himself as decidedly in favor of cataphoresis with guaiacol-cocain as compared with the injection of cocain. It is claimed that the guaiacol holds the cocain in solution, and thus localizes its action, preventing its diffusion into the circulation and resulting toxic effects.

A HEATED instrument applied to the tooth will generally settle the question whether the nerve be dead or alive.—*Dr. Mitchell.*

IN applying nitrate of silver to decay in deciduous teeth, any excess upon the gum may be neutralized by iodine. This forms an iodide and instantly arrests spreading.—*Dr. Van Orden in the Pacific Gazette.*

FIRST PERMANENT MOLAR.—*Dr. W. E. Marshall* advises the removal of these teeth before the eruption of the second permanent molars in cases where there is not a likelihood of preserving them permanently. He strongly objects, on the other hand, to the sacrifice of the first molars after the second have erupted, on account of the bad effects on the occlusion. After the twelfth year every effort should be made to save even the roots of these teeth.—*Cosmos.*

CERVICAL FAILURES IN CEMENT FILLINGS.—*W. Cass Grayston, L.D.S.,* commenting in the *Dental Record* on the working of white cement fillings, says that he finds, from an observation of osteo fillings inserted during the last ten years, that the cervical failure, so often alluded to, is, in his experience, the exception rather than the rule, and is inclined to think that when it does occur it is due to the use of cements that are difficult to manage. The filling, if sticky, is probably drawn from the cervical edge during the packing, or else owing to the rapidity with which it sets, it either never reaches this part or only in a crumbly condition. *Grayston* also, in the same paper, recommends chloropercha as a protecting varnish for cement fillings while setting.

EFFECTS OF OXIDATION ON CUT ALLOYS.—*Dr. G. V. Black* has followed up his laborious experiments on tooth tissues and amalgams by a series of tests of the effects of aging of alloys, or, in other words, the results of oxidation on cut alloys for dental amalgams. The experiments, as given in the January *Cosmos*, are interesting and instructive, showing that shrinkage of the filling is a direct result of oxidation of the alloy, and seemingly in direct proportion the one to the other. In every trial of alloys from different formulæ, though great variation of shrinkage was found, yet if a fresh sample of a given alloy shrank, an oxidized sample of the same alloy always shrank more. It was found that less shrinkage was noticeable in alloys containing from 60 to 65 per cent. silver. Oxidation of the cut alloys produced marked changes in the working qualities of the filling, and in the percentage of mercury required, as fillings from oxidized alloys work softer and smoother and do not set so quickly. The profession have been taken by these qualities in the past, and

manufacturers have labored to produce them by processes of artificial oxidation, neither party knowing that the resulting amalgam was caused to shrink. "It is evident," says Dr. Black, in conclusion, "from the results of these tests that changes must be made in the commercial handling of this material."

Correspondence.

REPLY TO "THE REASON WHY."

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—Replying to "A. B.'s" questions under the heading "The Reason Why" in last month's JOURNAL, allow me to answer them generally by ascribing what are, in my opinion, some of the causes of our present low status among the professions.

I consider the chief cause is the lack of that ideal in its sphere of work which a profession should have. Where the majority of the members of a profession have a high estimate of the importance of their calling, they are not very apt to do things which we would say are contrary to good ethics; and let me say here, I consider it just as much a breach of such ethics to do that which would deprive one's self of his due, as to cast aspersions on others of our brethren. Let me illustrate: The majority of us in my district virtually *guarantee* to fit satisfactorily those who come to have lost dental organs replaced by a plate. We may not say a word about such guarantee, but we willingly make over a denture two or three times for the same fee, which is equivalent to guaranteeing it in the first instance. Now, is this custom consistent with the practice of any profession? Do you hear of medical men giving attendance or medicine free after having discovered a mistake in their original diagnosis? Are we responsible for the fact that dentures can be more readily adapted to one mouth than to another? After being certificated from a power under government charter, should we be expected to do *anything* for *nothing*? I am convinced, in my own mind, that nothing short of the general adoption of a code of ethics consistent with the dignity of a profession will make a marked improvement in the status of dentistry.

Another cause, perhaps, is the inferiority of much of the dental work done in the past. Emerson says that "to do a thing well is to create a demand for that work."

The fact of some of us being too ready to listen to unfavorable comments on our brethren by patients is also, no doubt, a cause of

these same *commentators* feeling (if they do not so express themselves after they are out of the office), "I wonder if that dentist *does* take an interest in my case, or was he interested only because I told him about that other 'bad' dentist?"

And then the lack of knowledge concerning the value and functions of the teeth is largely responsible for our not being made use of to the extent we are capable of. The education of the people through the local press to an extent consistent with their thirst for that particular kind of knowledge would, I think, materially help the people and the profession reciprocally. But this good can be overdone, even as a large amount of proper aliment would fail to help an invalid unable to assimilate it, and as such an invalid, by an attempt to force him to take such aliment, becomes in time surfeited therefrom, may we not infer that forcing people to read too much of such educational literature alluded to might lessen their desire to take advantage of the skill of the dentist?

I take it that the first remedy I have here recommended would prove the grand tonic which would enable the mass of the people to assimilate readily, thankfully and cheerfully all the educational pabulum we should deem wise to feed them.

X. Y. Z.

THE POWER OF THE PRESS.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—In reading your interesting editorial on "The Press—a Foe and a Friend," I am struck with the conviction that, to respectable practitioners, it is very little of a friend. But why? If respectable dentists do not advertise and the quacks do, why blame the Press? Would it not be wiser if, wherever there are a few dentists together, they would join hands, and instead of advertising their own individuality, they would form a fund to expose dental quackery, and would expose it impersonally? Would it not be worth the while of the Ontario Association to appoint a committee to draft a number of items of information—titbits on the teeth, and other matters which could be printed on sheets and circulated among the members. These could be used in the local press and the united fund used to pay for their insertion.

I have several times had editorials from the DOMINION JOURNAL inserted in our local press. If we fail to educate the public, we need not wonder if the boasting advertisers "educate" (?) them in their own way.

Yours, etc. L. D. S.

THE "BARBER-DENTISTS."

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—It seems to me that there is a contest going on in most parts of Canada, as to whether dentistry is to rise to higher dignity as a profession or be degraded to a lower—as a sort of *parvenu* trade. If we make comparisons between the ethics of medicine and dentistry, and the methods to which each resort to better their practice, we shall find that we have to take a very low seat. I am tired of alluding to certain disgraceful means of public advertising to which no respectable dentist resorts, but are we not coming to the position when we will find practitioners actually opening "dental shops" on a big scale, running a lot of chairs like barbers, and placing themselves as much beyond the pale of professional self-respect as would a private family in fairly good circumstances, who preferred to live in a shop, rather than in a private house? The public will judge us by our surroundings. If we select those which imitate the barbers, and depart from those which have always been ethical and decent, we must take the consequences of a loss of public esteem. No doubt the public will still go to their dentists who imitate the barbers, but the public will consider us as no longer entitled to respect as professional men.

Yours, etc. L.D.S.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—It is a bit of a mystery to me why our college graduates do not write more to the JOURNAL. They have had the advantage of a good preliminary and professional education; they are "debtors to the profession," we like to hear from them, and I think they should be encouraged to use their pens as well as their pluggers. Often it is the case—I know from my own experience—that many defer doing something in this line, until, as you once editorially remarked, they can get time "to do something great." Now, we do not need long sermons, or even long articles. You have had several excellent long articles lately, well written, and a credit to the writers, but we have many quite capable of giving us something useful if they would not wait to get up too much steam. What has become of our friend Dr. Beacock, and where are the many old-timers whose brains must be crowded with ideas that would keep them green in our memories if they would but let us hear from them?

Yours, etc., L. D. S.

Question Drawer.

Address all correspondence connected with this Department to DR. R. E. SPARKS, Kingston, Ont., Can. Matter for publication should be in the hands of the Editor not later than the 15th of each month, and must have the writers' names attached, not necessarily for publication, but as a guarantee of good faith.

THE QUESTION DRAWER.

23. *Q.*—What caused the acute inflammation and rapid forming of alveolar abscess after filling a tooth from which the dead nerve had been removed, and which had been treated and tested with cotton and eucalyptol for three weeks, as described in the Question Drawer of December, 1895?

It is difficult to explain why abscess forms after the most careful treatment. The case spoken of seems, by description, to have been properly treated. It is possible that a tooth having a large foramen permits inflammation or congestion to extend beyond to connecting vessels more readily, or it may allow too copious a flow of remedial agents through the opening and excite inflammation; also, the condition of the blood may be unfavorable at the period of the treatment; and—well, sometimes I don't know why.

C. A. MARTIN, Ottawa.

QUESTION.

26. *Q.*—What is the best method of applying cocain for painless extraction of pulps from teeth?

Reviews.

Principles and Practice of Dentistry, including Anatomy, Physiology, Pathology, Therapeutics, Dental Surgery and Mechanism.
By CHAPIN A. HARRIS, M.D., D.D.S. Thirteenth edition.
Revised and edited by F. S. GORGAS, A.M., M.D., D.D.S.
1,169 pages, 1,250 illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1896. Price, \$6.00.

Professor Gorgas is determined to keep this monument to the memory of the late Professor Harris in constant repair. That it needs it occasionally is a tribute to the progress of our science. That Professor Gorgas fulfils it is a tribute to his own industry

and to his reverence for the father of dental journalism and the founder of the first dental college. Perhaps there is nothing which more graphically shows the growth in the art and science of dentistry within the past fifty-seven years than to compare the first edition of 338 pages, issued in 1839, with the present issue. In reviewing the former, in the *American Journal of Dental Science*, in 1839, Dr. Solymon Brown said, "No dental work of exactly a similar character has ever been issued by the American press, and thence it comes in competition with the work of no living author on this side of the Atlantic." What a contrast to-day, with our libraries laden with text-books by the score and journals by the dozen! And yet this historic work, original in many ways in its conception and execution, is one of the literary and scientific achievements of a great and wise man, which posterity will not let disappear. To the student of the history of practical dentistry the first edition and the last are marvellous links, which should bind the hope of the present with the labors of the past, and suggest to us possibilities of the future. Comparing the barrenness of theoretical and practical knowledge of 1839 with the fertility of 1896, we have an amazing retrospect. While many additions have been made to our knowledge of the anatomy and physiology of the teeth and associate parts, dental pathology and therapeutics have undergone a complete revolution in all their relations to the gums, the periodontal membrane, the pulp, the calcic deposits of the teeth, etc.; dental surgery in the treatment of dental caries, the use of anæsthetics, etc., has made equivalent and rapid strides with general surgery; prosthetic dentistry, while it has emerged from the restrictions of metallurgy, has, however, brought into practice the vileness of vulcanite and a deterioration in the way of cheap and nasty laboratory work, as well as a reckless regard among a certain class of dentists for the preservation of the natural teeth. Then, with great progress, some great evils have been born, as a law of nature which clings to the skirts even of our moral reforms. With the abandonment of superstitions, which are now ancient history, such as the unscientific cry against amalgam, the pathological prejudice against the extraction of hopeless teeth in alveolar abscess, complicated with excessive swelling, we have got into certain fads and fanaticism, before which, like the crown and bridge work craze, many prostrate themselves in thoughtless admiration, who in the sweet by and by, not very far distant, will find reason for reproach. Moderation is counselled, but few practise it, and those who do may perhaps be regarded as old fogies, behind the times. We have been unwittingly led into these remarks by the pleasure it gives us to handle the new edition of the only work we possess which brings the days of old back to us. The first edition was issued before many of us in practice were born. In face of the develop-

ments being made every few weeks in the immediate and collateral departments of science, it is safe to predict that dentistry in the near future will largely avail itself of entirely new methods of diagnosis and practice, and that we may even expect that the still greater and entirely neglected sphere of dental embryology will become a practical part of the highest standard of practice, and that it will not appear any more Quixotic to attempt the perfection of the tooth germ *in utero* than a few weeks ago it would have sounded if Professor Roentgen predicted he would be able to see through an inch board. It gives us the greatest pleasure to testify to the practical and suggestive value of Dr. Gorgas' labors on this new work. It is a new work with rich old associations. The share of the publisher needs no eulogy. Blakiston, Son & Co. never issued discreditable work.

Saturday Night, Toronto. The popularity of this unexcelled weekly is well deserved. We know no rival which is conducted with more, if as much, ability. It is in every sense the very best of its kind on the continent, its editorials alone being remarkable for their convincing force and breadth of view. It is one of the few weekly papers which are worthy of preservation in permanent form. While avoiding all vulgarity and sensationalism in its composition and adapting itself to the family circle, the editor, unwittingly perhaps, has obtained an influence which is destined to make *Saturday Night* one of the most powerful political factors of the Canadian press. It is a paper that every professional man should have in his office.

DR. D. D. SMITH, in a paper read before the American Dental Association on the "Offices and Eccentricities of the Dental Pulp," says that the pulp is the central figure, the important factor in every tooth, and to its care is committed the newly erupted tooth to readjust, recalcify, consolidate, strengthen and sustain the enamel and dentine. In young permanent teeth great stress should be laid on the importance of saving the pulp, as devitalization carries with it a more or less rapid retrogressive change in the quality of tooth material, and that without power to arrest it. Filling may prolong the existence of a tooth, but with the arrest of vitality in the pulp there is cessation of all vital sustaining action which hitherto assisted in its preservation; and not only so, but the imperfectly calcified enamel and dentine already built into the tooth, is now in contact with devitalized connective tissue, which in the imperfectly consolidated tooth becomes itself, probably, a source of disintegration and assists in its destruction.

Dominion Dental Journal

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HALT!

When manufacturers find that they have an over-production, they close down the mills, and save themselves the expense of the employees, whom they discharge. A manufacturer who sees the market glutted with his line of goods, has to choose between this policy or selling at or below cost. Many of the most serious failures in trade and commerce are due to over-competition and over-production. There is a limit to the wants of the purchaser as well as to his ability to pay, and this is specially apparent in hard times. In a country like Canada with a small population, there is a decided limit to the demands for professional careers, unless we mean to go into the business of encouraging our young men to educate themselves for professions which they must practise elsewhere. Dealing with this subject so far as it applies to dentistry, we must reiterate our belief, that we have reached the stage of congestion in the supply of dentists and dental students; and, moreover, that if this plethora exists in Canada it is no better in the United States. Art and science cannot travel too fast, but the production of their practitioners may, until of our physicians, dentists, civil engineers, architects, etc., it may, by and by, be said, as it is of the curate in England, that they are "the best educated paupers in the parish."

We are face to face with facts. There are to-day one hundred and sixty students in the School of Dentistry, in Toronto, and a large number who have yet to enter. There are more students indentured in the Province of Quebec than there are licentiates. We are putting our own money (not that of the public) into fine buildings which, in one sense, are a credit to their projectors. An estimate of \$40,000 has been made for the Toronto building alone. So far no scheme has been devised by which students outside of Ontario can be attracted. We have failed to discover from much voluntary correspondence sent us, and from many personal inquiries, any more sound reason for continuing this state of affairs than the fear that the Patrons in Parliament would succeed in an agitation to open the practice of dentistry freely to all comers if there was any movement on the part of the profession to restrict the production. But this is only an assumption. We have never been without our foes. They have stung us, but they have not succeeded. There has always been the antidote of public opinion to counteract their virulence. The public want dentists, but it is no object to the public to have them in such excess that the evils of excessive competition will demoralize the profession. In the interests of the public these evils should be considered. In the interests of the country at large, and the keeping of our population in our own Dominion, Parliament can have no interest in compelling a continuance of a state of affairs which is sure to drive many of our young men to foreign countries. "Where are these one hundred and sixty young men going when they graduate?" we asked in Toronto. "The Lord only knows," was the reply. Multiply this certain output by the prospective production for the next ten years, and unless we have a plague which will make specially short work of the dentists in practice, we shall live to see dentistry become one of the very meanest, as well as the most multiplied of the several harassing means of getting a living. At its very best in Canada, it is not, and never again can be, more than of mediocre profit, and the change is due to excessive competition. It is a simple sum in arithmetical logic to estimate the consequences if this competition is intensified.

The profession is under no obligations to the public or the Legislature to congest the practice of dentistry and produce conditions which must drive Canadians out of Canada. If every man in Ontario should want to study dentistry, the profession is under no compulsion to afford the convenience. It would be a merciful interposition if the bulk of the hundreds of young men who will probably pass through dental and medical colleges within the next five years, were obliged to go farming. What we want from our Legislature and Parliament, is more encouragement to farmers' sons to stay on the farm, and some suspension of the inducements to become preachers,

teachers, and practitioners. It is a fact that, to some extent, this thing is overdone in Canada, and some of our most eminent institutions may be said to exist for the purpose of persuading young men to make mistakes in life.

Is it not time to cry a "Halt"?

INFIRMARY PRACTICE.

The people in this country who will humiliate themselves to save a dollar are by no means confined to the "deserving poor." It is no real humiliation to the poor. To them we owe a duty as divine as charity can lend. But to put the average servant girl and the average mechanic, with the average wages, in the category of the "deserving poor" is to make charity a farce, if not a fraud. A visit to the indoor departments of our general hospitals will convince any observer of the gross abuse of these institutions by a class of patients who are not ashamed, in seal sacs and expensive jewellery, to accept free service side by side with street laborers, and even prostitutes. In richly endowed hospitals there may be some excuse for not discriminating against these people. But in our Dental Infirmaries there is none. When the people of Toronto or Montreal subscribe to erect and support dental infirmaries, it will be time enough to give the mean class an opportunity to sponge for free service. In the meantime, there should be strict scrutiny as to the circumstances of the large proportion of applicants. In the case of persons "formerly in good circumstances, but now by changed financial conditions compelled to accept such service as their reduced circumstances demand," it is only reasonable and right to give them the privileges of the Infirmary and to treat them with the most delicate consideration. But our own observation justifies us in believing that the large proportion of patients whom we saw upon two occasions in Toronto should be turned about their business. There are young men struggling for practice in Toronto and elsewhere to whom these people should go. The object of a dental infirmary at present is not so much for philanthropic purposes as to give the students practice. This can easily be accomplished in Toronto by proffering to the inmates of the various charitable and benevolent societies such services as they may require, placing the fees at the actual cost of material, and inducing each institution annually to establish a small fund, which would be drawn upon by the Infirmary in proportion to the services rendered. The question is likely to become a very serious one to a large majority of the practitioners of Toronto. We have witnessed in other spheres a philanthropy which has become a species of mild insanity. The underpaid

and overcrowded position of dentistry in Ontario and Quebec does not justify the profession in killing the geese that lay the golden eggs. There is, perhaps, not a dentist in the land who is not repeatedly called upon to do charitable work in the privacy of his own office. If the public who choose for the nonce to assume the garb of impecuniosity, and who are quite able to pay something, are to be permitted to swarm into dental infirmaries for free or comparatively free services, it may become necessary to ask the Legislature to endow the profession at large as one of the charitable institutions of the Province. At the same time, a poor-house might be provided for the reception of the disabled and disgusted dentist.

WAKE UP!

There are better journals than ours in the profession. We never assumed the position that this periodical is the *ne plus ultra* of dental journalism. But it is the only one we have in Canada, and if the Editor had nothing else to do, and if the publisher had a rich dental depot at his back to which it would be a direct and collateral financial profit, and with several other "ifs," the Editor feels confident that he could make this journal quite as good as any in existence, and that is saying a good deal; and it is not spread-eagleism, but a fact which long experience justifies. And yet, without any of the "ifs," it would not be at all difficult to make it very much more interesting if the dentists in Canada would feel more personal proprietorship in the JOURNAL. There is not one from Halifax to Vancouver who could not send us some good idea occasionally, even on a post-card; there is not a secretary of a provincial society who could not drum up more practical interest. Only a Canadian journal can do full justice to the Canadian profession. By prompt remittance of subscriptions and by occasionally sending something new, everyone could help.

HONOR TO DR. W. R. PATTON.

We are glad to inform our readers that Dr. W. R. Patton, our Corresponding Editor, Cologne, Germany, was given the title of Court Dentist, and now signs himself Konigl Hohenz, Hof-Dentist, Royal Hohenzollern Court Dentist. Dr. Patton is a Canadian, formerly from Quebec, where he practised for a short time, and left for Germany during the organization of the Dental Association. We are glad to learn of his success, and hope soon to have something from his pen.

ATTEND TO YOUR BOOKS.

Dentists, like physicians, are notoriously poor men of business. In this respect, the quacks are ahead of the best men in the profession. The quack is wise enough to know that if he does not get cash when his "work" is done, he will not be likely to get it at all. The honest dentist is generally fool enough to let people fool him, and would rather lose a fee than sue a patient. It is as wonderful how a large practice may have small financial results, as a small practice may have comparatively large results. It is all a matter of book-keeping and collecting. Once upon a time the credit system among dentists in Ontario was the rare exception; now it is nearly as bad as in Quebec. Once upon a time dentistry was what it should be, a lucrative profession; now it is chiefly so to those who have an established practice and who keep up with the times—and to the quacks. No one makes as much money in dentistry as your patent-leathered, fur-lined, diamond-decked humbug, whom every dentist knows to be an ignoramus of the first water, but whom the public judge solely by his diamonds and his veneer. The honest men might take at least one lesson from the charlatans. They should attend more carefully to their books and collections.

A POINT OF LAW.

Last June a complaint was presented to the Board of Directors of the Royal College of Dental Surgeons of Ontario that a license had been granted to an applicant who had declared in the regular way that he had been in continuous office practice for five years previous to March, 1868, and was therefore legally entitled to it without examination. As the law did not place any limit as to when such applications should be invalid, the Board had only to accept the signed application and statutory declaration of the party concerned, which was duly made before a notary-public, which was further sworn to by responsible residents as within their knowledge, and grant the license. The question of veracity seems to turn chiefly upon the age of the applicant at the time he claimed to have been in practice—sixteen; and also as to the fact of his attendance for three months two years afterwards at a public school, and the absence, about a year before the five years expired, of the party with whom he claimed to be practising.

Irregularities of this sort frequently occurred at the time of the organization of the profession both in Ontario and Quebec, and

the Boards found that neither the courts nor the Legislatures were disposed to give them a free hand to exact absolute compliance with the letter of the law, as it was considered a retroactive principle that might be used for persecution as much as for prosecution. The dilemma was met by as strict enforcement as possible. That a number of such cases occurred is within our knowledge.

However, the position of the Board of the Royal College of Dental Surgeons in this particular case is legally and morally unassailable. The applicant complied with all the requirements. If the declarations were false, the Board had no possible means of knowing it at the time. If any party or parties are prepared to prove them false, they should at least put these proofs before the Board in such form that action can be taken without involving the corporation in a suit for damages should they be disproved. A misapprehension exists as to the powers and duties of the Board. To begin a case, a statutory declaration from the complainants is necessary. This means a responsibility which the complainants do not appear willing to accept. That seems to us the matter in a nutshell. We admit the embarrassing appearance of the case; yet the remedy, if there is any, is quite simple. To expect the Board to assume the responsibility in court of disproving the facts presented to it under oath would be to expose the members individually to actions for damages should the charges fail. The least it has a right to expect is that the complainants who assert that the claims are false should personally assume this responsibility.

A HINT FOR PHYSICIANS.

Every adult should have thirty-two teeth and two eyes. If they had thirty-two eyes and two teeth, and could get the former replaced as easily as the latter, the idiots who want their natural teeth extracted because they are irregular, and the ignorant who are indifferent to their preservation, would likely in time find a degenerate class of oculists, who would make a business of extracting eyes, changing black ones for blue, and *vice versa*. Dentistry deals with the most prevalent disease in existence. Fortunately, or unfortunately, it is a disease that rarely involves death. But we have to face the fact that not only is the public largely as indifferent to the loss of the teeth as to that of the hair, but that the frequent attention and expense they may entail opens temptations to the patient who wishes to sacrifice them and the charlatan who is ready to encourage this ignorance.

In occasionally referring to the profession of dentistry as overcrowded in Canada, we had to admit that we based this statement upon the average condition of the public intelligence regarding the functional value of the teeth. If the public even fairly well appreciated the importance of these organs, dentistry would not, and in fact could not, very easily be overcrowded so long as the present standard of admission and study was maintained. Towns and villages where now one or two dentists starve would support half a dozen in comfort. Imagine a city such as Three Rivers, in Quebec Province, with a population of over 12,000, giving a bare existence to only two dentists. What is the matter?

The matter is, briefly, not only the fact that the press has been so widely used by impostors that their imposture is the standard by which many of the people judge dentistry; that throughout the country districts teeth are extracted by the quart by ignorant or selfish physicians; but, that there are very few physicians anywhere who condescend to inform themselves of the diseases of the teeth and their connection with the departures from a normal standard of health. It is not our purpose to discuss this phase of the subject, but merely to allude to it *en passant*. What is wanted to-day is not so much that the dentist should be educated in medicine and surgery, as that the dense ignorance of the average physician should be illuminated by a better knowledge of dentistry. If the physician knew his duty in this matter and did it, dentistry in Canada would not be overcrowded.

OUR GASCONS.

Many ethical and honorable practitioners suffer from that excess of modesty which deters them from even self-defence. If one carries out the injunction to give the left cheek to the smiter who has smitten the right, he will get more cuffs than he deserves. The fear of being accused of personal aggrandisement dissuades many a man from exposing impostors. Fastidiousness in this respect may be carried far beyond the bounds of common-sense or justice.

For instance, in every city or town where there are a large number of dentists, it is not improbable that there will be found the swaggering gascon who glorifies himself in the public prints; a shallow, ignorant, and showy pretender; who knows that his confreres know how little he knows, and yet who by virtue of pretence and lying, draws a large practice from among the credulous. The chief qualification to secure business, in his estimation, is to dress like a Parisian dandy, not realizing that he looks like a

professional gambler, and to make a display of new inventions, etc., in his office which mystify his victims. If you get him into a corner in explanation he exposes his ignorance, and he would rather perish or insult you than be caught in a controversy. Some good-natured friend who does know something, may enable him to make a display of expert ability, but he palms off crown and bridge work which he did not do as his own production, and even has the cheek to put his name to scientific articles he never wrote. The pamphlets and circulars he issues are stolen bodily from the productions of others, and he is so cunning one can never catch him on the open floor of a convention, where he knows his imposture would be exposed, and he would find his proper level. In what way can honorable practitioners meet such gascons? How can a self-respecting man contend against these braggarts and cunning *shysters*, who never miss the chance in every possible sphere, and at every street corner, to exalt themselves at the expense of abler and more educated confreres? "Educate the public," you perhaps reply. Let us know how *you* propose to do it, and what *you* are doing.

Post-Card Dots.

Would you mind recommending a first-class boarding school for boys in the Province of Quebec?

Bishop's College School, Lennoxville, is to the English-speaking population of Quebec what the Upper Canada College, of Toronto, is to those of Ontario—"the Eton" of the province. Founded 1842; situated at the confluence of two beautiful rivers, like English streams, in the heart of our provincial highlands; charming scenery and healthy surroundings. The buildings are very fine; there is the very best provision for the health and the morals, as well as the education of the boys; an infirmary, with expert nurses, etc. The facilities for boating and swimming are unsurpassed; instruction is given in the latter. The school staff is excellent; and the course includes all the useful branches in English, French, mathematics, classics, science and drawing—special attention being paid to arithmetic, French and elementary subjects. The fees are very reasonable. Twenty-six boys of Lennoxville passed from the school into the Royal Military College, Kingston. The education is "based on loyalty, honor, and straight dealing." Calendars can be obtained by addressing Mr. A. D. Nicolls, Secretary, Lennoxville, Que.