

The South African dentist, we learn, has no drawing-room practice, and the cost of appliances is very high. It is cheaper to import them, but the cost of getting them "up country" is great. Yet it is "up country" that the dentist finds not only profit but amusement. The gentleman referred to and his partner made close on £200 in three weeks—not a bad haul (to use his own expression), considering that their work lay chiefly among a class made up largely of a race noted for the fine quality and condition of their dental apparatus. In such practices as these the dentist covers a very large area. Owing to the distance the appointments have to be made two or three months ahead. Thus, if a native goes up with a racking toothache (say) in December, he may, if he is lucky, have an appointment for some time in March. So victims to toothache have to exercise more patience there than civilized man exhibits under the same trying circumstances. The dentist gets an accumulation of practically three months, and makes money and disperses teeth at a rapid rate. He is held in great regard, and, unlike his brethren in Europe, he is looked upon as a kind man. The natives think that to have a tooth drawn in the approved style is almost a pleasure. They have been used to less refined methods.—*British Medical Journal*.

INFLAMMATORY INDURATION OF SALIVARY GLANDS.—Mr. Barling showed a specimen of chronic inflammatory induration of the submaxillary and sublingual salivary glands from the presence of salivary calculus which he had removed from a female aged 39. She first had swelling and pain in the submaxillary region six years previously, at which time a small calculus escaped into the mouth, with relief of symptoms. During the last twelve months the patient had suffered repeated attacks of pain and swelling, and a few weeks ago another small calculus escaped, but with very little relief. When she presented herself both the glands were stonily hard, very fixed and adherent to the floor of the mouth, but owing to the density of the tissues no calculus could be felt. With considerable trouble both glands were excised, the floor of the mouth being freely opened. Examination of the specimen showed simply a dense infiltration of the gland tissue without any appearance of new growth, and a calculus, measuring nearly three-quarters of an inch in length, lay in a dilated duct.—*Brit. Med. Jour.*

THE ACTION OF SALIVA ON BACTERIA.—Triolo (*Rev. d'Igiene e di Med. Prat.*, An. 2, N. 12, Naples) has reinvestigated the above subject by new methods. Having first thoroughly disinfected the mouth with corrosive sublimate 1 in 1,000 or permanganate of potash and then washed out with distilled water until no trace of the germicide could be detected, the saliva was taken fresh from the