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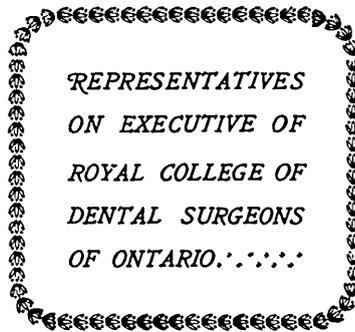
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Dominion Dental Journal

Vol. X.

TORONTO, SEPTEMBER, 1898.

No. 9.

Original Communications.

DISEASE AND THE EVOLUTION OF MEDICINE.*

By D. V. BEACOCK, Brockville, Ont.

The text of the following paper was suggested to my mind while taking dinner with some friends in the city of Toronto. The subject of drug medication came up in the course of our conversation. One of the ladies, a dentist's daughter who had just returned from an extended tour on the Continent, asked the question, Do you believe in faith cure? I replied I certainly did, but not in the sense that was popularly understood; not by any means. That the imagination plays some wonderful tricks with the body, no one who has paid the slightest attention to the subject of psychology can for one moment doubt.

But there is a very wide difference in the way in which this is effected. That diseases are cured by direct acts or special providences, I cannot conceive or believe, but that they are cured through the imagination acting in a powerful manner through the mind, I am perfectly willing to admit, as thousands of well authenticated cases too plainly testify. The educated physician knows that the phenomena connected with the nervous system are more wonderful and incomprehensible than any other observed in the animal organism, and but few of them are fully explained by the various theories concerning the nature of nervous substance, and the manner of the transmission of nervous impressions. If we will consider the brain and spinal marrow as batteries generating animal electricity; also the twelve cranial and thirty-one spinal nerves as so many conducting wires by which motion and sensation are respectively conveyed to and from every part of the body, and then consider the great sympathetic nerve, and its independent ganglia and various cords, as being the means of establishing nervous

*Read before the Eastern Ontario Dental Association.

communication between all the different portions of the body, then we shall have a theory by which there is a possibility of conveying sympathetic impressions. But why these impressions should be so conveyed to various parts of this intricately woven web of nervous tissue, interfering with their harmonious action, is probably a mystery never to be explained.

A slight investigation into the studies of psychology will furnish us with a key to the mysteries of the wonderful cures said to have been performed by faith cures, Christian Scientists' patent medicine cure-alls, mineral waters, health resorts, shrines, hypnotic suggestion, doctrine of impressions, etc.

When all the different organs of the body are fulfilling their separate duties, performing all their proper functions in relation and harmony with each other, and in perfect condition with their environment our bodies are said to be in a state of physiological equilibrium, that is, in a state of health; in other words, at ease with all their surroundings. 'Now, whenever patients seek the aid of either doctor or dentist, it is naturally assumed that they are not in a state of ease, their condition is its converse, viz., disease, which is the general term for any deviation from a normal state of health. This little prefix (dis) expresses a converse or negative force fully, if a man is not honest he is dis-honest, if not able dis-able; if his body is out of order, dis-order. From this we may easily understand that disease is not a thing or substance, it simply denotes a peculiar state or condition, so that health, or ease, and disease, are merely relative terms, as good and bad, heat and cold, etc., and it seems to me that there is nothing for which self-knowledge is more indispensable in practical life than to enable a person to steer a straight course between these opposite extremes, and to discern clearly the boundary line between right and wrong. For example, too much heat will burn and destroy us, too little will freeze and destroy us, while the proper proportion aids health and life; so, too much or too little of anything that exists, acts in the same manner. Of some we need more, and of others less, to maintain health. Within the proper amount nothing is poisonous; out of the proper amount, everything is poisonous. For instance, weight for weight, and equally compressed, the oxygen of the air we breathe is the most deadly poison known to man. Did it ever enter your minds that a troy ounce of pure oxygen will kill more people, and in quicker time, than a troy ounce of any other known substance, strophanthine excepted. Yet we all know that we cannot live without oxygen. Muriatic acid is another deadly poison, and this, too, is a necessity to our existence, being supplied to our system in the form of chloride of sodium, or table salt.

The law of polarity, by which things good in themselves, if pushed to extremes become bad, and every truth develops a

corresponding error, is of daily and universal application in all our practical affairs. This applies just as much to the health of our bodies as to our business; any deviation from the laws of either bring corresponding loss. We know that everything is governed by law, every leaf that falls, as well as every grain of cosmic dust is under the reign of law.

Every violation of the organic laws, brings corresponding suffering both physically and spiritually, every evil word, or thought, or act, leaves its indelible impress on through all time, as well as eternity, just as a scar on the body, no matter how small the wound. This law cannot be too strongly enforced on the minds of the rising generation. Our bodies being formed of mutually dependent parts or organs, anything which prevents due performance of its duty by one part or organ, must react injuriously on all the others.

There was a time when all diseases were supposed to be caused by evil spirits. When a person became sick, it was taken at once to be a case of obsession; one or more evil spirits were supposed to have taken possession of the victim. At first, in all those cases, they had recourse to priests. Thus we see that the first medicine men were ecclesiastic and their treatment consisted solely of charms, prayers or incantations, coupled, of course, with some rich offerings to the gods. The Old Testament attributes such diseases as the leprosy of Miriam and Ussiah, the boils and hæmorrhoids of Job, the dysentery of Jehoram, the withered hand of Jeroboam, the fatal illness of Asa, and many other ills to the wrath of God, or the malice of his satanic majesty.

Luther, as is well known, ascribed his own disease to "devil spells," declaring that Satan produces all the maladies which afflict mankind, for he is the prince of darkness and death, that he poisons the air we breathe, etc.; but no malady comes from God. So that down to the Reformation there was no sudden change in the theory of medicine from fetishism. In all times, and now among all savages, when very bad spirits are supposed to be in possession of any one of their number, they fight them out with bad odors or very abominable doses. Here we see the origin of "*Similia similibus curantur*."

It was not till the time of Pythagoras, in the sixth century B.C., that sick persons were visited in their own homes. Previous to that date, when the priests held rule, the sick had always to be carried to the temples to be healed. And it was not till a hundred years later, fifth century B.C., that Hippocrates, the father of medicine, appeared, and quietly but thoroughly broke away from old traditions, developed scientific thought, and thus laid the foundation of medical science upon experience, observation, reason, etc., and his teachings are to-day the most precious of our race. Yet he believed that all diseases had their origin in the four humors of the body, "blood, phlegm, black bile and yellow bile."

One of his greatest merits is that he was the first to dissociate medicine from priestcraft, but his knowledge of anatomy, physiology and pathology was necessarily very defective, as the Greeks precluded all dissection. He was the first to make use of the phrase "Vis Medicatrix Naturæ." Trepanning and phlebotomy was known, but little practised. The pulse was not even spoken of in any of the works attributed to Hippocrates. He attached great importance to diet, etc., medicine, in his estimation, being only of secondary importance, although there were no less than 265 drugs in existence in his time. From what we can learn, Hippocrates was entirely ignorant of the use of nerves, and made no distinction between veins and arteries; nevertheless, he has the distinguished honor of laying the foundation of medical science.

For a long time a battle waged between priest and medicine-man for the mastery. The church was up in arms against medical men for any new discovery, doctors were denounced, charged with sorcery and unlawful compact with the devil. In 1203 the Popes ordered all medical books from the monasteries, and forbade their study. Doctors have been under the ban of the church down to the last part of the last century, for no physician could practise in England without the signature of the Bishop of London to his parchment.

Petrarch called the doctors "men who deny Genesis and bark at Christ." They were called atheists, Mahomedans, sorcerers, magicians, and all other titles likely to embitter the ignorant and superstitious against them. As late as 1722 the Rev. Ed. Massey said that all diseases were sent by Providence for the punishment of sin, and any attempt to prevent them was a "diabolical operation."

And would it not be expecting too much from human nature to imagine that pontiffs, who derived large revenues from the sale of the Agnus Dei, or priests, who derived both wealth and honors from the cures wrought at shrines under their care, or lay dignitaries, who had invested heavily in relics, should favor the development of any science or discovery which undermined their special interests. During a dreadful pestilence in the year 590 a great ecclesiastic made the remark that "pestilences were the harvests of the ministers of God."

As late as 1663, Beecher's "Medicinalis Illustratus" contained, among other equally quaint yet loathsome therapeutics, the following: Powdered human bone in red wine to cure dysentery. The marrow and oil distilled from human bones is good for rheumatism. Prepared human skull is a sure cure for falling sickness. Moss grown on a human skull a hæmastatic. Mummy dissolves coagulated blood, relieves coughs. Human fat, when properly rubbed into the skin, restores weak limbs; and druggists during

these times kept in stock, for compounding of physicians' prescriptions, the excreta of human beings and other animals, spirits of human skull, human fat, wolf liver, fox lung, pike's jaw, gall stones, scorpion and centipede ashes.

"With more of horrible and awful,
That even to name would be unlawful."

Water in which a single hair of a saint had been dipped was used as a purgative; water in which St. Remy's rag had been dipped was said to have cured fevers. Wine in which the bones of a saint had been dipped cured lunacy. In surgery, the application of various ordures relieved fractures, the touch of the hangman cured sprains, the breath of a donkey cured toothache.

We are inclined to laugh at our ancestors' credulity, because they did not hesitate to swallow such vile decoctions as mentioned above and at the fetish ideas that led up to such abominable forms of medical treatment, but are we entirely free from them? Why sometimes I think that history is repeating itself, even in medicine, for in 1891 we find Drs. Brown, Sequard and Darson Val strongly advocating that the morbid symptoms that depend in man on the internal secretion of an organ, should be treated with the extract of the liquids taken from the same organ in a healthy animal. And have we not Thyroidine from the thyroid gland, Pancreatine from the pancreas, Cerebrene from the brain, Pepsin from the stomach of animals, Testine from the testes, and cod liver oil from the livers of codfish? And many of the old remedies that are absolutely worthless, stick by us still as family heirlooms. Because liverwort has a leaf like the liver it is supposed to cure diseased livers. Bloodroot having a red juice like blood, is considered good for the blood. Eel skin is used for sprains, and rubbing the eye with a gold ring cures hordeolum or stye. Bears' grease is supposed to make the hair grow because bears have a thick coat of hair. Hundreds of people in this age believe in charms to cure toothache and many other complaints, and numbers refuse to wear anything but red flannel, because they believe it to be in some way medicated. Little do these poor deluded mortals think that they are under the thrall of the silliest kind of silly superstition. To show the wonderful effect of the imagination of the mind over disease, etc., it is only necessary to look at the wonderful cures said to have been performed at Lourdes, St. Ann de Beaureport, Treves and other shrines.

Only a few years since the Toronto dailies had several articles describing the wonderful cures by one D. Armstrong by simply laying on of hands, and no less a person than Herbert Spencer dwells upon the fact that intense feeling or passion may bring out great muscular force, and this wonderful power of the mind over the body is well known to every observant student.

Any one who has read that strange but interesting work "Flagellations and the Flagellants," cannot but be impressed with the remarkable cures wrought by the dreadful scourgings and whippings that were so much in vogue during that benighted age. Dr. Campanella of Italy mentions the employment of flagellations as a remedy for the obstruction of the bowels, in the case of an Italian prince, who could not be relieved unless when beaten by a servant whom he kept specially for that purpose. The large amount of blood lost by the poor victims during and after their severe flagellations was often noticed to relieve many diseases, hence arose the extensive practice of phlebotomy or the use of that murderous little instrument, the lancet, now happily "relegated to the realms of innocuous desuetude," but which was once so much in requisition when people begged to be bled every spring for all sorts of imaginary complaints; those morbidly inclined and emotional patients, who take pleasure in their distresses, whom it would be cruel to cure; their pains and aches are their possessions, and any man wishing to make them well would be little better than a thief or robber; they are those whose chief felicity in this life consists in doctoring and being doctored, and to whom the removal of their bodily ills would be like the death of long-cherished friends.

Coming down to later times we read of the efficacy of the king's touch for the cure of king's evil. King George the Fourth is said to have touched over a hundred thousand persons during his reign, and the gold medals, called angels, issued to the afflicted in one year amounted to over ten thousand pounds. And in William the Third's reign (1689) a patient was brought to him and upon touching him, said, "God give thee better health and more sense," and yet history tells us that this patient was cured notwithstanding William's incredulity.

Let us look further at this doctrine of impressions. Here is the case of a gentleman riding home on horseback from the country; fatigued, weary, and with a severe headache, and so indisposed that he can only just keep his saddle, he is met in a lonely spot by a robber who seizes his bridle and presents a pistol, demanding "Your money or your life." The gentleman puts spurs to his horse, the crack of a shot adds to the confusion and excitement, he arrives home safe, dismounts and to his great surprise finds his headache all gone; the vital force is driven to the extremities, and his hands and feet are warm, he is entirely well! The supreme impression of his mind drove the electro-nervous fluid from his brain—the blood followed it. Now there is nothing strange in this. It is simply the curing of diseases by the doctrine of impressions. Medicines produce a physical impression on the system, but it is always the inherent operation of nature's own sanative principle that cures, the *Vis medicatrix naturæ*, and just here let me say

that, paradoxical as it may appear, disease and *Vivis medicatrix natura* are one and the same thing, for disease is only remedial action.

We all are aware that catharsis is often produced by fear. Soldier's fright just before a battle, and student's before an examination, are familiar examples, showing the wonderful effect fear and suggestion has on the mind, how it operates on the muscles, causing them to relax, etc. Often a piece of bad news is succeeded by severe sickness; and continued anxiety or worry will cause loss of appetite, indigestion, and diarrhoea, thus deranging visceral action, as well as the whole process of nutrition. On the other hand, the physiological benefits of emotional pleasures are still more manifest. Every power, both bodily and mental, is increased by good spirits, and every medical man knows there is no such tonic as happiness.

An emetic taken into the stomach produces secretions most freely from the glands of that organ, from the mucous membrane of the lungs, the glands of the mouth and tongue; it robs them of the moisture which is continually accumulating upon the stomach, and thus vomiting is produced. The very same principle takes place when cathartics are administered, only the action is downwards instead of the reverse or upwards. Let us suppose, for example, while eating strawberries and cream you tell a sensitive lady that she has swallowed a worm or fly; she instantly stops eating, turns pale, and in a minute begins to vomit freely. How is this, when neither has been swallowed? Don't you see the vomiting principle is in the brain. She really believed that she had taken into her stomach what was stated; she kept her mind steadily fixed intently upon it; her mind threw the electro-nervous force from the brain to the stomach, which caused it to collapse and this produced the vomiting. Now the vomiting in this case and in the case of the emetic, was occasioned by one and the same thing, and that is the electro-nervous force. The only difference in the two cases is, that the emetic called it from the brain by a physical impression, and the mind forced it from the brain by a mental impression. Riding in a swing, the motion on a vessel, riding in a closed carriage, a fall or a blow on the head will frequently cause vomiting. Thus disease itself being a remedial action, it is simply an effort of nature to expel impurities from the organic domain, and to overcome the effect of their presence. It is a process of purification and reparation. It is nature, the constitution, or the living system at war with morbid agents and abnormal conditions. And this process should be aided and assisted not suppressed nor subdued; and for this supreme purpose nature requires not poisons but rest, sleep, water, air food, light, etc., each adapted to the circumstances under which she is laboring. Some

writer has said that "pain is a guardian angel to turn us from the sensuous Eden of ignorance."

The majority of people are very unphysiological in their habits of eating, drinking, exercise, clothing, etc. They live in such a way as to clog up the outlets of the body, accumulate impurities, obstruct the blood vessels, and oppress the vital organs. They are consequently heavy, dull, torpid, and in a condition to feel the need of stimulants or something to arouse vital action and quiet morbid irritation. And hence they find in the stimulus of alcoholic liquor, and in the sedative influence of opium or some other narcotic, remedies precisely adapted to their feelings; and although these medicines invariably make a bad matter worse—the temporary relief and exhilaration being attributable to a preternatural excitement and expenditure of vital power—the pleasurable sensations of the moment are, in most cases, sufficient to induce the invalid to keep on repeating the doses with increasing frequency until the system has no longer the ability to respond and the vital machinery is in a sad condition of premature decay. And just here, let me emphatically impress this upon your minds: all the dissipation and debauchery in this so-called wicked world originates in the same way.

People have faith in drugs, all the world over, in exact ratio of their ignorance of their nature and *modus operandi*. If it were generally known that all the sarsaparillas, tonic pills and bitters, invigorating cordials, purifying syrups, life balsams, blood foods, nerve strengtheners and matchless sanatives of the world which are running down the throats of the credulous and unthinking multitude, as the rivers run down to the sea, owed all their potency to charm, their virtue to cure and their ability to delude to some combination of stimulants and narcotics, and mainly to alcohol, opium, sugar, etc., they would no more think of seeking a remedy for disease in any of these quack nostrums than they would think of going to a grog-shop for a panacea for all the ills that flesh is heir to.

The advance of science, which is only a higher development of common knowledge, has almost revolutionized all the old fetish and theological ideas of disease. The study of anatomy gave birth to physiology as a natural sequence. William Harvey, a young Englishman, in the early part of the seventeenth century, demonstrated the circulation of the blood, which in those days was supposed to be an exceedingly impious suggestion, as it showed how that man and animals could live without the incessant tinkering of the Almighty to keep them alive. But, strange as it may seem to us in this enlightened age, Harvey, knowing well the prejudices of his profession, dared not publish his discoveries for many years, and it is said that no physician over forty years of age ever acknow-

ledged the truth of Harvey's discovery. From this time, physiology swept grandly on, aided by discoveries in the new science of chemistry. The laws of digestion, respiration, secretion, excretion, reproduction, nervous and muscular action were soon discovered; then pathology appeared; this study gave rise to histology, and now followed bacteriology, which, you are all well aware, is making considerable stir in our own ranks. I ought, perhaps, to have mentioned that therapeutics begat materia medica and chemistry, and they, in turn, evolved pharmacy.

Previous to the time of Galen, in the second century, there were several sects always contending with each other; afterwards these appear to have merged into one, the allopaths, until 1810, when "The Organon of Medicine" was published by Hahnemann, when allopaths and homœopaths began another therapeutic war. Now it was "Contraria contrariis curantur," against "Similia similibus curantur," and which has yet scarcely died out, although bacteriology is fast putting an end to all these narrowly limited views. One thing, our thanks are due to Hahnemann for having sounded the death-knell to polypharmacy and large dosage.

With the advancement of revolutionary thought, the science of medicine has now become an inductive science in many of its different parts. The part known as diagnosis is especially so. No doctor has any magic of finding out what ails a patient, or what his latent tendencies are. He must get his facts just as a detective does who wishes to run down a criminal, and the more facts he gets the more likely he is to be right in his conclusions. The great mass of people to-day still believe that doctors have some magic way of getting at a knowledge of disease, and a miraculous way of curing. They are praised for things they never do, and blamed for results of which they are entirely innocent. Where their work is most laborious, and their anxiety most intense, their pay, as a rule, is abuse only; every physician and dentist has this experience without exception.

Medical men as well as dentists, stand alone, among all others, striving with might and main to extinguish their own business. They preach temperance, virtue, and cleanliness, know full well that when the people come to follow their advice their occupations, like Othello's, will be gone; they establish boards of health to arrest the spread of disease, while they are well aware that such sanitary measures steal money from their pockets.

Dentists are doing the very same thing in their profession, establishing dental colleges, dental hospitals, for the benefit of the poor, and using every means in their power to educate the people up to preserving their teeth, preventing dyspepsia, with its long train of diseases which invariably follow. This they do knowing that the more their teaching is followed, the less money they will be able to make.

And now let me conclude this paper by stating that it has often been said that dentistry has not received that recognition from doctors that it merits. If dentists in future study and fit themselves as become their profession, making themselves thoroughly conversant with the science of dentistry in all its various branches, especially anatomy, physiology, pathology, and the laws of health, they will soon become indispensable in aiding physicians in the cure of many intricate oral diseases and operations, which are at present sadly neglected. This will compel recognition, without the asking or begging. Dentistry, it must be remembered, is very young, and although, like the medical profession, there are black sheep in our folds, we have made greater advancement in fifty years than the medical profession did during two thousand. This of itself is something for the dental profession to feel justly proud of. It has proved itself quite capable of standing alone, it has outgrown its swaddling clothes, and has no occasion to stand at the door of medicine and knock for admission. There is a work for both to do; let them work together, hand in hand, like Siamese twins, to ameliorate the martyrdom of man, and thus help to remove that ignorant and superstitious belief, that disease and suffering are all the result of Mother Eve being over-anxious to obtain a little extra knowledge by the eating of an apple. For all this there is but one remedy—wisdom, and this is, as Prof. Huxley wisely says, the only medicine for suffering, crime, and all other woes of mankind. Then let us study and think and investigate for ourselves; cultivate the brain, that wonderful organ of the mind—the crowning work of all the Creator's grandest creations.

A CONTRIBUTION TO THE AMALGAM QUESTION.*

By W. GEO. BEERS, L.D.S., D.D.S., Montreal.

Were it possible to produce infallible facts, that would admit of no two opinions, as to the contraction and expansion of amalgams; if we could agree on these questions, as we are forced to agree that two and two make four, there would still remain a phase of the subject practically and morally transcending them all. Supposing we found a positively perfect amalgam, having no physical objections of color, contraction, or expansion, we would still have to face the antiquated creed, born in the dark age of American dentistry, which condemned all amalgams because of the presence of mercury. Anyone familiar with the history of the controversy of 1842, and the symposium of infinitesimal silliness which was carried on by

* Read before the Eastern Ontario Dental Association.

the anti-amalgamites at the time, may be surprised to learn, that coincidentally with the scientific experiments of Dr. Black and others, a Boston dentist, a homœopath of the extremest dilution, aided by several medical men and laity of the same or a similar school, has resuscitated the same old scarecrow, with the same old war-whoop, and the same vague, illogical and unscientific vagaries, which agitated our forbears over half a century ago, and which were repudiated by the large majority.

The article to which I refer occupies twenty-four pages of the journal in which it appeared, and is not only based upon extreme private homœopathic opinions, but upon one of those epidemics of homœopathic opinion which so often, in our experience as dentists, we have known to be utterly unreliable. The writer refers, with remarkable devotion, to "the objections urged by so many physicians"; but if the expressions of such opinion which he publishes are to be the guide for our estimation of their value, we need not concern ourselves, as not one of them bears the impress of logic or correct diagnosis, while more than one exhibit a homœopathic hodge-podge, which read like quack medical advertisements. We are under very many obligations, to the expert opinions of the medical fraternity, on points of diagnosis or practice which touch the borderland of their own operations and experience; but there is nothing more humiliating to well-informed dentists, than the habit which some of our confreres have of admitting, that their practice of many years has been nothing better than experimenting in the dark, and that they must accept as *ex-cathedra* the opinions of medical men on questions wherein the latter depend upon pure conjecture. There are occasions when dentists need to consult the general practitioner; but in reference to the best way of practising and prescribing for the average pathological conditions of the teeth, the opinions of the dentist should be, and are, paramount, especially when the opinions adverse to our practice are the outcome of a small class of one school, and pronounced by writers whose inconsistency with their own principles are glaringly exposed. One of the correspondents of our author, styling himself a "belligerent victim," specially swears at all dentists who use amalgam, and specially extols the author who does not; calling the former "fools and knaves," "fit to be in a lunatic asylum," "impostors on the public," and "frauds"; and generally reveals himself as a belligerent fool. It is never pleasant and rarely popular to criticize with any appearance of harshness, yet often it is necessary. If it is ever justifiable, it is when men set themselves up as of superior clay, and censors of a practice common to the profession at large—a practice which, like all others having limitations, has been approved by the best teachers, thinkers, and experts in the profession. It is no argument against the use of a material for

filling teeth to prove it is abused. Doubtless, too much amalgam is used, but doubtless it is mostly the fault of the patient, who cannot, or will not, pay for gold, and dentists cannot afford to insert gold for the fun of the thing. The financial argument is unanswerable. If I had my way, for instance, I would rarely ever use vulcanite. As a non-conductor, and a fluid and odor absorber, it is the worst base we possess. It has many objections, like shoddy cloth and departmental millinery, but the financial argument appeals in the use of vulcanite as in that of amalgam.

If, however, it can be proved that amalgam and vulcanite are injurious, the financial argument must be abandoned, and we and the public must take the consequences. But we must have something more accurate in the way of "proof" against them than *ex parte* statements; the crazy heroics of "belligerent victims"; the conjectures and dreams, which prove nothing, and which admit nothing can be proved. It is a very serious assertion to make that we are imposing on the public. It is a very modest pretension, is it not? that the only non-poisoners in the profession are those who do not use amalgam. The author of the paper to which I refer, admits (to use his own words) that "to furnish any 'scientific proof,' in the ordinary sense of the phrase, of the injurious effects of amalgam fillings, is quite impossible; nor do we as dentists really need any such proof." In an erratic way, he rattles among the dry bones of the most absurd parallels, and reminds one of the nonsense talked by Christian Scientists and such cranks about "instinct," "deep-seated conviction," which are offered in lieu of experimental proof and deep-seated common-sense. To quote one of many specimens of his arguments: "The writer of this paper makes no claim of having scientifically *proved*, in the common acceptance of the phrase, that amalgam fillings are often a source of evil, or that the question is one that admits of such proof. He merely makes the claim of having *abundantly proved to his own satisfaction*, during the past seven or eight years, the fact that they very often are a source of harm—such proof resting, to a considerable extent, of course, upon what we have seen is necessary in any consideration of the question, to wit, the *conscious, personal experience* of others."

For unmitigated rot, I commend the above as a model. I do not think it necessary to follow the author and his satellites through the fogs of such pseudo-science and false logic. Were it not for the fact, that the "*conscious, personal*" susceptibility of the public is easily startled into serious alarm by the most nonsensical cry if it is sufficiently proclaimed, the theory would not be worthy of a drop of ink. All the ills of life, we are told by just such cranks, come from the use of meat, salt, pepper, tea, coffee, etc. A class of skeptics is bred, a prey to all sorts of fads and

fevers, whose stomachs turn if they taste the millioneth part of a cucumber, or point a fork at an early radish. The realms of medical and surgical practice are full of such biographies of bigotry and idiocy. Vaccination alone has been and still is accused as the cause of disease, as the parent of blotches, rashes, erysipelas, suppuration of the glands of the neck—all of which were due to a pre-existing tendency. It would be wearisome and unprofitable to recall such analogies. Weak-minded people are susceptible to all sorts of mental impressions—the people who make fortunes for quacks; they are as easily possessed of the amalgam devil when it is set on its legs as of any other demon.

What has chiefly led to the cry against amalgam? Precisely in 1898 what roused so many in 1842: the fact that it is used by quacks indiscriminately, with faulty manipulation, faulty preparation of cavities, faulty preparation of abscessed roots. It is used as a hasty stop-gap, as a last resort, often, in teeth which are pathologically unfit for any filling. Most of its failures are those of manipulation. To crown all, like vulcanite, it is cheap, and this is its curse, in one sense.

But what of the mercury in it? When it is properly prepared and hardened it loses all mercurial properties. The fact that mercury enters into its composition is no more evidence that it will produce mercurial effects, than that the muriatic acid in common salt will decompose meat when applied to it. The law of affinity protects both the mercury and the muriatic acid from any injurious consequences when united with the other materials. The mercury is held by this law so firmly by the other metals, and is so completely incorporated with them, that it is no longer mercury, but forms with the other metals which are united with it, a new metal, chemically compounded. To obtain any mercurial effects, we must obtain from the hardened amalgam an oxide, or have it combined with an acid. How can the separation be effected? By heat, or by dissolving the paste in strong nitric acid; but either process would destroy life, for it requires a heat of 700° before silver can be forced from its union with mercury, and an acid of such strength that the tooth and surrounding parts would be destroyed long before the paste was dissolved.

If mercurial vaporization enters the circulation through the lungs, the infinitesimal amount can do no harm; but any mercury that vaporizes in the temperature of the oral cavity, would remain vaporized and pass out by the expiration, as it went in, a vapor.

I regret that I have had to run these remarks together in a very hasty manner, as I intended to give a talk instead of a paper. The revival of the question meets us face to face. If we are using poison, let it be proved; then let it be anathema. But let us not lose the courage of our convictions, every time a crank yells a war-whoop of self-praise conjoined with the condemnation of the practice of his confreres.

MEDICO-DENTAL RELATIONS.*

By MARK G. MCELHINNEY, L.D.S., Ottawa.

When your secretary asked me to prepare a paper for this meeting I assented. Fate so ordained that it be written under difficulties, the greater part on the train between Montreal and Providence and the balance to-day on board the *Gladys* at Newport, R.I.

The smell of the salt water, the rattle and animation of numerous craft and their crews and the general tone of holiday-making are not very conducive to the consideration of serious professional questions. However having promised, something must be done in fulfilment.

The relations that should exist between sister professions form a very interesting subject for thought. Those existing between medicine and dentistry, while ever improving, are not the best that could be desired. The proverbial conservatism of medicine and the recent origin of dentistry have been to a certain degree incompatible. Medicine has been slow to recognize dentistry as a specialty of the healing art, and dentistry has resented this lack of recognition. In the course of evolution each profession passes through certain phases, not always well marked but none the less inevitable. There is that early period of mystery, which means ignorance, then arises a dogmatic empiricism which is as unthinking as it is cruel. Slowly comes the dawn of intelligent action founded upon individual observation and reasoning, action that is decisive without cruelty and uniform without dogmatism. The fault of all dogmatism is that it is based upon generalizations that are more or less arbitrary or at least too limited. Medicine and dentistry have not completely emerged from the empirical phase. The more obscure and difficult the basis the more given to rules will the profession be. Medicine is a difficult study, subject to numerous and ever-changing conditions, the mastery of which is beyond the power of any one individual.

As the majority in any profession is composed of individuals more or less unfitted by nature and training to the duties thereof, it follows that this majority must always be dependent upon fixed rules rather than upon the result of trained observation. In the immediate relations under discussion much that is undesirable is the result of this principle. There is great scope for improvement which can come only through intelligent discussion. In my opinion, dentistry is a specialty of medicine as important and as intricate as that of the oculist, aurist or other specialist. To successfully practice dentistry requires as a basis as well grounded a knowledge of general medical subjects as do any of the others.

*Read before the Eastern Ontario Dental Association.

Dentistry shall not have attained its proper status until every practitioner possesses the degree of M.D. or is provided by his college with its equivalent. I am aware that the course in dentistry even at present comprises that necessary knowledge. But how can the medical profession and the general public be so informed that they may appreciate the dentist at his actual value as a professional man? This recognition must come chiefly through the physicians by their recognition of the dentist as an equal and a co-worker in the healing art. It were better for this movement to take place on the part of the physicians, but to whom are we to look, and how long shall we wait for the man of the hour who is to bring to pass this desired result? Experience has shown that such a movement cannot proceed from above downward, it must grow out of its own inherent strength and desire a natural evolution from below upward. The dentist must deserve, demand, and make good his claim for recognition.

Too many physicians of a lower order are apt to treat the subject of dentistry with a supercilious sneer. Who is Dr. Blank? Only a dentist, a tooth-puller, forgetting that the reproach of "saw-bones" is not yet entirely removed. Some dentists are undoubtedly ignorant, some bunglers, some quacks. Is medicine never open to similar charges? I have seen physicians make grave blunders in the administration of chloroform. Physicians have been known to apply a poultice to the external surface of the cheek for alveolar abscess. Physicians have treated patients for indigestion year in and year out without discovering that the stomach was not provided with teeth. The close relations between dental conditions and the general organism are so important that they deserve much attention upon the part of both professions. The physician and the dentist should work together in complete harmony for the relief of human suffering.

The duty of the physician is clear. He should acquaint himself fully with the bearings of dental conditions upon the general system. He should acquire knowledge of the scope and possibilities of dentistry in dealing with those conditions. He should call in the aid of a dentist when such is desirable and thus make his own efforts more likely to be successful.

Indigestion is a difficult and unsatisfactory disease to combat, because it is of a secondary nature and depends greatly upon derangements of other functions. Impairments of the eliminating functions of the skin and kidneys through exposure to cold, impairment of the functions of the liver, which is the sewage collector of the body, obstructions and irritation of the intestines through lack of time and careless habits are all fruitful causes of indigestion, but the prime cause in otherwise healthy individuals is the projection into the stomach of improperly masticated and unsalivated food.

The stomach has no teeth, neither is it provided with any apparatus analogous to the gizzard of a fowl. It cannot break up large portions of meat or force its juices into solid masses of starchy, fatty, or albuminous matter. The consequence is, that it rebels, refusing to do its duty, and passes such matters on in a crude and undigested state to be again rejected by the organs of assimilation, and to present a continual menace to the delicate structures with which it comes in contact. It is the duty of the physician first, to see that his patient can get the proper and necessary food, and next, that the patient can properly prepare that food for digestion. Small efficacy is there in the treatment of any disease if the prime cause be not first removed or at least the contributory condition ameliorated.

That the foremost physicians have recognized the claims of dentistry is indicated by their utterances on the subject. The difficulty is in impressing our ideas upon the rank and file and through them upon the general public.

T. Lauder Brunton, in his excellent work on the "Action of Medicines," says: "If you can supply the missing function and bring it up to the mark, you will increase the length of time during which the whole organism will go on, therefore attention to the teeth is often a way of prolonging life, and it has been said, and with a great deal of truth probably, that the great increase in longevity of late years is really due to the dentists who supply teeth to those who otherwise would not have them. I think it is almost certain that this increase is due to the simple fact that people can continue now to masticate their food for a very much longer period than before." Such an opinion from a man of Brunton's standing in medicine should convince the most skeptical of the great value of the dentist as a professional man.

Apologizing, gentlemen, for the brief and straggling nature of this paper, I thank you for your kind attention and shall for the next few weeks forswear the study of disease and give my attention to the more pleasant occupation of navigation.

TEMPORARY SETS OF ARTIFICIAL TEETH.*

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

This is a question which does not receive the attention from the profession it should, consequently is not appreciated by the public as it should be. Such questions as the following reveals the ignorance on the part of those who contemplate wearing artificial teeth: "Do you lend a temporary set?" "Have you any temporary sets

*Read before the Eastern Ontario Dental Association.

on hand?" "Have you a temporary set I could wear until my gums are healed?" Being informed that it would be impossible for a patient to wear a set of teeth which had not been made expressly for the case in hand, we are asked, "Do you charge anything extra for that?" Some practitioners give their patients to understand that anything is good enough for a temporary set and that very little need be expected of it. These are they who lend or make a temporary set at a very small cost to the wearer.

We frequently hear from patients who apply for permanent sets, that they had temporary sets but never wore them.

Some practitioners discourage the use of temporary sets, assuring their patients that by waiting a few weeks or months they can have a permanent set. So we see many wearers of artificial teeth with features distorted, gums flabby, flaps of unhealthy mucous membrane drawn down into the spaces left by absorption of the alveolar process after the insertion of the artificial teeth. So we desire to consider for a few moments the following questions: Are temporary sets of artificial teeth beneficial? Why? How may they be made to give the wearer most comfort and benefit?

I take the ground that temporary sets are beneficial, if made so they may be worn with comfort. First, the patient has the use of them for mastication, and this most important to the individual with weak digestive powers, whether hereditary, or caused by continued overstrain by loss of masticating organs. Secondly, articulation. This is also a very important consideration to persons who sing or speak in public. Thirdly, personal appearance. This is no small consideration to ladies, particularly those whose duties bring them much in contact with the public. Fourthly, as a protection for the gums. Instead of temporary teeth being an irritation to the gums made sore by extraction of the teeth, they protect the gums from injury, from contact with hard substances of food and from the teeth in the opposite jaw, where such exist. Fifthly, temporary sets fill the gaps where any extensive bridging is to be done, but where it may be necessary for any reason to postpone the operation. How they may best be made for the comfort and benefit of patient.

Where I can do so, in the case of upper sets I prepare to extract the molars and second bicuspid some weeks before I insert the temporary set. The greatest shrinkage takes place during the first few weeks. I leave the front teeth for appearance and use, where they are of any use for mastication. Ladies who occupy public positions object to being left without any teeth whatever. When the gums, where the molars and second bicuspid have been extracted, are healed and the sharp points absorbed, I extract the remaining teeth and take the impression at the same sitting. Where the teeth have been out for some time I allow rubber to pass up

over the gums. Where the teeth have just been extracted I grind the tails of the artificial teeth to fit into the sockets left by the recently extracted teeth. This method anticipates the absorption of the alveolus. I have often seen temporary sets of teeth put in on this principle, fitting as well, after having been worn two or three years, as others which had been worn two or three months, but had been put in on the ordinary principle. This is not always feasible where an anæsthetic is administered unless it be gas, which may have to be administered twice or more times. The advantages of inserting temporary sets upon this principle are many. It gives them a very natural appearance, looking as if the teeth had grown out of the sockets. After the outer wall of the alveolus is absorbed the tails of the teeth set closely to the ridge. By this method one may, with considerable accuracy, take the impression and make the plate before extracting the teeth. To do so, cut the teeth off the plaster cast, make sockets sufficient to receive the tails of the artificial teeth. This is particularly appreciated in cases of partial sets, as the teeth can be extracted and artificial set inserted at the same sitting. But supposing for some reason, for instance chloroform be administered, the teeth must all be extracted at the one sitting, I would recommend that the gums be given a few weeks for absorption to take place. Then, as in the other case, I would have the artificial gum pass up over the ridge as far forward as the second bicuspids. The front teeth I would grind to fit the gum. That the tails may fit very closely I shave the cast where the teeth come in contact. The advantages of this method over having a gum of whatever material are various.

An artificial gum under the lips, just after the teeth have been extracted, will in most cases make the mouth appear too full. The ridge being prominent, the artificial gum of whatever made is almost certain to show, and as it is seldom feasible to use gum teeth, vulcanite is used and looks very unnatural. But a far more serious objection than these presents itself and forbids the general use of gums over the anterior ridge of the upper jaw in the case of temporary plates. If worn for any considerable time after the gums are absorbed, the ridge becomes flabby and the mucous membrane of the lip becomes drawn into the space between the plate and ridge. Why this should occur at the front of the mouth and not at the back, and in the case of the upper and not in the lower, I am at a loss to say. In the case of temporary lower sets I usually cover the ridge entirely around with vulcanite and use plain teeth. The lower jaw being less prominent than the upper, the projection of lip caused by a thin layer of rubber is not so observable. The lower plate having to depend for retention upon its contact with the ridge, unlike the upper set which has the palatal contact, makes a gum all the way around more desirable.

As much care should be taken to secure a good articulation as in the case of a permanent set. As to the length of time it may be well to advise a patient to wear a temporary set, no rule will apply. I recommend the wearing of them as long as they are retained well and used with comfort, but warn the wearer against wearing them after they become loose and uncomfortable. I always expect a well fitting temporary plate to be worn a year. By that time I expect the gums to be in a good condition for a permanent set. In the spring of 1875 I made a temporary set of teeth for a lady three weeks after having extracted her upper set. About two years ago I saw her and she was still wearing it with comfort for twenty-one years. She had then lately lost off the central incisors. She said she would have them replaced by others on the same plate, as it was all right and she did not know what she might get next time. So I suppose she is wearing them yet.

The wearing of a temporary set overcomes the desire for a permanent set before the gums are ready for them, as is so frequently the case where temporary sets are not worn.

As regards the fee that should be charged for temporary sets, that could no more be regulated than could the fees for permanent sets, or for any other operation. There is no reason why a temporary set of teeth should be made any cheaper than a permanent set, or that a temporary and permanent set should not be twice as much as either one, especially when extraction of the teeth is regarded as a part of the operation. But there seems to be a sort of retail and wholesale principle observed, that two sets shall cost less than twice as much as one set. This being the case I make it a rule to have the retail fee for the first set. This insures me the making of the permanent set if the temporary set have been satisfactory and the patient be within reach. It insures me against loss, if for any reason the patient should get the permanent set elsewhere.

Question Drawer.

Edited by R. E. SPARKS, M.D., D.D.S., L.D.S., Kingston, Ont.

Q.—42. In articulating full upper and lower sets on extremely absorbed alveolar ridges is there any advantage in elongating the molars?

A.—1. In cases of extreme resorption of the alveolars two very important points must be kept in view in designing artificial dentures—comfort and appearance. The molars should be comparative with the length of the rest of the teeth. The appearance of the face may be improved by lengthening the teeth, but it is more

than likely that comfort will be sacrificed, as the shorter the teeth the less likely are they to be displaced.

2. Have the bearing on the bicuspid and molars. W. B.

3. If lower plate, yes. If upper, no.

4. First set up the two front sections above and below to touch each other. Then interpose the bicuspid and molars just sufficiently to keep the front teeth from touching.

Q.—43. To what membrane was the term "persistent" applied?

A.—1. Pupillary membrane.

Q.—44. Explain which makes the cleanest and strongest flame for annealing gold, methylated spirits or pure alcohol?

A.—1. Alcohol.

W. B.

2. Methylated spirits. It contains less carbon and burns with non-luminous flame, while alcohol has slightly luminous blue flame with an atom more of carbon.

J. E. OVERHOLT.

3. Alcohol because it is a pure spirit, usually about 95 per cent., while methylated spirits contains a gummy substance and leaves a residue from burning. Alcohol burns completely, leaving no residue.

A. A. SMITH.

Q.—46. In Dr. Black's experiments with amalgam fillings at the recent meetings of the O. D. S. at Toronto, it was found that out of thirty-five fillings inserted in cavities in steel dies, only seven were perfect enough to have preserved teeth in the mouth. Many of the imperfect fillings were made from alloys which have been in use in the dental profession for a great many years. How may we account for the preservation of teeth which we know have been preserved by fillings made of these imperfect alloys?

A.—1. A short and correct answer would be because the conditions are not the same. A scientific explanation would be as follows: Experiments teach a lesson well backed by facts in the physical line of study in which Dr. Black is engaged. The question, "How may we account for the preservation of teeth which we know have been preserved by fillings made of these imperfect alloys?" calls for an answer outside of physical studies. The conditions are changed. As we have had occasion to say before, experiments in the laboratory do not stand upon the same plane as operations at the chair. In a paper written upon this subject over twenty years ago, we illustrated the difference between amalgam and gold in about the following language: "Those who have had experience in the removal of remains from cemeteries have observed that in cases where caskets have been in the ground for many years, the only remaining wood is found in contact with the metals, as plates,

screws, mountings etc. Metallic salts enter wood fibre and with it formed an insoluble compound like the metals, negative to decay. This principle is carried out in case of an amalgam filling. A cavity lining is formed from metallic salts with the organic constituents of the tooth, and thus decay is arrested. To return to the casket illustration, should mountings or screws be made of gold or platinum, in time the metal would be found bright and free from any wood attachment. The physical lesson is this: Dr. Black's statements would apply to gold fillings; as all imperfect gold fillings fail to preserve teeth, because gold imparts no salts to compensate for poor work. While amalgam does as the questioner has observed.

S. B. PALMER, Syracuse, N. Y.

2. 1st. Any filling that properly preserves a tooth against caries maintains the walls of the cavity bright and perfect, whether the filling be of gold or amalgam. Many very imperfect fillings remain in cavities in mouths in which the disposition to caries is slight or nil, and would appear to be preserving such teeth. There are a large number of such cases in middle-aged people, which if in the mouths of people in whom there was a marked disposition to caries would very soon disappear. 2nd. In the mouths of people in whom there is considerable intensity of carious action, the amalgam fillings of the past disappear, or fail to preserve the teeth from caries, in larger proportion than the faulty fillings appeared in my test tubes, that is, in five to seven years. A black ditch occurs around the filling, or about some portion of its margin, decay begins again, and finally the filling is lost. This is very clearly shown when careful records are kept noting conditions, but to the general profession who do not keep careful records and continually consult them, these facts may not seem clear. In our work records ought to be continually consulted for years together to obtain just estimates of the value of filling materials. Most dentists do not do this and seem to regard as successful any fillings that remain in the teeth two or three years irrespective of conditions. This gives false notions generally. An amalgam filling that is really successful preserves the margins of the cavity without discoloration of the dentine or enamel walls the same as a gold filling. The amalgam may be ever so black on the surface but the tooth should be bright. What proportion of the fillings made from the silver-tin amalgams of the past do this? Copper amalgam will do it, when it doesn't wash out. Why not other amalgams? The copper amalgams do not shrink, the silver-tin amalgams of the past do shrink, causing them to leak, therefore the tooth is discolored. Count up the silver-tin amalgam fillings made in the past that have not discolored the walls of the cavity and you will find those amalgams that were perfect enough for use at the time they were employed.

G. V. BLACK.

Proceedings of Dental Societies.

EASTERN ONTARIO DENTAL ASSOCIATION.

The nineteenth annual meeting of the Eastern Ontario Dental Association was held in the parlor of the St. Lawrence Hall, Brockville, on July 14th and 15th, 1898.

The meeting was called to order by the President, Dr. A. H. Weagant, at eight o'clock p.m. of the first day.

The following members were present: Drs. W. R. Green, W. A. Leggo, C. A. Martin, J. C. Bower, J. A. Armstrong, G. Hutchison, Ottawa; H. B. Weagant, Morrisburg; W. Brace, D. V. Beacock, R. T. Kenney, Brockville; R. E. Sparks, L. Clements, Kingston; W. B. Cavanagh, Geo. H. Weagant, Cornwall; V. H. Lyon, Alexandria; W. McGill, Dixon; J. Young, A. H. Weagant, S. Burns, Smith's Falls; A. H. Mabce, Gananoque; G. E. Hanna, J. A. Sanders, Kemptville; S. W. Frith, West Winchester.

President Weagant, in a few appropriate words, opened the proceedings, and then called on Mayor Downey, of Brockville, who, after making some introductory remarks, read the following address of welcome:

To the Eastern Ontario Dental Association:

GENTLEMEN,—The mayor o' a town like Brockville has many duties to discharge which are irksome and distasteful, but he has also many pleasant duties, and among these possibly the most enjoyable is welcoming to our fair town associations like yours that have honored us by making our Island City their meeting place.

Gentlemen, on behalf of the citizens of Brockville, I bid you hearty welcome to our town. We feel that your profession is entitled to honor and respect as being one of the humanitarian professions, and one which does good to mankind. The steady progress which is always being made by you, and the readiness with which the discoveries of modern science are turned to good account by you, amply demonstrate that your profession numbers in its ranks many men of reading and research who have the ability to turn to practical account the marvellous discoveries and inventions of our day.

I am proud to say that we have had, and now have, representatives of your profession in our town who are a credit alike to you and us.

Gentlemen, I am pleased that you have come amongst us at this pleasant season of the year when the beauties of scenery, which nature has so bountifully bestowed upon us, are most apparent, and men of observation, such as I am sure you are, will soon

notice in our town the evidences of enterprise and industry. While we have factories and manufacturing establishments, we have also excellent systems of waterworks and sewerage, and electric light and gas, and splendid fire and police protection. We are rapidly putting down granolithic sidewalks, and claim that in all municipal work we are equal, if not superior, to any town of our size in Canada.

The claims of the sick poor have not been overlooked. Our sympathies for suffering humanity have been moved, and we now boast, and feel proud, of having two first-class modern hospitals well equipped with all modern appliances, and attended by devoted and well trained nurses. Visitors are welcome to visit these as well as our other public institutions, and I most cordially invite you to visit our public buildings and places of interest.

Gentlemen, I trust that your stay amongst us will be profitable and enjoyable, and that the interests of your profession will be promoted, while at the same time you spend a few pleasant hours in recreation and enjoyment. Once more I bid you welcome to Brockville.

Before resuming his seat, Mayor Downey, on behalf of the Rowing Club, extended an invitation to the members of the Association to attend the hop at the club-house.

The Mayor's address was replied to by President Weagant, Dr. Sparks, of Kingston, and Drs. Martin and Leggo, of Ottawa, the last two mentioned of whom are old Brockville boys, having been born and raised in this town. They referred in kindly terms to the interesting days they had spent here, and eulogized the town for the progressive spirit of its people, and the many evidences of prosperity everywhere to be seen.

Drs. A. E. McCordick, of North Gower; J. A. Fleming, of Prescott, and R. L. Graham, of Brockville, were elected members of the Association, and Dr. McLaren, of Toronto, was proposed as an honorary member.

The retiring President read his address, in the course of which he briefly sketched what had been done during the year in the way of advancing the interests of the profession, and closed by thanking the members for their kindness and consideration towards himself in the year he had the honor of occupying the position of president.

The Secretary read a letter from Dr. S. A. Ackroyd, of Kingston, regretting his inability to be present. The doctor was down on the programme for a paper on "Hard Times," but he had not had time to properly prepare it.

The next item on the programme was a carefully prepared paper by Dr. W. Fred. Jackson, of Brockville, on the "True Status of Alcohol in Medicine," which gave rise to an interesting discussion, in which Drs. Leggo, Sparks, Martin, Green and Hanna took part.

A vote of thanks was tendered Dr. Jackson for his valuable paper, and the meeting was adjourned until the following morning at half-past nine o'clock, when the first order of business was the election of officers for the ensuing year, which resulted as follows: President, Dr. W. R. Green, Ottawa; Vice-President, Dr. J. A. Armstrong, Ottawa; Secretary-Treasurer, Dr. Geo H. Weagant, Cornwall.

A paper by Dr. Beers, of Montreal, "A Contribution to the Amalgam Question," was read. Dr. Beacock, of Brockville, gave a paper on "Disease and the Evolution of Medicine."

Both these were very able and thoughtful papers, and their reading and the discussions which followed took up the whole time of the Association until an adjournment was made for dinner.

The afternoon session opened with an interesting report of the proceedings of the Board of Directors of the Royal College of Dental Surgeons, by Dr. Hanna, of Kemptville.

Some discussion took place showing a general feeling in support of the proposed new legislation by the National Association of Faculties, which met in Omaha last month, extending the term of studentship to four years and the college course to seven months. The Ontario dentists are affiliated with this Association, being entitled to send one delegate, who will be Dr. Willmott, a member of the Board of the Royal College of Dental Surgeons. In the absence of Dr. McElhinney, of Ottawa, Dr. Lyon read his paper on "Medico-Dental Relations," and the discussion which followed was opened by Dr. Sparks, Kingston.

The last mentioned contributed an able paper on "Temporary Sets of Artificial Teeth," which was discussed by Dr. Armstrong and others.

"Friction Plates" was the title of a paper read by Dr. G. H. Weagant, Cornwall, which created a favorable impression.

Moved by C. A. Martin, seconded by W. Brace, that the sympathy of the Eastern Ontario Dental Association be tendered the friends of the late Dr. J. H. Clark in their bereavement.

Dr. Clark was one of our charter members. He once occupied the chair of vice-president. His name was proposed for the presidency repeatedly, but he as often declined. He was a regular attendant at our meetings, quiet and unassuming, but highly interested in the welfare of the Association. In the death of Dr. Clark the Association feels keenly the loss it sustains.

Further resolved, that a copy of this motion be forwarded to the friends of Dr. Clark. Carried.

Moved by R. E. Sparks, seconded by L. Clements, that the members of the Eastern Ontario Dental Association here assembled having learned with sincere regret of the serious illness of Dr. Parnell, of Ottawa, hereby express their sympathy with him in his affliction.

Dr. Parnell was a charter member of the Association. He was our first secretary-treasurer, and has occupied the president's chair. He has always supported the Association financially and by earnest effort. That he may be sustained in his illness and speedily recover, is the sincere wish of the Association.

Further resolved that a copy of this resolution be forwarded to Dr. Parnell. Carried.

Dr. Stanley Burns made and successfully inserted a gold crown by a process entirely original.

Kingston was proposed and accepted as the next place of meeting.

The convention adjourned shortly before four o'clock to accept the invitation of the resident dentists to a complimentary trip up the river on the steam yacht *Albani*, kindly loaned for the occasion by Wm. H. Comstock.

The delegates were accompanied by Mayor Downey, Dr. Horton, Dr. Jackson, Dr. MacAulay, Dr. L. Vaux, G. I. Mallory and several ladies. After a pleasant run up the American channel the party, numbering about forty-five, were landed at Alexandria Bay, where they disembarked at 6.30, and were entertained to supper half an hour later at the Marsden House, a commodious new hotel recently built. After the wants of the inner man had been fully satisfied, an interesting episode took place.

Dr. Sparks, Kingston, arose from his chair and intimated that he had a pleasant duty to perform, which would explain itself as he proceeded. He then read the following address:

To George H. Weagant, Secretary-Treasurer of the Eastern Ontario Dental Association:

SIR,—The members of this Association desire to express in some tangible form their appreciation of your efficient services as secretary-treasurer during many years of our existence, as well as our high esteem for your personal and professional worth. We realize that the success of the E. O. D. A. has been largely due to our untiring and well-directed efforts not only as a secretary, and your occupancy of the presidential chair, but the whole period since our organization. We request that you accept this cane not only as an evidence of your official service, but principally as a token of personal esteem. May you be long spared to enjoy its use and be reminded thereby of your many warm friends and admirers in the E. O. D. A.

Signed on behalf the Association,

G. E. HANNA,
W. BRACE,
R. E. SPARKS,
J. C. BOWER.
G. C. HUTCHINSON.

Dr. Bower, Ottawa, made the presentation of a handsome gold-headed cane suitably inscribed.

The recipient, who is one of the most jovial and popular members of the Association, was received with great applause when he commenced to reply. He was evidently greatly taken by surprise, but made a modest reply in which he said he was glad to know that his services had been appreciated. He always considered his work more of a pleasure than a duty. He heartily thanked the donors for their gift.

The health of Dr. Weagant was drunk right royally, accompanied with the singing of "He's a Jolly Good Fellow," and three rousing cheers.

The visitors were allotted half an hour to take in the sights of the place, and, leaving at 8.30, Capt. Young steamed up the river about two miles, which afforded a splendid opportunity of witnessing the illumination of the bay and the adjoining islands. Brockville was reached on the return trip at 11 o'clock, all well pleased with the outing, which proved a most enjoyable one in every respect. Many of the delegates had never been on the St. Lawrence before, and it is needless to say they were delighted with the scenery.

Dr. Chas. Martin, of Ottawa, who is a jovial spirit, kept the company in good humor with his stories and recitations, and many others contributed in a similar manner.

GEO. H. WEAGANT, Secretary.

A CANADIAN'S IMPRESSIONS OF THE ILLINOIS STATE DENTAL SOCIETY.

It was my fortune, in company with Dr. J. Frank Adams, to attend the State Dental Society meeting held at Springfield during the second week in May last. So pleasant are my recollections of that meeting that I beg the privilege, even at this late date, of recounting some of our experiences.

Passing through Chicago, on our way to Springfield, we spent a pleasant two days' sight-seeing. Calling on Dr. C. N. Johnson we found him busy; but, as usual, ready to sacrifice to give pleasure to a brother dentist.

During our stay in Springfield we enjoyed the hospitality of Dr. G. H. Henderson and his charming wife. At the convention our reception was everything one could desire, and will always remain a bright spot in our memories. Every member of the Society with whom we came in contact seemed to make it his business to see that we enjoyed our visit.

The different committees seemed to have left nothing undone to contribute to the success of the meeting. The first feature I noticed as worthy of copying was that the first evening was not devoted to the programme, but was left open in order that the members should meet in an informal way at the Leland House, and renew friendships or make new acquaintances. Dr. C. N. Johnson took charge of us during that evening and introduced us to his friends in terms that actually, at times, made us blush. The indefatigable secretary, Dr. Peck, pinned neat little badges on our lapels proclaiming that we were each "a visitor," and from that moment we were "right in it." To say that we spent the evening in the company of such men as Drs. Black, Gilmer, Newkirk, Johnson, Noyes and Henderson, is sufficient guarantee that the evening was well spent.

Of the programme what can I say? It was all good—so good that to single out any portion as specially excellent would be difficult. Permit me to say, however, that the paper read by Dr. Peck, "Essential Oils—Some Recent Experiments," impressed me more than any other number on the programme. I would urge any one who can obtain the August number of the *Dental Review* to read Dr. Peck's paper. The personal sacrifice it represents in the way of original research was to me a revelation.

When half way through the programme, and weary from the tension of listening to and discussing scientific questions in a scientific way, a refreshing break was made in the way of a paper on "The Beauties of a Country Practice," by Dr. Cormany. A good laugh served to rest the tired "grey matter," and the programme proceeded with renewed zest.

The great feature of the meeting was, of course, the clinic. Very complete arrangements had been made by the committee in charge, and every clinician, with one or two exceptions, was in his place ready to contribute to the profit of the meeting.

How I wished I could have transported about fifty Ontario dentists to the clinic that morning. I spent about an hour in the hospital across the street from the Leland House, watching Dr. T. W. Brophy remove the inferior dental nerve from a patient seventy-five years of age. The nerve was moved entire from mental foramen to the gasserian ganglion—a most interesting and difficult operation, indeed, taking into account all the conditions, the age of the patient and the fact that his heart was very weak.

In the clinic room proper of the convention, as in the State House, "comparisons are odious"—suffice it to say that about forty clinics were given, all of more than passing interest. They are big-hearted, those western men—big-hearted enough to welcome as a brother anyone from anywhere in creation, if only he is trying to advance the interests of the profession.

I saw men that actually loved one another. I heard men talk of "Uncle George Cushing" while tears stood in their eyes. Chicago seems to be big enough somehow to crush out personal jealousy, and all such littleness. I have attended State meetings, not in Illinois, and have heard men talk as if dentistry, like learning, "originated in the east and spread toward the west," but had not yet crossed the Alleghany mountains. I am beginning to think they are mistaken. While they have such men in the west as Black, Brophy, Newkirk, Johnson, Case, Angle, Peck, Yorke, Harper, Haskell, Noyes, Crouse, Schwartz, Gilmer, Harlan, the present is stable and the future is secure.

I forgot to say that we were duly introduced to the Society, but the time seemed to us so valuable and the feast of good things so abundant, that we simply made our little bow and sat down.

I would like also to mention the enjoyment of an hour with Dr. Haskell in his laboratory on our return to Chicago. It is indeed a treat to any dentist to have Dr. Haskell explain his cabinets of models, and hear the history of some of the cases. To Dr. C. N. Johnson, perhaps, more than to any other, we are indebted for the pleasantest outing of its kind in our lives.

G. S. MARTIN.

Correspondence.

To the Editor of DOMINION DENTAL JOURNAL:

DEAR DR.,—In reply to your queries I have no objections to answer them as frankly as they are asked.

1. Comparing our Canadian dental journal with those not published in the Dominion, I think we have no particular cause for fault-finding. I recognize the caution needed to keep out of embarrassing personal controversies, and the utter impossibility of conducting a journal to please the ethical and unethical, the satisfied and the dissatisfied, the man of exclusively scientific tastes, and the man who is exclusively practical. I can understand that some want their meat "on the joint" so to speak, and some only want "hash." The monthly *menu* supplied us all round has been worth much more money than we pay for it.

[The writer here launches into compliments, which we omit. We do not want compliments: they do not help us.—Ed. D. D. J.]

2. One special fault I find is that while the journal is printed and published in Ontario, and in the city where we have our College, we are left in the dark as to the doings of the school and the doings of the directors, until we get the printed annual report once a year. Someone should, through the

journal, furnish Ontario's societies with a monthly letter, descriptive of the work going on, the number of students, and other such information, and my opinion is, that if we were taken more frequently into the confidence in this way of the powers that be, there would be more harmony, and such failures, numerically, as was shown in the attendance in Toronto at our last Provincial meeting, would not occur. This I regard as a very serious omission which should be quite easy to rectify. Various meetings of the directors are held in Toronto during the year, and we know nothing about their proceedings until the annual report appears. I am sure there is no intentional neglect, but it would be easy to have no cause for complaint.

3. While I do not object to them myself, I know that many think the length of the original communications might be much curtailed. I do not want "hash" altogether, but hash is better than prosy articles, where the same thing is repeated, and there is too much amplification.

4. A wise restriction has been placed upon the class of patients who can afford to pay proper fees elsewhere than in the Infirmary, and I think a great improvement has been brought about by the Superintendent.

5. A large amount of money goes out of our funds, and I think more frequent reports should be made than once a year as to how it is spent.

Yours truly,

[The above is one of several letters we have received.—Ed.]

Reviews.

Oral Pathology and Practice.—A Text-Book for the Use of Students in Dental Colleges and a Handbook for Dental Practitioners. By W. C. BARRETT, M.D., D.D.S., M.D.S., Professor of Oral Pathology in the University of Buffalo Medical Department, etc., etc. Philadelphia: The S. S. White Dental Mfg. Co., 1898. Pp. 239. \$2.50. Can be ordered from any of the depots advertising in the DOMINION DENTAL JOURNAL.

This is a book that will give its readers something to think about. It will excite assent and dissent; and whichever way it may be judged, no one can rise from its study without a feeling of profit. It is one of the fortunate contributions to our literature which was born to fill a void, and bears no ear-mark of piracy and padding. It is exclusively devoted to one subject, keeps to the point; is written in plain, concise language, attractively arranged typographically, so that important statements are almost pictorially manifest

and catch the eye quickly. It has the charm of condensation—a much more difficult trick of the pen than amplification. It is not a succession of quotations, but a comprehensive statement, clear, logical, and succinct. Some writers when they differ in opinion from others, “beg” to differ, but the author has that constitutional habit of “daring” to differ that has the ring of defiance, and perhaps suggests to more timid thinkers that he loves the war-path, and carries a chip on his shoulder. He is a hard hitter in controversy, but is built to take hard hits back wisely, so that whoever enjoys a mental wrestle with him, gets good of it, even if he gets beaten.

For many years, Dr. Barrett has been the higher attention, journalization work. He has aimed high and has achieved it. All his work has the appearance of a book that will not be forgotten. His friends think none the cause of its retention in the original in the profession.

The chapters on the diseases and the causes of dentition furnish food for some of the most interesting studies in the history of dentition as a cause of death.

The author compiles facts to prove, that “the diseases of which children mostly die are not those which could be materially influenced by the cutting of teeth.” Logically this is correct: but could it not be as logically assumed, that were infants altogether free of the local disturbances produced by dentition, or, in other words, were there no first dentition, many of the causes of mortality would not have occurred, or if they had occurred, would at least have been mitigated in their severity. It would be absurd to affirm that a physiological cause would necessarily be productive of a pathological effect or to say that teething *per se* is a cause of dysentery. Yet may it not be reasonably held, that the diarrhoeas, dysenteries, and fevers of infancy, whether they are or are not primarily due to improper feeding, may be so seriously aggravated by the coincident irritation of dentition



DR. W. C. BARRETT, BUFFALO, N.Y.

years, Dr. Barrett is conspicuous in his work as a teacher and as a writer. He has an independent mind, and those who have followed him forward for the past few years will be disappointed if they expect less of it. He is a thorough, clear, fearless, and original expression.

He writes on the so-called distinction, supply thought and controversy. It is common in the statistics of Canadian dentition

that we may attribute to dentition the remote cause of death? Truth lies midway in this subject: the teeth are not indifferent factors in many pathological results. There is no pathological parallel between the teeth and the nails; there is no physical impediment or coincident pathological history to the latter. Undoubtedly, as the author establishes, improper feeding during the period of most active development, is most generally the etiological factor in the so-called diseases of dentition. but the "real diseases of dentition" are quite enough to produce complications, not only of a reflex-nervous character, but conditions dangerous to life.

The chapters on Caries are up to date; the importance of the medicinal treatment of the teeth is emphasized. Caries is chiefly due to the action of micro-organisms: antiseptic treatment is quite as important as operative. In discussing pathological conditions, the author happily blends histological and physiological tit-bits sufficient to interest and inform the student. Referring to pericementitis he shows that the text-books err in representing the arteries and veins of the tooth-pulp as passing out of a single foraminial opening, and traversing the tissues until they anastomose with some larger vessel of which they are branches, and which is not in relation with the tooth-pulp at all, and insists that no blood vessel or nerve can be directly traced beyond the investing pericemental membrane. It is important for the student to clear his mind of the cobwebs of our imperfect literature in these respects. The author greatly simplifies the study of pericementitis and alveolar abscess. In regard to his views of pyorrhœa alveolaris, no doubt on account of the existing obscurity as to its etiology, there will be considerable differences of opinion. He objects to the use of chemical agents to dissolve deposits, and favors trichloroacetic acid to soften them; but he does not say anything which would deter many of us from the use of sulphuric acid. The objection that it may cause a slight dissolution of the surrounding bone seems to us an advantage within proper limitations. We have had made several instruments better adapted in their curved shapes to hug the roots, and in using sulphuric acid it is an advantage clearly that the instruments should be made of platinum-iridium, so as to be used in the pockets during the presence of the acid. No mention is made of the use of sulphate of copper, which causes contraction of the gums, and renders scaling easier. The action of the copper involves less loss of tissue, while its curative power is equal to anything else in use. It does not blacken the teeth like nitrate of silver, or act on the structure like acids if that is undesirable, nor does it spread over more surface than is intended, like chloride of zinc, caustic potash, etc. It causes little pain. Other caustics check granulations. Packed in the pockets for ten minutes at a time, three or four times at intervals of three days, and followed each time by bicarbonate soda, it has proved in our hands for many years successful. The author is very positive in his opinions in opposition to the old

theory of the divergence of the nutrient currents from the teeth to the growing child. It is one of the humiliations or inspirations of honest investigation that we have to abandon pet beliefs which once we thought infallible. The author was one of the first to annihilate the old time theory, but we are not satisfied with his explanation of the causes of the caries in pregnancy. The explanation he offers will not, we venture to believe, always explain. That there is an invariable hypersecretion of saliva, and a constant acid reaction during pregnancy, we believe we have for many years convinced ourselves. This is not inexplicable, when we consider the physiological properties of the sympathetic ganglion, and the primary activity present in the uterine mucous membrane. The sympathetic system of nerves controls salivary secretion, and certain nerve centres are distinctly concerned in all increased secretion. We regard hypersecretion as distinctively a sign of pregnancy as the discharge of non-coagulable blood is of menstruation, also that the reaction is invariably acid.

Our space will fail us to do full justice to this valuable work. It is one of the most practically useful in our literature, and cannot but be generally accepted as a text-book by the schools, and of deep interest and profit to the busiest practitioner who wants to keep pace with the times. There is not a dull line in it. We have met with few works so productive of thought. The desire to avoid cumbering it with a parrot-like repetition has perhaps been carried to an extreme, but it is so original and so practically valuable, that we may expect it to be one of the widest read books in our literature. Whatever is absolutely necessary for the exclusively practical dentist to know, seems to have been well covered, but there is a great deal of the result of the author's own scientific researches presented which illuminates the practical. In this respect, the author is a shining example of the value of theory and science united to the practical. The chapters devoted to diseases outside the range of the "purely practical" dentist, are written from a point of view superior to that regarded by the general surgeon. It is not unlikely that tumors and neoplasms are frequently unrecognized by the average practitioner; that he is blind to the symptomatology of oral conditions which the author maintains come within the legitimate sphere of the oral pathologist. The effort to stimulate study in this direction is as worthy as it is ambitious, and if the high ideal of the author can be attained, it will do much to elevate the status of the educated practitioner, to broaden the scope of practice, and to break the influence of the modern quack.

We feel that we do every student and practitioner in Canada a dutiful service in urging them to own this book. It is a book which the owner would grudge to lend to his best friend. The former would miss it in its absence: the latter would want to keep it too long.

Dominion Dental Journal

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Vol. X.

SEPTEMBER, 1898.

No. 9.

WHY SHOULD NOT THE "DOMINION DENTAL JOURNAL" GO FREE TO ONTARIO LICENTIATES?

Some years ago, Dr. J. B. Willmott made the informal suggestion, that the DOMINION DENTAL JOURNAL, as the only one in Canada, should be supplied free to all licentiates of Ontario who are not in arrears in respect of any fees payable under the provisions of the Act of Incorporation. The suggestion was made in the mutual interest of the R.C.D.S., as the representative body of Ontario, and the JOURNAL as the representative of its literature.

It seems to be a fact, that a number in Ontario never pay the annual fee, which is not only recovered with costs by suit in the name of the college, but patients cannot be forced by law to pay any fee to a practitioner who is in default in respect of said fee. In a measure it seems to be the general opinion in Ontario that the annual fee should be abolished. The licentiates, as a rule, feel that they have contributed their quota for the benefit of the R.C.D.S., and have little or no personal interest in promoting the growth, or as it now is, the overgrowth of the profession. "Towards the general expenses of the college," meant a good deal before the treasury was so flush, and the number of students so extensive. For the session of 1897-98 there were received for students: lecture fees, \$19,650; for anatomy fees, \$380. In all, the receipts of the school amounted to \$27,421.40; the disbursements, \$16,791.16, leaving a surplus for the school paid to the treasurer of the board of

\$10,630.24. For the year ending April 22nd, 1898, the total receipts were \$13,882.87; disbursements, \$3,638.65. Cash in bank to balance, \$10,244.22.

Now it appears that out of the large number of licentiates in Ontario, only one hundred and eighty-two (\$182) last year paid the annual fees! This certainly does not show a very lively interest on the part of the profession in Ontario, *en mass.*, in the work of the board and the college. We are confronted with the grievance that the very large proportion of members having their own license have no particular interest in boosting the over-production of the profession; but they overlook the fact, that by abstaining from paying their fees and attending the meetings, they forclose their privilege of making things different. We cannot ignore the fact, that among the non-paying licentiates there are a large number of worthy men. Something should be done to draw the mass of the members together. Those who take what we believe to be an unfair view of the work going on by authorities would have the best opportunity of inquiry by attending the meetings in person.

The business of this JOURNAL is chiefly to promote the interests of the profession at large. We have, time upon time, been asked to publish personal slander, and write public accusations against officials whom we knew were personally *sans peur et sans reproche*. But there is no reason why existing methods should not be modified if they are not what the majority of the voters want. With respect to the suggestion referred to in the beginning of this article, it was very generally favored, and while it may seem impossible to believe that we are in any way indifferent in the matter, so far as the benefit directly to the JOURNAL is concerned, we believe it would remove the grievance that members paying the annual dues get nothing in return. It would not be at all a novelty, as the members of the British Dental Association receive the journal of that society free, and there are many other illustrations of the same kind in England and the United States. If the licentiates of Ontario instructed the authorities to follow the example, it would have to be done. The small sum needed would not be missed from the large surplus. It is proposed to bring the matter before the next meeting of the Association. After so many years of independent effort, we do not think it out of place to ask this co-operative movement on the part of the profession in Ontario, whose funds have been so well and honestly managed, and who enjoy a prestige in consequence of which they have reason to be proud.

EDITORIAL NOTES.

HAS the time arrived when the plan of articling students by preceptors should be abolished? The mass of the profession in Ontario have congratulated themselves for many years that our system is in advance of the system of college training as generally in vogue in the U. S. A. On sober thought, however, is our system to be preferred? As things have existed for years in our Province the dentist who did a large extracting and plate-making practice articulated as many as five or six students, and after training them in his way of viewing the question, namely, from a purely commercial and often dishonest standpoint, they were turned loose on an unsuspecting public, and the—"Lord help the public." Of course, the Board has to a large extent remedied that evil by their enactment a year or two ago, that no practitioner shall have articulated more than two students at one and the same time. These plate-making fiends can not turn out as many per office as formerly. A glance at the situation in any of our large cities, Toronto for example, will convince one that a serious evil exists still. Scores of our best practitioners are refusing entirely to articulate students at all, claiming that it is more satisfactory to hire and train an assistant, usually a lady, who, in addition to assisting at the chair, can do all the plate work required in an office where the preservation of the natural teeth is made the chief aim rather than prosthetic dentistry. In this way the great majority of the students presenting at college under our present conditions are men whose training from a moral and ethical standpoint has been, we fear, in a wrong direction. No one will deny that a student's ideas on the question of ethics are generally the views inculcated by his preceptor.

It seems to the writer that with the number of poor people in Toronto, and in our public charitable institutions, that an infirmary or dental hospital, open all the year round, with a staff of competent supervisors carefully selected as to their attainments in operating, as well as in their strictly uncompromising attitude in the matter of ethics would be more likely to guide those entering our profession in such a way that we will not be called in after years to blush for their effrontery.

It may be argued that in the U. S. A., with the system here advocated, shysters of the worst kind have been graduated, but the circumstances are so different owing to our immense advantage in the standards of matriculation, that no such argument can be successfully sustained. Taking into account also the great numbers graduated from the United States colleges, they have perhaps a very much smaller percentage of shysters than are turned out in Ontario by our office method of training.

G. S. M.

DR. L. P. HASKELL, so long and favorably known as a post-graduate teacher, has been invited to Germany, where he will give instruction at some of the leading clinics during the next two months.

BROTHER Jonathan has cleverly extracted the eye teeth of the Spanish Don. It was a case of political orthodontia, which will enable the delayed *dens sapientiae* to erupt. Spain now curses the memory of poor Columbus who got her into a peck of trouble by discovering this continent.

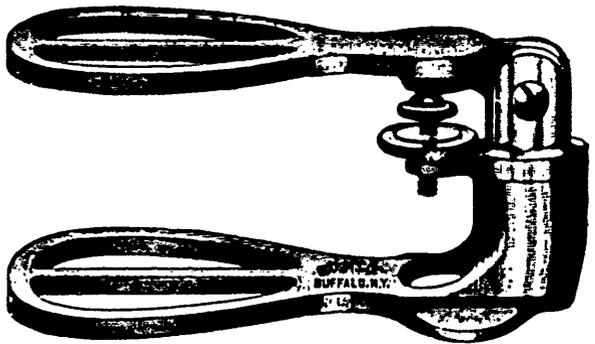
THE next meeting of the Vermont State Board of Dental Examiners will be held at the Pavilion Hotel, Montpelier, Oct. 18th, 1898, at 2.30 o'clock in the afternoon.

GEO. F. CHENEY, Secy.

St. Johnsbury.

The demand for a more perfect Crown Articulator has been met by the production of one containing new and practical features which will be appreciated by practical men.

The top of the Articulator is hinged in such a manner that it can be turned back parallel with the base, which overcomes the disagreeable feature of falling by accident onto the base and breaking the casts, and also



enables one to fit a Crown in position without the obstruction of either half of the Articulator. It has also a side or lateral motion, by which a test of the proper occlusion of the cusps of the Crown can be obtained. This lateral motion can be continued to a quarter or a complete revolution if desired, thereby affording another means of free access to the cast. By the action of a spring and lock, the top plate is restored to its original position in line with the base and held firmly. This feature is presented in no other articulator, and is admitted to be a valuable one.

Wings have been placed on the base to prevent falling over. The adjustment for height is accomplished by a milled screw and set nut, as in other articulators of our make. Manufactured by Buffalo Dental Manufacturing Company.