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Dominion Dental Journal

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Original Communications

PRESIDENT'S ADDRESS, NEW BRUNSWICK DENTAL ASSOCIATION.

GENTLEMEN,—In welcoming you to the eighth annual meeting of the Dental Association of New Brunswick, for social and fraternal intercourse, as well as for the study and discussion of subjects pertaining to the welfare of our chosen profession, there is such a multiplicity of subjects which suggest themselves to my mind as suitable to refer to, that it is no easy matter to decide which would be of the greater importance for our consideration, or which might with less loss be left unmentioned.

The events which have transpired during the last four months here aided very materially in determining the trend my thoughts have taken; for the year of grace 1897 might very aptly be termed, in so far as all British subjects are concerned, "a year of retrospect."

From every quarter of an empire, surpassing in magnitude and importance any that the world has ever known and upon which the light of day is constant, have been going up songs and shouts of rejoicing and gladness that an All-Wise Designer has permitted a sovereign lady to rule for the unprecedented term of threescore years. Of itself the long term of years would prove but small cause for rejoicing were it not for the fact that they had proved years of usefulness, years of progress and enlightenment in the arts and sciences; years which have witnessed unrivalled advancement in the solution of social, political and moral problems, and which have found freedom of thought, of action, and of utterance, throughout this empire, in a manner never before realized by the nations of the earth. They have taught us by an object lesson to

look forward to the years yet to come with greater anticipation and more lofty aspirations, and they have filled us with a manly courage, and made us buoyant with hope.

To the members of the dental profession

THEY HAVE ANOTHER EQUALLY DEEP SIGNIFICANCE.

The period of that reign is almost cotemporaneous with the organized life of what now commands no unimportant place among the liberal professions. Fifty-eight years have elapsed since the first small class of students in any incorporated college in America stood before its faculty, and infused with a feeling of brilliant expectancy, received the degree of doctor of dental surgery. To-day their name is legion.

It would be presumption on my part to attempt to recite the events which to dentists will appear as most important, when the doings of this period come to be crystallized into the history of the future. With them we are all familiar. And with that noble band of apostles, the best years of whose lives were spent, and are being spent, in their endeavors to fathom the mysteries of our restricted specialty, or with those geniuses of mechanism and art, who have taught us to supply the deficiencies nature has oftentimes been guilty of in her handiwork, or to reproduce parts which man in his negligence or inability to preserve, have become useless or defunct—we, too, are familiar.

Those sturdy veterans are aged and are aging. Many, too many, of those old familiar faces have already completed their last experiment, written their last treatise, and have departed to that bourn from which no traveller returneth.

As we reflect, one thought transcending all others in impressiveness forces itself to our attention—has the sum of knowledge already been completed, and are the wheels of progress after sixty years of continuous movement now to clog and stop? or has the present generation, but now, as it were, entering the fray, no solemn obligation resting upon it, to assume the responsibilities of the task their fathers are now wearily laying aside, and with their might toil while with them yet it is the day? Our duty to the future, as well as to the urgency of the present, and our respect for the past make answer for us. But a mere cursory glance is necessary to reveal that the responsibility resting upon us is of a dual nature, and is as much toward the community as toward ourselves; and that all our efforts for the betterment of existing conditions, whether by legal enactment or by scientific research, should be so directed as to guard the welfare of the one and to protect and advance the interests of the other.

Of late years nearly every community has taken the precaution to determine who shall have the power to practise within its pre-

cincts; in fact, as one writer said: All dental laws are but an assertion by the people of their police power for their own protection, and such legislation is defensible only on the theory that inasmuch as ignorance and malpractice in any branch of medicine are followed by consequences serious to the health of the patient the public has a right to demand of those desirous of attending bodily ailments, proofs of fitness for such calling. And inasmuch as the duty of any member of a liberal profession demands that he shall give the public the advice best calculated to protect their every interest, so it is the duty of the dentist when consulted, as they generally are, as to the practicability of laws about to be enacted, or as to regulations for the carrying out of the same, to advise licensing only upon evidence of such requirements as will leave no doubt in his mind concerning the qualifications of the applicant.

In this connection it might be mentioned that the tendency is very apparent with the medical and other liberal professions to

KEEP THE STANDARD OF QUALIFICATION WELL ABREAST OF THE TIMES,

and from year to year to make the test more comprehensive and more exacting. This is as it should be, and while the claim of some enthusiastic medicos, that graduation in arts should be made the standard of matriculation, or if the preliminary may appear rather exacting, still the idea that the matriculation examination is but of minor importance, provided the candidate is successful with his finals, is altogether too widely spread and ought to be contradicted. Immediately take issue with such idea, first because the mental training and acquirements, such as only a good course of reading in English will produce, are highly essential, and secondly because if one fails to acquire studious habits in early life, it is extremely doubtful, to my mind, if he will be found one who will afterwards pursue a course of direct or collateral reading such as ought to be pursued by a member of any liberal profession; and therefore 'twere good for him and better for the profession had he adopted some other calling for his life-work.

Harris says "dentistry, as a true science and art, is built upon the foundation of a generous early education," and "it requires the broadest literary and classical education of boyhood to counteract the necessarily narrowing influences of the professional studies of manhood." And if that early reading be neglected, he adds that it is by such early restriction of thought and action within the narrow limits of life's future pursuit, that a physician is unknown beyond the sick-room; a surgeon contributes nothing to the interests of science, etc.; a dentist holds no social position.

It is dental advisers we wish to see emanating from our colleges and joining our ranks, rather than mere operators; a life of mere mechanical routine, both unsought and undesired, must in the latter case inevitably follow.

In a commencement address before the Dental and Medical Schools of Harvard, Edward Smith Hale claimed that every diploma granted in a liberal profession contained these pledges which those who received them bound themselves to maintain by accepting: A pledge to learn for all; a pledge to practise for all, and a pledge to teach freely for all. It was certainly a lofty ideal, and one which would probably benefit both us individually and the profession at large to-day, more frequently to reflect thereon and be governed thereby. To furnish gratuitously the results of long hours of study and research for the good of the cause, when the indications are that reciprocal benefits are extremely doubtful, is indeed to exhibit an unselfish devotion to the cause of advancement simply for advancement's sake. And yet were it not for such untiring and unrequited zeal in the past, progress real and true could never have been accomplished.

WE HONOR AND REVERE SUCH TEACHERS,

in fact we are under a solemn obligation, by expression of appreciation, if by no other means, to honor such efforts. That, coupled with the reward of a satisfied conscience (neither of which will contribute very materially toward procuring the necessities of a morbid humanity) forms in most instances the reward of the truly faithful.

To indicate an ideal line of professionalism and to theorize thereon are easy matters, but in the daily struggle for existence one ofttimes loses sight of the ideal and descends to the more sordid plane of ordinary business methods and struggles. 'Tis the fate of humanity to err, and to err through lack of regard for a man's contemporaries and his profession is through a lack of judgment.

The peculiar nature of work pertaining to our calling, containing as it does so much of the mechanical and therefore bordering very near to the standard of mercantile life, makes it the more difficult to entirely eliminate from our midst what might be termed business ideas and business principles. Just to what extent we will be successful in

SURROUNDING OURSELVES BY A WALL OF PROFESSIONALISM

will be entirely controlled by our own action and utterances.

Lord Bacon says: "I hold every man a debtor to his profession; from the which as men do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends

to be a help and ornament thereunto." This is performed in some degree by the honest and liberal practice of a profession, when men shall carry a respect not to descend into any course that is corrupt and unworthy thereof, and preserve themselves free from the abuses wherewith the same profession is noted to be infected; but much more is this performed if a man be able to visit and strengthen the roots and foundations of the science itself, thereby not only gracing it in reputation and dignity, but also amplifying it in perfection and substance."

I trust that everyone present will feel disposed to utter a hearty amen to the sentiments of Lord Bacon. If so, and we proceed to model our lives upon such principles, and give our profession the best we have according to the light vouchsafed to us, then, humble though our part may be, when the time shall arrive for us to lay aside the cares and responsibilities of active practice, we will be enabled to do so without any misgivings and feelings of self-condemnation on our part, but rather with the assurance that the age in which we have lived, the community, and our profession are all some little the better for our having lived and toiled therein.

TUMORS RESULTING FROM SEPTIC PULP OF TEETH.

By G. LENOX CURTIS, M.D., New York.

The object of this paper is to illustrate several of the most prevalent tumors of the jaw, evolved by septic material discharged from the decomposing pulp of the teeth.

It is the intention to speak of them from a practical standpoint, and the desire is to inform those interested how to treat and prevent their recurrence.

Experience leads me to believe that the origin of fully ninety per cent. of all tumors of the jaw, face and neck can be traced to diseases of the teeth, and in many cases to the septic pulp. The most common of these tumors is the alveolar abscess, the contents varying from mere gas to thick pus. The treatment has been described so often that I shall not here repeat it, further than to say—remove the cause, and prevent recurrence. This can be done by cleansing the pulp canal, filling it perfectly, dissecting away the sac, roughening the surface of the bone sufficient, and promoting healthy granulation to fill the cavity. Another treatment is by extracting the tooth; this course, which is so often considered

sufficient, does not always effect a cure. Whenever a decomposed pulp exists a cavity in the jaw will be found, at or near the apex of the root. The exception, I believe, is only when the peridental membrane has not been inflated so as to produce an abscess sac, but has immediately succumbed to the septic influence of the pulp, the gas passing through the canals of the bone to some remote part, and there forming the tumors. This may be so gradual that the attention of the patient has not been called to it, except by the soreness and swelling that might result from the primary attack, and is recalled by the patient only when questioned about it. These cysts may be simple or multiple, and I have seen as many as three in one-half of the upper jaw.

Whenever the pulp of a tooth is found to be devitalized, and is not removed and filled as suggested, you can depend upon its causing trouble; then no time should be lost in preventing infiltration or increase of the area of the disease.

At this writing, I have under treatment three cysts of extensive proportions, which are traceable directly to this cause. In the first case the swelling appeared in the nose, plugging the left nares, along with a perceptible enlargement between the internal canthus of the eye and the wing of the nose. Searching for the cause, I found the pulp in the first bicuspid dead and putrescent. This tooth was extracted by patient's dentist, who claimed he did not find it abscessed, and the tooth, being of good quality, was cleansed, filled and replanted. The swelling somewhat diminished, but recurred in two years much increased in size. Examination of the alveolar process showed a normal condition. An opening was made into the tumor under the lip, in line with the wing of the nose, from which exuded a half ounce of thick greenish mucilaginous fluid. The sac had gradually increased until the substance of the superior maxillary bone had been destroyed from the point where I entered the sac to the nasal process, leaving only the periosteum intact. Even the inferior turbinated bone was destroyed. The walls of the nares offering the least resistance, the tumor gradually followed that direction until the left nares were completely plugged. The sac was curetted, and the cavity treated and healed; care being observed to force back the periosteum so that the normal opening of the nares was restored.

The next case was where the pulp in the left central incisor had for many years been dead, presumably from a blow, as there was a slight fracture on the cutting edge. The pulp was opened into from the palatal surface of the tooth, and fully two drachms of pus flowed therefrom. The pulp canal was then cleansed and permanently filled, an incision made through the gums and periosteum from the labial surface, exposing the end of the root of the affected tooth. A deluge of a thick, yellowish fluid flowed into the mouth

—in all two ounces. It was found that all the bone extending from the right lateral to the left first bicuspid to the anterior boundary of the antrum and the nasal process was completely absorbed, leaving only the periosteum intact. There was also considerable bulging of the left nares and the roof of the mouth. This almost plugged the left nares; in fact, the floor of the nose was considerably elevated, and the bone under it was completely destroyed. Fully two-thirds of the roots of the central incisors, left lateral cuspid and first bicuspid teeth penetrated this cavity. The patient never realized any trouble from this tumor, except occasionally for several years a little tenderness on pressure at the side of the nose, until about one month since, when the face suddenly swelled and was diagnosed by this dentist as the result of an alveolar abscess attached to the root in question. When the sac of the tumor was dissected away, it was found that immediately surrounding the affected tooth there was an independent sac, which was similar to that found in alveolar abscess, and which contained the pus referred to.

The third, which was still more extensive, involved all the alveolar process, of the left superior maxillary, from the wisdom tooth to the lateral incisor and extending to the molar. The face was considerably deformed by an enlargement below the molar about the size of a small hen's egg, which was apparently as firm as bone. Nearly the entire antrum was found occupied by this tumor, the contents being almost a jelly, of a slightly yellowish color, in quantity about three ounces. The etiology of the tumor, I believe, to be traceable to the back roots of the second molar, which had many years remained in position and were found penetrating the cyst.

These tumors are, fortunately, not numerous, and would be much less so if dead teeth were properly treated or promptly extracted. I could cite many cases of adenitis and inflammation of the ducts, also the bursa of the floor of the mouth, of osteoma and similar ailments, traceable to septic diseases of the pulp of the teeth, but I feel that it is not necessary to here dwell, or to impress you further on the importance of prompt and thorough removal of any such influence in the mouth.

Before my class, in the New York Post Graduate Medical School, in February, 1888, I operated on a case, which illustrates clearly the lack of judgment of the dentist who filled a cavity over a septic pulp. The patient had the inferior left first molar filled with amalgam, from which the pulp had not been removed. The day following this filling the jaw around the tooth became sore and the face swollen. This condition continued to increase for several days. For two or more weeks she suffered much pain, when the swelling gradually diminished, leaving an indurated

tumor near the apex of the roots, which continued to increase in firmness, and constantly distressed the patient.

At times the pain was quite severe. From the first of the trouble the patient was advised by the dentist to have nothing done with the tooth, as it was not at fault, while the physician and others advised its extraction.

Two years later the patient consulted another dentist, who extracted the tooth, and found it in the condition as heretofore stated.

This, however, did not check the growth of the tumor, which gradually increased in size until the face was considerably deformed, as shown in the photographs taken before and following the operation. I was able to enucleate the tumor and here present it. From its size, you can readily understand that the jaw-bone was nearly severed, there being not more than a quarter of an inch of the inferior border remaining, so completely had the growth of the tumor destroyed it. You will see that the tumor is osseous, and has been sawed in two to show its structure.

The operation was done from within the mouth, thus avoiding the usual scarring, so disfiguring when the opening is made through the face.

The case had been diagnosed a "sarcoma" and the removal of half of the lower jaw was advised.

A CASE IN PRACTICE.

In April, 1896, a young man, 20 years of age, applied to me for the extraction of an inferior right third molar, complaining of its being abscessed and causing a very disagreeable odor.

On examining, I concluded to extract, but finding it impossible to get at third molar I extracted second molar and then third. My reasons for coming to such a conclusion were the presence of a chronic abscess and also a very marked presence of necrosis, which I detached by the use of a probe, also the dead bone fetor (which latter, I think, is unmistakable). After I had finished the extraction of the third molar, there was a very copious flow of pus into the oral cavity, and its odor was, I can assure you, very far from pleasant.

I syringed socket with peroxide of hydrogen several times until the effervescence ceased, after which I used probe once more and detected the presence of quite an extensive sequestrum which I removed, and afterwards scraped the surface of the bone pretty thoroughly, so as to remove the necrosed portion as much as possible. I then applied aromatic sulphuric acid, and packed sockets

with carbolized gauze, and having made an appointment for the following day, dismissed him; however, as he was not suffering any severe pain, he did not again put in an appearance for two weeks, when his mother called to inform me that he was confined to his room and suffering considerably. I went to see him, and found quite a swelling at the angle of the jaw (which, however, was not caused by the gauze, as he had removed that), and a very marked presence of dead bone fetor, but, on probing, could not detect presence of any sequestra. I packed cavity again with carbolized gauze, after having thoroughly cleansed it with an antiseptic solution (permanganate of potassium 10 grs. to the oz. of water),

I went to see him the next day, and found him quite comfortable, but face considerably swollen. I removed gauze and also removed two pieces of necrosed bone and burred the surface away with engine and large round burr, and, after having washed out cavity with permanganate of potassium solution, I packed again with gauze. He then came regularly to my office for five or six weeks. I applied aromatic sulphuric acid, and syringed out cavity with solution at each sitting, packing with gauze until last two or three visits, when cavity had about, if not entirely, closed. I then dismissed him as cured, the swelling and the little teat-like enlargement under the jaw (at the angle, which I understand to be one of the characteristic diagnostic signs of necrosis) had disappeared.

I asked him to report at once on presence of any signs of the return of his trouble, but I had not heard from him until January 26th, when he came in complaining of an uncomfortable sensation in lower lip whenever he swallowed or took a drink of cold water. After probing I located another small fragment of dead bone, which I removed and freshened the surface of bone with a burr and scraper. I saw him every day for three or four weeks, repeating same treatment as formerly. I have not required to treat again since the end of February, and I think I have succeeded in overcoming the disease, as I saw him on the street only last week, and he informed me he has not been troubled in any way since he was last at my office.

[As the author of above omitted to sign his article, we would be glad to announce it in next issue.—ED. D.D.J.]

TO CONTROL HÆMORRHAGE AFTER EXTRACTING.

By M. K. LANGILLE, D.D.S., Truro, N.S.

In the February number of the DOMINION DENTAL JOURNAL I noticed "A Severe Case of Hæmorrhage," by Dr. Hallett, of St. John. My method for such a case is to mix ordinary dental plaster quite stiff and with a tightly rolled ball of absorbent cotton press the plaster, one *piece* after another, into the alveoli until the bleeding stops. If worked skilfully it acts like magic, and a fair trial will convince the most skeptical. I have employed this method for the last ten years, in which time I have had a number of very severe cases, but have controlled the worst I have seen in from five to ten minutes time. The plaster requires no further attention, which is a great advantage over a plug of cotton or other material. As the wound heals the plaster is thrown off without having caused the least irritation.

DIED IN THE CHAIR WHILE CHLOROFORM WAS ADMINISTERED TO PERMIT TOOTH EXTRACTION.

By L. D. S.

A sudden death under peculiar circumstances occurred about ten o'clock on the morning of the 15th of last month, when a Mrs. Sullivan, of Kingston, Ont., widow of the late Thomas Sullivan, died while under the influence of chloroform.

As per arrangement Mrs. Sullivan, accompanied by her son-in-law, entered the office of Dr. Daly for the purpose of having some troublesome teeth extracted. Dr. Bell, her regular physician, was summoned to administer chloroform, which anæsthetic the patient asked for. Dr. Bell, made a searching examination on the bared chest of the lungs and found them, apparently, in a healthy, normal condition. He then slowly administered equal parts of chloroform, ether and alcohol. When under control, the dentist was led to remark that he had never witnessed a patient whose pulse remained so strong while anæsthetized. Dr. Bell says the patient's pulse was then at seventy-two and she was respiring easy. A moment later, as the dentist was preparing to operate, he noticed that her respiration became somewhat irregular and labored. He at once began administering restoratives and sent at once for other medical assistance, Dr. V. Sullivan responding. Meanwhile the pulsation of the heart

continued firmly, but respiration became more difficult. This continued for at least ten or twelve minutes, Drs. Bell and Sullivan doing their utmost to restore consciousness. Artificial respiration was resorted to, but to no avail; the heart ceased beating and earthly means proved of no avail to induce it to resume its function.

Dr. Bell says death was due to failure of the respiratory organs. In making his examination before administering the anæsthetic he found her heart strong, and this conviction is strengthened by the fact that the heart continued its pulsations long after the patient had collapsed. Dr. Sullivan says it is a case that might happen daily. While in England and on the continent he witnessed several deaths under exactly the same conditions, the medical attendants being the most skilful in the world. Similar cases have occurred at the general hospital, but not within the past few years.

Coroners Phelan and Kilborn were summoned. The last named upon making a superficial examination and learning the facts of the case from the two physicians, decided that an inquest was unnecessary. To Coroner Phelan, however, later on, friends of the deceased asked that an inquest be held. Upon consultation with the County Crown Attorney he granted the request, and at once a jury was summoned to meet.

The jury adjourned to the residence of deceased's son-in-law, W. Geoghegan, corner of Earl and Wellington streets, where, after viewing the body, they elected J. J. Behan foreman, and were duly sworn in by the coroner.

Returning to the police court chamber, Coroner Phelan explained that in order to expedite matters he had ordered Dr. W. T. Connell to make a post-mortem examination of the remains. He intended calling only Dr. Connell, whose evidence, he said, would show that death was due to causes other than chloroform.

Dr. Connell testified that upon making an examination of the body he found in the main blood vessel leading from the heart to the head, at a spot near where smaller blood vessels branch off, an aneurism, or rupture, which had allowed blood to flow into the left lung, causing death. About a pint and a half of blood was found in this lung. A portion of the backbone near the spot where the rupture occurred was also found in a diseased condition, and which had been affected for some months. The affected part of the backbone had rotted away, but this would not at its present stage cause death. It would be impossible for a physician to detect the aneurism of the blood vessel, as it was protected from the back by the backbone, and from the front by the breast-bone, lungs, etc. A sudden strain or excitement resulting in increased action of the heart would cause this aneurism to burst, causing death. The heart was perfectly healthy, large, but not unduly so for so large a

woman. The brain was also quite healthy. Some of the organs of the body showed signs of disease, but not in such an advanced state as to cause death.

In answer to a question Dr. Connell said that excitement causing increased action on the part of the heart, would cause the aneurism to burst. Death is the termination of an aneurism. Chloroform would not cause the rupture. From its location and size it was quite impossible to detect the aneurism externally. The action of chloroform would cause increased pressure in the blood vessels.

This was all the evidence taken, and in summing it up Coroner Phelan pointed out that an inquest in this case was an imperative necessity in order to clear those most interested from all stigma. Hereafter relatives of the deceased might say that death was due to chloroform, but the very searching post-mortem examination made by Dr. Connell revealed the true cause of death. Before administering the anæsthetic Dr. Bell had made a very careful examination, as was corroborated by Dr. Daly. Coroner Phelan likened the rupture in this case to the bursting of a hose in a weak spot when pressure became too great, and pointed out clearly that the aneurism could not be detected from a superficial examination.

The jury, while in secret session, cross-questioned Dr. Bell for upwards of fifteen minutes. After deliberating for about half an hour, this verdict was rendered:

"That Mary Sullivan came to her death by the bursting of a diseased blood vessel. The jury exonerates both Drs. Bell and Daly from all blame."

Notes by Dr. Daly: "It will be noticed that death was not directly due to the anæsthetic, and would probably have resulted had any other mode of extraction been used, and as showing how easily a dentist may be the victim of circumstances. Had I been alone with the patient and used any local anæsthetic, and the same results followed, the popular first conclusion would have been very unjust and erroneous.

"With the light of the past circumstances I think it would always be best for the dentist under such conditions to at once call in a reliable unbiased coroner, and if he thinks advisable, have a post-mortem and let that decide the necessity of an inquest. It has been found that the coroner's fees and jealousies (he being a physician) may cause him to institute unnecessary proceedings to the detriment of the attending physician, and which reflect upon the dentist as well. In this case the post-mortem was as far as it should have gone."

HINTS IN HOT WEATHER.

By A Lazy Man.

If you add two per cent. of silica to gold plate to be melted, you can accomplish it over the flame of a common candle.

Apply powdered or lump resin to the driving belt of your engine, to prevent it slipping.

If you remove gum blocks from the flask, and rub the joints very lightly over fine sandpaper before replacing them, they can be packed much cleaner. Where there is any vestige of wax there will be unclean joints.

Wash your amalgam with a few drops of sulphuric acid added to water.

For sterilizing instruments, boil them for five minutes in a one per cent. solution of carbonate of soda. It will preserve them from oxidation, as well as make them aseptic. I like the Empiric sterilizer.

Do not use spunk for drying cavities unless you are sure it leaves no *debris* behind. Do use it often instead of the rubber dam. It is handy on the tweezers as a conveyer for large amalgam filling in posterior cavities. Very useful, too, to smooth off ends of filling.

Oxyphosphate is the best thing with which to repair broken teeth of plaster models, if you can wait an hour till it sets. Cut strips of the various grades of sandpaper you use with the split mandrel of your lathe. Fit them in tight. Slip them off. Glue them, lay aside for use. Also cut down corks to cones, glue on pumice or corundum stone. A very coarse English corundum stone makes one of the best coarse polishers.

Keep your corundum wheels out of the hot sun.

Dr. C. H. Land, of Detroit, once told me that he found heavy pasteboard makes a capital vulcanizer packing, and that where vulcanizers leak, dusting on corn starch will stop it.

When you use alcohol to cut or sharpen a corundum wheel do not attempt to use it until it is absolutely dry.

To keep your solder in place, add a little gum arabic to your flux, and rub with the borax and water on the slate.

To make sticky wax for holding clasps in place, use resin two parts, beeswax one.

ADVERTISING.

By W. V. COWAN, L.D.S., Regina, N.W.T.

The desire of that portion of the public unenlightened upon the art of dentistry is towards false teeth. The desire of the dentist is toward preservation of the natural teeth. The tendency is toward false teeth. Are we dentists losing our grip upon the intelligence of the people? If we know that it is in the interests of the people to save their teeth, and they for any reason heedless of our warnings wilfully allow the destruction of them, it then must be admitted that our control of their reason is very slight.

There is not a dentist in Canada but what knows that ninety-five per cent. of all teeth could be saved had the dentist had an opportunity of attending to them before the caries had proceeded further than a reasonable distance. We know that a large percentage of the fillings now inserted are nothing more than an experiment. Hoping for the best, we expect the worst.

Now, why do people allow their teeth to get into that condition when to fill them becomes an experiment? Ignorance cannot be pleaded after the years of dental education without reflecting upon the dentists. Following ignorance, only fear and expense are left, and of these I believe fear is the chief cause. Millions have allowed their teeth to go to ruin through dread of the dental chair, with the result that to-day false teeth is the cry everywhere.

What are we dentists doing to counteract this wrongful tendency? Do we hear of men devoting all their energies to the discovery of obtundens in order to remove the chief cause of the failure of dentistry? Do we see page after page of our journals taken up with advertisements of new discoveries that allay the sensitiveness of denture? Do we find painless filling advertised? I rather think that we are devoting our energies to assisting the public to do what we know they ought not.

How many teeth is the brazen sign of "Painless extraction done here" going to fill? Is it not encouraging to people to persist in their determination to ruin their own mouths. A wholesome dread is the only thing that will conquer the foolishness of some people. Are we removing the dread and increasing the foolishness? Are we merely a protesting party to the slaughtering of teeth? I believe we are worse. To my mind, if we would have the people travel the road we would like them, we must remove the obstacles leading in that direction. Painful extraction is not on that road. Painful filling is, and until it is removed dental murder will go on and china shops will rattle triumphant in people's mouths.

PHOTOGRAPHY IN DENTISTRY.

By W. A. SANGSTER, L.D.S., Port Perry, Ont.

I am not aware whether many of my confreres are amateur photographers or not, but if not, they miss one of the pleasantest recreations. However, the object of this paper is not to describe its many advantages as a hobby, but its uses in dental surgery. Orthodontia—I always take a model of the jaw both before and after regulating, and, using a black cloth as a background, photograph them. Also, I photograph patient's face, front or side view both before and after regulation. This latter shows frequently a greatly distorted outline, especially about the nose and cheeks before operating. Afterwards the vast improvement in personal appearance. From the negatives, lantern slides may be obtained, and these thrown upon sheets at any of our association meetings, by means of a good magic lantern, will very beautifully illustrate a paper. Views may be taken of patients before and after plastic operations for cleft palate and hare-lip. Photographs may be thrown on the screen of gold contour work, models before and after insertion of bridge work, and so on *ad infinitum*. I firmly believe that "X Ray" photography, will, in the future, work a revolution in dental diagnosis.

A CASE OF TRIGUMNAL NEURALGIA.

By R. A. ALLOWAY, D.D.S., L.D.S., Bedford, Que.

Mrs. B.—— had been treated by local physicians for some time, but with unfavorable results. When she consulted me, said if I could not give her relief she would certainly lose her reason. Could not sleep, and her face was in a fearful state from blisters. Examined teeth but found no immediate cause for such a state of affairs. Applied the following prescription externally (applied it myself) over trigumnal fifth and seventh cranial nerves, the result being magical. Saw patient sometime since, but she has had no return of the severe attacks, now four months since.

℞ Atropia ..... ii gr.
Acid acet ..... ii m.
Mentha ..... ii gr.
Aq. ad ..... iii oz.

IMITATION GRANULAR GUM.

By E. A. RANDALL, D.D.S., Truro, N.S.

When using plain teeth and pink rubber, instead of finishing gum with file and sandpaper, use with the dental engine a large round bur (rather dull); a smaller bur in the corners between the teeth. With the rapidly revolving bur carve the gum festoons, moving first vertically and then longitudinally; as the carving process nears completion pass the bur lightly over the surface, then polish with brush wheels, pumice and whiting. This gives that granular appearance peculiar to the natural gum, and not a perfectly smooth surface.

Proceedings of Dental Societies.

N. B. DENTAL ASSOCIATION.

The annual meeting of the New Brunswick Dental Association convened in the Oddfellows Hall, Chestnuts building, St. John, on 25th August.

The meeting was called to order by the President, Dr. H. C. Wetmore. The minutes of the last meeting were read and adopted. The report of the Council was read by Dr. F. A. Godsoe. The Sec.-Treas., Dr. C. F. Gorham, then submitted his annual report. The President's address followed. Greetings were received from the Nova Scotia Association, in session at Wolfeville as follows:

The Nova Scotia Association in session sends greetings to our sister society, and desires a joint convention next year.

Details can be arranged later.

(Signed) DR. J. A. JOHNSON, Parrsboro'.

The following reply was immediately sent:

New Brunswick Dental Society returns greeting to sister society. We are considering the joint meeting this afternoon.

(Signed) C. F. GORHAM.

Meeting adjourned at one o'clock for dinner.

An interesting, and to the assembled dentists, a valuable feature of the convention was the exhibit of dental goods supplied by the S.S. White Manufacturing Co. Upwards of 2,800 sets of artificial teeth are comprised in the exhibit, as well as every character of

dental requisites. The exhibit is in charge of Mr. C. A. Craft, of the Boston office, and Mr. A. J. King, the Maritime Provinces representative.

THE AFTERNOON SESSION.

Dr. McAvenny, St. John, read a paper of professional importance on the subject of Devitalized Teeth. The discussion that ensued was participated in by Drs. Robertson, Godsoe, Whitney, Somers, Murray, Barbour, Cates, Sangster, Magee and F. S. Belyea of Brookline, Mass.

This discussion was followed by another pertinent paper prepared and read by Dr. C. A. Murray, Moncton, on Points of Successful Practice. This practical subject was fully discussed, many of the delegates present taking a part.

The following by-law, prepared by the Council of the Association, was then adopted, as defining unprofessional conduct.

(*a*). No member of the society shall as a means to acquire, extend or retain practice as a dentist or dental surgeon, advertise by or in any newspaper, written or printed circular, sign or other document whatsoever, the price or any price at which he will perform any professional work. It shall not, however, be deemed to be a violation of this by-law for any member of the Society to inform either orally or by letter any person who may apply for the information as to the cost of any proposed operation or work.

(*b*) No member of the society shall in any way or by any means use or employ any deceptive, untrue or misleading advertisement.

(*c*) No member of the Society shall by or in any newspaper or written or printed circular, sign, or other document whatsoever advertise that he is entitled to any special or exclusive right or privilege not enjoyed equally with him by all members of the Society, to use in his practice any patent device, or patent or proprietary machine, tool, drug, method, practice or mode of operation.

Any violation of this by-law shall be deemed to be unprofessional conduct within the meaning of Sec. 1, of Chap. 109, of the Act of Assembly, 59 Victoria. This by-law shall come into force at once upon receiving the approval thereof of the Lieut.-Governor in Council, as by law required.

Dr. J. M. Magee, St. John, read a carefully prepared and highly instructive paper upon the subject, "Perfect Filling of Fast Decaying Posterior Teeth." A deeply interesting discussion ensued, participated in by Dr. Sangster, Dr. Cates and several others.

In opening the discussion, "Incidents of Practice," Dr. R. J. Robertson, of St. John, detailed a case of necrosis of inferior maxilla, and then followed a general discussion for an hour or more, during which time nearly every class of dental work received some mention.

Dr. Magee was appointed to collaborate the several papers, prepare a synopsis of each, edit the same and secure their publication in the journals of the profession.

The telegram received at the morning session from the Nova Scotia Dental Society suggesting

A JOINT MEETING NEXT YEAR

was taken up and discussed. The idea was approved of and Drs. McAvenny, Murray and Gorman were appointed, with power to add to their number, to confer with the Nova Scotia Society and arrange for such joint convention next year.

The election of officers was proceeded with and resulted as follows :—

President, Dr. H. C. Wetmore, St. John; Vice-President, Dr. B. H. Torrens, Fredericton ; Secretary-Treasurer, Dr. C. F. Gorham, St. John.

Votes of thanks were unanimously passed to Dr. Gorham for his painstaking and efficient services the past year as Secretary-Treasurer ; and to the Fredericton dentists for their care and labor in the arrangements for the annual meeting.

The Association then adjourned to meet next year as shall largely be determined by the conferences of the committee appointed to confer with the Nova Scotia Society.

COUNCIL MEETING.

Immediately upon the adjournment of the meeting, the Council of the Association went into session for the purpose of electing its officers. The votes taken resulted in the choice of, President, Dr. J. W. Sangster, Sackville ; Secretary and Registrar, Dr. P. A. Godsoe, St. John. Examiners : Drs. C. A. Murray, Moncton ; Dr. H. C. Wetmore, St. John : and Mr. Edward Manning.

DENTAL ASSOCIATION, PROVINCE OF QUEBEC—BOARD OF EXAMINERS.

The supplementary examination was held in Montreal during the second week of October. The following gentlemen passed : Messrs. Langlois, Versailles, O'Connor, Tutras, Rollit, and were granted their licenses to practise.

Dr. Globensky resigned the presidency and Dr. Ibbotson was elected in his place.

Drs. J. A. Munro and W. S. McLaren were granted the license on presentation of the diploma of D.D.S.

DENTAL COLLEGE OF THE PROVINCE OF QUEBEC.

Several changes have occurred in the College. Drs. Beers, Stevenson, Giles, Lovejoy, Bourdon, Dubeau, Leblanc, Gardner, Coleman and Franchere finally resigned their positions, and Drs. Fortin, Oliver, Brown, Saucier and Kent replaced them; Dr. Globensky being appointed Dean. Drs. Fortin and Oliver, respectively, take the chairs in French and English on Materia Medica, Therapeutics and Dental Surgery; Dr. Brown (English) Surgical and Dental Pathology and Hygiene: Dr. Saucier (French) Operative Dentistry and Crown and Bridge Work. Drs. Brown and Kent will lecture on Bacteriology, Electrical Science and Electro-Therapeutics; Drs. Oliver and Saucier on Anæsthetics and Irregularities. The other members of the staff remain the same. Any information desired can be obtained from Dr. Fortin, Secretary, 648 St. Denis Street, Montreal. We wish the new regime every possible success.

Medical Department.

Edited by A. H. BEERS, M.D., C.M., D.D.S, L.D.S., Cookshire, Que.

SWELLING OF THE PAROTIDS IN URÆMIA.—Richardière (*Jour. de Méd,*) describes this condition, which has not attracted very much attention. Swelling of the parotids is well known in certain intoxications, such as mercury, arsenic, etc., and in uræmia, which may be looked upon as a typical intoxication, it is also observed. The author relates a case of uræmic poisoning with dyspnœa and cephalalgia, in the course of which there was pain at the angle of the jaw, accompanied by swelling of the parotid region. Both parotids were attacked at the same time. The swelling lasted four to five days and then completely disappeared. These parotid complications in uræmia may be due to two causes: Greatly increased secretion, or chemical modifications thereof. Increased secretion is a frequent occurrence of uræmia, and a large number of cases of ptyalism are recorded, and in a case observed by Barié 900 g. of saliva were secreted in 24 hours. In the author's case there were no increased parotid secretions nor ptyalism, and in this instance, therefore, the parotid lesion would seem to be due to chemical alteration in the saliva. It is known also that in cases of deficient renal action the saliva contains a large amount of urea, and the parotid would therefore seem to have a certain vicarious action in some cases of renal disease.—*Brit. Med. Journal, Aug. 21st, 1897.*

"Is eczema ever reflex—particularly in regard to the teeth?" Most assuredly, as far as relates to separate attacks or outbursts of the eruption, as may often be witnessed on each accession of a tooth in those subject to the same. But as to causing the disease, it is impossible that the physiological process of extrusion of the teeth can have any real effect in inducing the skin to take on true eczematous action when previously healthy.—*Bulkley "on the Treatment of Eczema in Children." Archives of Pediatrics.*

BLOOD POISONING AFTER TOOTH EXTRACTION.—Dr. Port, of Munich, remarks that "when we consider the large quantity of micro-organisms which flourish in the mouth, it is extraordinary that dental extractions are not more frequently a source of infection." Dr. Miller's book cites only sixty cases, of which about half the number terminated fatally, while the other half recovered sooner or later. Death generally occurred from septicemia pyemia or meningitis. He gives a recent case of a young and vigorous man whose lower molar had been extracted by means of the key. He developed fever and died in four days. The autopsy revealed a large abscess in the neck, the pleural cavities held a large quantity of fetid brown pus, while the pericardium also contained pus. The abscess disclosed streptococci and diplococci and the latter resembled the salivary septicemic microbe described by Miller.—*British Journal of Dental Science.*

CAUSES OF BAD TASTE AND ODOR IN THE MOUTH.—The notion existing among the laity, and also among physicians, that gastric disturbances are almost exclusively responsible for a bad taste in the mouth, is wrong, says Dr. Herzfeld, in the *Therap. Monats.* (XI., 1). Only second to affections of the stomach as an etiological factor, are the tonsillar crypts, in which there accumulate mucus, dead epithelial cells and particles of decomposing food. These cheesy accumulations sometimes come out spontaneously and have a fecal odor. The reason they are so frequently overlooked is because they are concealed by the anterior pillars of the fauces and can be seen by only using a retractor. The treatment consists in removing the tonsils or in slitting the crypts open with a narrow curved knife. Among the other causes of bad taste the author enumerates: Carious teeth, inflammations of the mouth and the throat, adenoids, ozena, suppuration in the nose and accessory cavities, suppurative inflammation of the ear, and lastly, the cause may be of a nervous nature (paræsthesia gustatoria).—*Amer. Med. Surgi. Bulletin, July 10th, 1897.*

A TOOTH IN THE EAR REQUIRING REFLECTION OF THE AURICLE, ETC., FOR ITS REMOVAL.—Mr. G. Victor Miller reports the following: A. K., aged 10, complained to his mother, on May

2nd, of feeling something hard in his left ear. Dr. Glen saw him the same day, and with the aid of a speculum made out a pearly white body deep in the meatus. Placed under chloroform, and an unsuccessful attempt made to remove it. Three weeks after—failed again to remove it. Some discharge present, and the wall of the meatus bled readily when touched. Syringing with boric lotion was ordered to be continued, and glycerine and spirit drops used twice daily. Five weeks later another attempt failed, and as the father withheld his consent to further procedure, the previous treatment was continued. On July 7th an incision was made close behind the auricle, the soft parts stripped off the posterior wall of bony meatus, and cut through close to the foreign body. Then a few shavings were taken from the posterior bony wall, with chisel and mallet, which allowed the "searcher" being slipped behind the foreign body, and at the same time removing it easily. It proved to be an upper incisor tooth, with a broken fang, having a very sharp edge. Patient made rapid recovery. Three weeks after I removed a polypus from the meatus, and there was a good deal of discharge at this time. I again examined him on September 4th, and found the discharge much less; no granulations; has a slit-like perforation at upper and back part of drum membrane, which will probably heal. Hearing much improved. At no period had the patient any acute symptoms. He denies having put the tooth in his ear, though he says that some three weeks prior to making the complaint he pulled out a tooth one night in bed; then in some unaccountable way it got into his ear. With regard to foreign bodies in the ear, three rules should be remembered: (1) The surgeon should ascertain by inspection that a foreign body is really there. (2) Other than syringing, no attempt at removal should be made unless aided by mirror and speculum. (3) That a foreign body may remain in the ear for an indefinite period, and cause no symptoms other than deafness.—*British Medical Journal.*

INFLUENCE OF GENERAL DISEASES UPON THE TEETH (*Maryland Med. Journal*).—At a recent session of the Association for Internal Medicine, in Berlin, Dr. Neumann delivered an instructive address on this topic, presenting in evidence more than a thousand teeth. He held that the erosions began in children usually during the first five months of life. They are nearly always associated with rachitis, especially of the skull (Hutchinson's teeth not now considered). In Hutchinson's teeth the whole tooth is altered in shape by disease, being in this distinct from the normally shaped though thin and eroded teeth above mentioned. The Hutchinson's teeth are not only misshapen, but they stand away from one another, are turned on their axes, and lack the second of the three little hillocks which

form the cutting edge of each normal upper middle incisor. There is an antero-posterior valley where this hillock should be. There are several modifications of the Hutchinson's tooth of less importance. The diagnosis of syphilis founded upon the presence of Hutchinson's teeth can be certainly made only when rachitis is positively excluded, and this is sometimes difficult, because Hutchinson's are unfamiliar. In thirteen children hereditarily syphilitic Dr. Neumann found only four Hutchinson's teeth. Dr. Neumann then referred to the superficial caries of the milk-teeth which may begin with the very first glimpse of the erupting tooth, and which is often associated with nervous diseases; and closed with a description of the grey-green, or brown "circular caries" which attacks the milk-teeth very soon after their eruption and may attack even the bone below. He thought it was most frequently associated with "scrofula" or tuberculosis. In the discussion, Dr. Ewald stated that the staff of the Augusta Hospital Polyclinic, were, after long investigation, still doubtful whether a positive diagnosis of syphilis ought to be made from the presence of Hutchinson's teeth without other symptoms or history. To these reports, taken from the *Deutsche medicinische Wochenschrift* of March 18th, the writer would add that a prominent Baltimore dentist advises all of his patients who have had enteric fever to submit their teeth frequently to his inspection during the year following convalescence, because even the finest sets of teeth are apt to decay badly after that great fever.—*Amer. Med. Surg. Bull., Aug. 25th, 1897.*

EMPYEMA OF THE ANTRUM IN A CHILD AGED EIGHT WEEKS.—Mr. D'Arcy Power reports the following interesting case: A wasting boy, aged eight weeks, was admitted under my care at the Victoria Hospital for Children on account of an abscess which had pointed and was discharging at the lower part of the right lower eyelid. The right side of the face was somewhat fuller than the left, and the skin of the lower eyelid and cheek was red and hot. A considerable quantity of pus could be squeezed out by pressure upon the cheek, and on looking into the mouth a small quantity of pus could be seen exuding from the alveolar, back of the upper jaw. A probe passed along the sinus in the cheek showed that the upper part of the superior maxilla was bare. I enlarged this sinus, scraped away some granulation tissue, and made an opening through the floor of the antrum, so that a drainage tube could be passed from the eyelid into the mouth. About a drachm of thick pus came away at the time of the operation, but the child died ten days after the operation. The child's attendant said that forceps had been used at its birth, and that after delivery both sides of the face were badly bruised, the right

more than the left. When the baby was a month old he seemed to have some difficulty in closing his mouth, and he refused the bottle. About the same time the redness and swelling appeared below the right eye, and eventually an abscess was opened by the medical man in attendance. The discharge of pus continued until the child was brought to the hospital. There had not been any case of infectious disease in the house. Cases of antral empyema in young children are extremely rare. Indeed, I can only find one similar case recorded in detail. The patient was a child aged two weeks, in whom the abscess pointed upwards immediately below the eye, and downwards on the left side of the palate. In this case, as well as another of which the doctor gives us no further account, the child was born with its face towards the pubes, and he attributes the abscess to the pressure exercised by the arch of the pubes on the face during parturition. Mr. Spencer Watson, in his work on diseases of the nose, also says he has seen two cases of abscess of the antrum in very young children in whom he had reason to suppose the mischief was connected with injuries received during parturition.—*British Medical Journal.*

Tit Bits from the Editors.

WE are of the opinion that the more the dentist knows of surgery and medicine the higher will be his appreciation of the surgeon and physician, and the more careful and the more able will he be to conduct his dental practice on the lines of his specialty, and avoid the pitfalls of a "little knowledge."—*Journal of the British Dental Association.*

THE union of the American and Southern Associations has been successfully accomplished . . . The complaint is often heard that the American Association always meets in the east, and is run by eastern cliques. Under the rules of the new organization the meetings are held in the west every four years.—*Western Dental Journal, Kansas City.*

THE near advent of the Dublin meeting reminds us forcibly of the rapid flight of time in the still young life of the British Dental Association, for nine years have sped swiftly away since that venerable gathering in 1888, when the ever-hospitable and friendly portals of the capitol of the Emerald Isle were thrown open in lordly welcome to the members of the association and its friends from all parts of the world.—*Journal of British Dental Association.*

IN another place we print an editorial from the *Record* in its entirety, as it has interesting connection with lectures delivered by us before the College of Quebec on the same subject, in which several cases were cited of vicarious menstruation coincident with the extraction of teeth.—*The Dental Record, London, Eng.*

THERE were present at the meetings at Old Point Comfort last month seven dentists who have been in active practice for fifty years or more. Dr. John B. Rich, of Washington, D.C., entered upon practice March 20th, 1836. Dr. Conylon Palmer, of Warner, Ohio, began in 1839. Drs. W. H. Thackston, of Farmerville, Pa.; Jonathan Taft, of Cincinnati, Ohio; and R. Finley Hunt, of Washington, D.C., began in 1842. Dr. Jesse C. Green, of West Chester, Pa., began in 1843. Dr. H. J. McKellop, of St. Louis, Mo., began in 1844. Dr. Rich is, we believe, with one exception, the oldest practitioner of dentistry, in length of service, in America; and Dr. Thackston is the dean of the holders of the degree of D.D.S. Well may the fathers of dentistry feel proud of the achievements of the profession they helped to nurture in its infancy; and well may the dental profession feel proud to know them. The *Dental Cosmos* greets them respectfully with head bared, and cordially wishes them the full measure of their hopes and aspirations.—*Dental Cosmos.* [" So say we all of us!"—ED. D. D. J.]

Selections.

A PERFECT FILLING FOR THE POSTERIOR TEETH.

By DR. JAMES M. MAGEE, St. John, New Brunswick.
Awarded a Silver Medal.

That the insertion of a perfect filling is of paramount importance to the majority of dentists, no one will question. The perfect filling for all classes of cavities has not as yet been discovered. To be perfect, it should be easily manipulated, easily introduced, easily finished. It should be readily adapted to the unevenness of the cavity walls, and be the color of the tooth. It should be a poor conductor of heat and cold, and be insoluble so far as the fluids of the mouth are concerned. Furthermore, and not least of all, it should retain its shape under stress of mastication.

Except for color, amalgam combined with cement as a lining for the cavity, fulfils all of the above requirements. Therefore in parts of the mouth remote from view it is a perfect filling.

The best results are obtained by using freshly filed alloy, and almost any of the alloys on the market is good enough, provided it does not contain too much tin. In all deep cavities where some of the partially decalcified dentine is left, it is best to varnish before using the cement.

In all cases where a contour is necessary, if practicable I use the rubber dam, and always a matrix.

Let us assume for illustration a large cavity in the approximal surface, involving the grinding surface of a molar and having the posterior cusps somewhat undermined and side walls frail. The method which I employ is as follows:

First prepare so much of the cavity as conveniently may be, for the removal of filthy deposits, and the easy application of the rubber dam. Adjust the dam on so many of the teeth as will permit easy access to the cavity, and dry the cavity thoroughly. Break down all the cervical wall removable with a flat stout instrument, using the adjacent tooth as a fulcrum. Often a cavity will extend one-eighth of an inch or more nearer to the alveolar process than at first suspected. Break away all frail edges, file and if necessary sandpaper. The only use I make of the engine in very extensive cavities, is in following out sulci, and smoothing the cavity edges with sandpaper discs, after trimming. After the margins are prepared, remove the remainder of the carious structure, and varnish dentine. Fashion a piece of thin sheet steel, such as may now be procured at the dental depots, to a contour of the lost portion of the tooth, with pliers, allowing it to extend a little higher than the tooth, and lay it aside.

Mix a little amalgam to a quite plastic lump and flatten somewhat. Mix cement to a thick creamy consistency and apply quickly, smearing it all over the cavity. Introduce the amalgam and quickly work it with ball burnishers and flat instruments till the cavity presents only a metallic lining. It makes very little difference how much cement remains under the amalgam, provided there is the merest film around the edges. With a sharp instrument thoroughly clear away the edges and fit in the matrix. Warm and pack a little gutta-percha around the matrix at the gum line to hold it firmly against the cervical margin. Mix fresh amalgam, and squeeze out all the mercury possible. Cut it up and pack with ball burnishers, using as much pressure as possible. Mercury will soon be worked to the surface. Remove this as often as it appears, and add fresh amalgam. As the filling progresses it will be found necessary to brace the ends of the matrix to keep them in place. Nothing will hold the ends quite so satisfactorily as the thumb and finger of the left hand. As pressure is made by the packing instrument, the natural resistance of the opposing fingers makes a perfect brace.

After the filling has been made somewhat higher than the tooth, carve the top of the filling until it is shortened about the height of the tooth. Remove the gutta-percha by sticking a heated instrument into it. Bend back the matrix ends, and if the amalgam has been properly packed, there need be no hesitation about grasping one end with pliers and pulling out sideways. Carve filling to perfect contour with the sharpest trimmers, and burnish tinfoil on to the filling to absorb the mercury, continuing until the tin will take up no more. Smooth the approximal surface by passing a waxed silk with pumice, or other polishing girt, between the teeth, and after making sure that no loose particle of the filling is left at the cervical border, remove the dam. Carve to a perfect articulation. Ten minutes polishing at a subsequent sitting will make such a filling "a thing of beauty and a joy forever." It will defy caries.

Where the patient's time was limited, I have frequently been obliged to fill at a single sitting, cavities in the anterior and posterior surfaces of a molar, both of which required contouring. In such cases after the first is finished, I separate the other space with the Perry separator and insert the second filling, The only effect of the intense pressure on the first filling is a little brightening of the surface, due to mercury. One thickness of tinfoil absorbs all that appears. This is a test severe enough for any amalgam filling.

Should the cavity extend so far beneath the gum margin that it is impossible to carry the dam beyond its edge, prepare and smooth the margins, and fit a matrix, smoothing its sharp corners and edges. Slip it to place and apply the dam. Then proceed with gutta-percha to hold the matrix against the cervical edge, just as if the dam had been placed on first. The only difference in succeeding steps is that more care must be used in getting such a thin layer of cement at the cavity edges as gives the best results, and in removing every vestige of cement from the very edge.

In ninety-five per cent. of amalgam fillings put in by me, I use a cavity lining of cement. The benefits of cement are five-fold; (1) it retains the filling; (2) it preserves the color of the tooth; (3) it prevents the metal from transmitting sensations of heat and cold to the pulp; (4) by its use we save valuable tooth structure, as owing to its adhesive properties we do not require so much cutting for anchorage; and (5) if caries should occur in any part of the tooth near the filling and should extend to the filling, it progresses less rapidly than if no cement had been used. Amalgam in contact with dentine in a live tooth discolors it, and by virtue of that very discoloration preserves it, but no one has yet seen the same happy effect follow the contact of amalgam with enamel. There may be a slight discoloration but there is also a

slight disintegration and as a result the tooth is an easy prey to caries all along the border of the filling. I care not how near the cement may be to the edge, in fact I take pains to plaster cement all over the cavity, but I also take the precaution of removing every particle from the very edge, after packing my first layer of amalgam, so that when the filling is finished, there will be no cement to dissolve out.

In cases where the pulp has been removed, the support received from the cement is of the greatest benefit, because the longer a tooth is pulpless, the more brittle it becomes. Amalgam directly in contact with dentine in a pulpless tooth, does not discolor with the result of preserving it, as in the case of a live tooth, and if no cement is placed under it, disintegration takes place sooner or later.

In cases where the teeth are firmly fixed, secure space by separating previously to the date set for filling if possible, otherwise great difficulty will be experienced in getting a proper contact with the adjacent tooth. In cases where the side walls are broken down it is always safe to secure space, but if the side walls are still standing and enough of the tooth remains to keep a correct contact between it and its neighbor, it is not necessary in young subjects to separate. The pressure of amalgam against the matrix is sufficient to counterbalance the little space taken up by it between the teeth.

In my experience the most humane method of securing space is by the use of the Perry two-bar separators. I have no wish to advertise these articles for the sake of the dealers, but if a greater number of dentists realized the wonderful benefits following their use, their patients would receive the blessing, and they would receive the patient's thanks. I had one of these separators ten years before I had demonstrated to me the proper use of it. Immediately I bought the others of the set, and since that time have had endless satisfaction. Separation may be secured in many ways, but with the exception of the tedious process of filling the cavity with gutta-percha and allowing it to remain for some months, there is nothing will move the teeth apart so easily and painlessly, and do so little damage to the teeth and surrounding tissues as the Perry separators.

Many forms of matrices are used and all have their advocates who obtain good results, but for contouring the approximal aspect of a tooth, standing in correct relation with its neighbors, the only universally satisfactory matrix is one cut and fitted to the particular case in hand.—*Items of Interest.*

Correspondence.

A FATAL CASE OF SEPTICEMIA.

To the Editor of DOMINION DENTAL JOURNAL:

SIR,—Replying to yours *re* death of Thos. Scott in Galt Hospital, may say that immediately upon receipt I interviewed the medical doctor (Dr. Wardlaw) in attendance, and obtained the following information, which I will give you in his own words:

Patient, Thos. Scott, of near Branchton, farm laborer, aged 39, called for treatment on Thursday p.m. Condition—Found right sub-max. gland and cellular tissue swollen from ear to under the neck, around post-median line; left gland slightly enlarged; tongue pushed up and lower jaw almost immovable; articulation so indistinct that little could be understood. Temperature, 102½; could hardly breathe; had eaten nothing since Tuesday previous; fascia all swollen and infiltrated with pus. Fed him by nutrient enemata; made incision on median line, also on the side of jaw; slight discharge; suffering then from "Ludwig angina." Could not get into the mouth to treat, but found an abscessed root. During Thursday night it broke in the mouth, and being unable to spit, part of the discharge ran into his stomach, and had a tendency to strangle him. On Friday a.m., unable to speak or swallow; lymphatics over chest all streaked with red; dulness over left lung; teeth set and could not cough. Traumatic pneumonia apparent. Delirious at 2.15 p.m., Friday; then gradually sank, and died in half an hour from inanition, the result of septicemia.

History of the case—Some time ago his tooth became sore and he was advised by either a medical doctor or a dentist (the former, I think) not to have it touched while sore. While attending Toronto Exhibition he caught cold, and felt somewhat indisposed until Tuesday preceding his death, when his face began to swell rapidly and the soreness in the jaw to increase. On Thursday following he called upon Dr. Wardlaw, as previously stated.

I am of the opinion that he was never seen by a dentist, either before or after death, and that the medical advice was given by a doctor in the village near his home.

I am, very truly,

SYLVESTER MOYER.

Galt, Ont.

Dominion Dental Journal

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AN UNPLEASANT MATTER.

In the published proceedings of the R. C. D. S., of Ontario, appears a protest against the election of one of the members of the Board, "on the grounds of conduct unbecoming a member of said Board, corrupt practices and bribery," signed by a licentiate who was a defeated candidate for the position. We would have preferred to avoid noticing the matter in this journal, owing to the vagueness of the accusation, as well as the fact, that the gentleman accused bears a personal and professional character beyond reproach, and was not only re-elected a director of the R. C. D. S. over his accuser, by a vote of twenty to eleven, but seven months afterwards was unanimously appointed by the largest representative Dental Society in the Dominion, President for the ensuing year. The protester, however, sent us a copy of the letter upon which his charge was based, with a request to publish it, but as we conceived that its publication without other proof would probably lead our publisher into a libel suit, we proceeded in our own way to sift the matter and the motives to the bottom. Being referred by our correspondent for the fuller information we solicited, to another licentiate, whom it appears also had run against the accused in some official difficulty, and was also defeated in 1892, we were dumbfounded at the freedom

with which this gentleman expressed himself. It then dawned upon us that if the accused had written an innocent letter that could be made to appear corrupt, as many a man, and even the Apostles have done, there might be rivals ready enough to misjudge and misrepresent him, and that unless we searched, as a matter of fair play, for the motives of the charge, and for rebutting evidence, the publication in the JOURNAL would be, as it is in the Proceedings, entirely *ex parte*.

It has occasionally been our misfortune, ever since we began the JOURNAL in 1868, to refuse to let it become the medium of malice. When the ordained saints squabble and malign one another at times, it is no surprise that dentists should now and then follow their practice rather than their precepts, and few outside the charmed circle of the press can imagine the barrels of mollifying oil editors annually pour upon troubled oceans of water. In the particular case with which we are now dealing, without any knowledge of the *pros* or *cons*, with every desire to do justice, we confess that our two correspondents impressed us with the belief, that a good name had fallen, and that the owner had become a knave of the first water. Yet, one will not easily go back on a tried reputation, or soon lose faith in recognized integrity. Our correspondents insinuated, but we did not feel in a position to condemn one whose career and character had been unimpeachable. The immoderation of language justified the suspicion that their devil was perhaps not so black as they painted him.

We do not think it necessary to enter into the details of the protest. They may probably find ventilation elsewhere; but we consider that the eagerness with which our correspondents, both of whom owe a fatal defeat to a fair fight, combined to accuse an honorable *confrere* of bribery and corruption, was far from manly or gentlemanly. The accused not only occupies high positions of trust and confidence in the profession of Ontario, but as a town councillor, a leader in his church, and a citizen of distinguished merit, these libellous charges might, were he not well known, cause the ruin of himself and his family. In reply to our private communications, we received letters from the leading cleric and lay residents of his town, and no man in Canada could receive higher testimony as to character and reputation. Few reputations would be safe were any of us exposed to deliberate misjudgment, and misrepresentation in this way. The tendency to invest innocent actions with criminal intent, can be carried into the peace of any family, especially if one happens in an off-hand, unguarded way, to say or write what may be given a double meaning. In spite of this indiscretion or want of care in composition, we are fully convinced that the motives of the accused were perfectly innocent and transparent. We would be sorry to use the

"protest" as a boomerang, but to draw it mild, we would kindly offer the warning, that in jumping to a conclusion our correspondents may find they have committed a sort of suicide.

ONE PHASE OF MALPRACTICE.

We should like a few test cases submitted to the courts in the several Provinces of the Dominion to discover whether or not the greater part of the practice of the cheap Jacks is not wilful and ignorant malpractice, subjecting the practitioners thereof to heavy fines for damages, and the cancellation of their license.

What is the recognized first duty of the dentist, to save or destroy? There could hardly be a judicial or jury dispute as to the functional value of human teeth in comparison with artificial, and the duty incumbent upon licensed dentists to preserve the former. The surgeon who would amputate a finger on account of a wart, or a toe on account of a corn, would be no more censurable, morally and legally, than the miserable beggars who tempt the uneducated to have teeth extracted which could and should be preserved. The average untaught or unthinking patient, who finds that it will cost as much to have one or two of several carious teeth filled, as it will cost to have them all extracted, and an artificial set inserted, has a provokingly tempting inducement put before him to choose the latter. That, of course, is the chief business of the cheap Jack; and by slovenly work, cheap materials, and the employment of unlicensed and underpaid hirelings to do the laboratory labor, the quack, for he is nothing less, though he may be something more, in the nature of a first-class rascal, finds a daily profit in the accumulation of large orders for his rubbish.

Some of our friends differed from the opinion of Dr. C. N. Johnson at the last meeting of the Ontario Dental Society, that within the range of his experience he had seen more artificial teeth, according to population, worn in Ontario than in any other place he had ever visited. If the doctor had had the same opportunity in the Province of Quebec, especially in Montreal, he would have hardly found words to express his horror. The fact is not at all difficult of solution. We are cursed in Ontario and Quebec with more dental *abattoirs*, according to population, than can be perhaps found anywhere else in the world, and we make this statement advisedly. By shameful advertisements, by the exhibition in show cases—the latter only in Quebec—by the offer of "free and painless extraction," sets of teeth from three to five and ten dollars, the public has been educated in the press. From these alluring clap-traps a large part of the public get the only know-

ledge of the objects of dentistry. Many of our honest practitioners too, are not entirely blameless. They foster the fashion of the vulgar exhibition of conspicuous gold crowns; they caricature instead of imitating human nature. To-day we see refined and educated people exhibiting the vile vulgarisms and disfigurements of operative as well as prosthetic dentistry, and instead of leading they are lead by public vanity and vulgarity!

However, there is a wide gulf between this vulgarity and the wholesale slaughter of teeth which can and should be preserved. Whether a man will or will not wear a conspicuous gold crown, is not a serious matter. But whether he will or will not be persuaded to have his mouth slaughtered by the advice of a dentist, can certainly be proved to be a very serious matter. A few cases in the courts, a few hundred dollars damages awarded to a victim, this would "educate" public opinion in a startling manner. We should like to have some expressions of opinion on the suggestion.

WHICH "PAYS" BEST?

Is it, or is it not, in the interest of the profession, that it should be cleansed of the customs, which, however legitimate and enterprising in trade and commerce, are frowned upon in every country by every organized society of dentists? There can be no dispute on this question, because there has never been any doubt. The fact exists and has existed from the time that dentistry in the United States and Europe, became recognized as a profession. It has been a fact in every association in every province of Canada, and no one has had the temerity to venture upon its repeal.

The matter of quack advertising resolves itself into a question of individuality. Certain individuals do not take any stock in the "interests of the profession," unless they can use them as collateral booms to their personal interests. Given the opportunity to feed themselves at the expense of an Association, and there are individuals who would condescend to occupy any office, or shoulder any responsibility. It ought to be quite easy in every provincial society to checkmate such selfishness. A man who uses the public press, or any other form of advertising, to gain for himself notoriety or precedence he does not deserve, would use official position in the same way. We have seen this accomplished upon several occasions by men who, if they ever did anything for the profession, did mischief; and who ceased from interesting themselves in it as a body, just when they were unable to further their own interests. Loyalty to the profession had no inspiration,

when the opportunity ceased of loyalty to No. 1. And the consequence has been, that this class constitute the grievance-mongers in our ranks, who have a dog-in-the-manger existence, ready to conspire against established law and order, and defiant of all professional decency, by the length and the lies of their advertisements. This goes to show the importance of respectable practitioners strengthening the ranks of the provincial societies. Every man on the roll should count for the common ethical objects and customs to which these associations are committed. Every man out counts, whether he will or not, on the side of the enemy. It is the personal and professional interest of every one who seeks the respect of his *confreres*, and the confidence of the public, to ally himself with these societies. The public cannot be fooled forever, and the time is fast approaching, when those who have ignored the true interests of the profession, will find the bottom falling out of their pretentious public falsehoods. In one sense it may "pay" for awhile to be a charlatan, but in the long run it "pays" much better to be a man of honor, and to keep one's reputation unspotted from even the suspicion of humbug.

SIGNS OF DEGENERACY.

When that curse of the profession, Vulcanite, was first introduced into Canada, the average fee for a single set was forty dollars in Montreal, and thirty in Toronto. There was no more reason then than there is now, why this difference should exist, except we attribute it to the greater, at the time, gall of the eastern dentist. To-day, when the cost of living and practice has doubled, there are dentists who advertise single sets for seven dollars in Montreal, and four dollars in Toronto! At the time of the introduction of this base "base," it was commonly predicted that it meant the degeneracy of the ethical, as well as the financial interests of the profession, in a much greater degree than the use of plastics in operative dentistry. Amalgam, in spite of its practical merits, became a *bete noir*. The "Real Painless" practitioner has come to the fore, not only with immense professions of superior facilities and lower fees, but with deliberate falsehood and hypocrisy reduced to a fine art. The unseemly exhibition of conspicuous all-gold crowns; the mechanical monotony of a great deal of the prosthetic work seen in the mouths of the people we pass in the streets; the low moral tone of the advertisers who are ashamed to use their own names in the public press, and the lower moral tone of those charlatans who glory in their shame under their own names, all point to a down grade tendency. There are many who will always prefer to live

their professional and social lives on a high and dignified level, who will always have the self-respect of gentlemen, and the honorable desire that their occupation should be esteemed as something more professional than the business of the barber. The position of affairs is full of problems in the interest of the public as well as the profession. It is inevitable that the quack, who offers his services below cost, intends imposition on the public by hook or by crook, and that his pretence of philanthropy is a disguise for his rascality, It is just as inevitable, that the reputable practitioner who is forced by circumstances to reduce his fees to a minimum, must lose heart and enthusiasm,

"Dipping buckets into empty wells,
And growing old in drawing nothing up."

Is there not some fear that human nature will not stand the strain, but that openly or on the sly, many an honest practitioner may reluctantly find himself competing on the level of the quacks?

THE WAY THEY DO IT IN THE U.S.

Another proof that we have a better system in Canada of electing the Dental Boards, by the votes of the registered members of the profession, instead of permitting the Governor to enjoy the privilege, is given by Jas. McManus, of Hartford, Conn., in an open letter to the *Cosmos*. The President of the Connecticut Dental Board was unceremoniously tossed aside to make room for a young, comparatively unknown dentist, without an adequate opportunity for the profession to be heard, "a new comer who is not a graduate and who shows but little, if any, interest in professional affairs." Dr. McManus writes feelingly of "political bosses," and states that examining boards "may become a decided menace, rather than a benefit to the public and the profession." We manage this matter better in Canada. We should as soon think of asking the Governor of our Province to appoint the members of our Boards, as ask them to accept the appointed members of our Board for their private secretaries. They would think we were weak-minded constituencies in either case.

SERVICE UPON JURIES.

It was early recognized by the Legislature of Quebec, that the dentists were entitled to exemption from service upon juries. Allowing for the more important claim of the medical profession in emergencies involving life and death, which gives them legal

and humane preference, it was admitted that as a branch of the healing art, in which appointments must be made and kept, involving the possibilities of severe suffering, and in some cases of probable mortality, there existed sufficient reason why the dentists should not be obliged to inflict upon patients the consequences of inability to fulfil their engagements. It was certainly very unselfish on the part of the members of the R. C. D. S. to reject the memorial of the Eastern Ontario Dental Association, to secure legislation granting this exemption to Ontario dentists. The privilege is much appreciated in Quebec, and if the members of any part of the profession are entitled to the exemption, it is certainly those of Ontario.

IT ought not to be necessary to say that the editor is not responsible for the views expressed by correspondents. Sometimes opinions are widely divergent from those of the editor, but it is just as likely that the editor may be wrong instead of the correspondent. Perhaps we are in error in the aspiration to clear the skirts of dentistry of unprofessional practices. Perhaps dentistry ought to be made a trade. But the chief objection to that proposal lies in the fact that the proposers are such rascals that they would lie and cheat all the same in a trade. However, let us air our opinions. Variety is the spice of opinion.

Reviews.

A Manual of the Injuries and Surgical Diseases of the Face, Mouth and Jaws. By JOHN SAYRE MARSHALL, M.D. (Syra. Univ.), Philadelphia. The S. S. White Dental Mfg. Co., 1897. 617 pages.

This well printed and profusely illustrated addition to the branch of dental literature, in which the late lamented Prof. Garretson pointed the way in America, and which Christopher Heath inaugurated in the Jacksonian Prize Essay of the Royal College of Physicians and Surgeons in 1867, will readily commend itself to the profession. Necessarily a work of this character displays its obligations to previous authors, and in fact, it is quite apparent that in a number of the chapters the author has omitted to tell us that Heath's "Injuries and Diseases of the Jaws" have been very liberally drawn upon, frequently with only slight verbal alteration. The work, however, will be appreciated by students for the pains the author has taken to introduce subjects belonging to the general

principles of surgery; the microscopic study of bacteria; the general principles of antiseptic treatment; inflammation, etc.; yet, it must be recognized, that so far as the diagnosis and treatment of the conditions to which the work mostly refers, a dentist not possessing regular medical qualifications, who would presume to meddle would be amenable to condemnation. There is no more mischievous man in the ranks of dentistry, than the smatterer in medicine and surgery who, by reason of "a little knowledge" and even the possession of an easily obtained medical diploma, ventures to rush in where none but surgical experts should tread. We are strongly opposed to such practice, and fortunately, we are not much afflicted in Canada with this sort of presumption. Having mentioned this as a warning to the practical dentist, it is only just to say that the study of such a work as Dr. Marshall's will tend to enlighten and broaden observation. In this direction and with this object in view, there are direct and collateral benefits to the practising dentist, who has frequent opportunities to observe pathological conditions in the mouth, before they may be known to the patient. The author has introduced at the end of each chapter a series of review questions covering the most important facts presented upon each topic, to be used by teachers and students as a basis for class quizzes. The illustrations upon bacteriologic and pathologic subjects were made from photo-micrographs specially for the author. We recognize some old familiar faces and illustrations which have haunted us through our literature for many years and which bear reproduction, but the original plates are excellent and abundant. The author expresses himself very clearly, and covering a very large field, has not been guilty of the great amplification which marred the work of Prof. Garretson.

LITERARY NOTE.

IN Appleton's *Popular Science Monthly* for August, Dr. T. D. Crothers considered "New Questions in Medical Jurisprudence," concerning the moral and legal accountability of inebriates, especially for their crimes and their contracts, and in regard to the extent to which their testimony and their confessions can be relied upon. The use of the Thyroid Gland in Medicine is of special and peculiar interest because, instead of having been deduced empirically like most other features in medical practice, it has been adopted as a logical conclusion from adequate premises. It is described in the August number of Appleton's *Popular Science Monthly*, by Dr. Paerce Bailey.