ANTISEPSIS IN DENTISTRY.—Dr. Shrady, editor of the Medical Record, every once in a while indulges in a "fling" at dentists and dentistry. His latest is an accusation as undeserved as usual, as at one sweep he accuses the profession of neglecting antisepsis. To one who reads dental literature and attends association meetings of late years, it is surely known that the average dentist pays more attention to cleanliness of instruments and of person than does the average physician. That surely is our own personal experience. If the egotistical editor of the Medical Record had taken pains to find the facts, we believe he would have arrived at the same conclusion.—Western Dental Journal.

Dr. J. W. Canaday, Albany, N.Y., emphasizes the value of tin and gold in combination in poorly calcified and young teeth, claiming that it is easily and rapidly manipulated, admitting of its use in the mouths of very young patients, is permanent as the resultant filling, becomes in time as hard as a good amalgam, and that it does not waste away as amalgam in soft teeth. A sheet of No. 4 tin is laid on a sheet of No. 4 gold, folded three times, then cut into suitable strips for insertion, the cavity is prepared as for soft gold, the distal portion being filled first, folding the foil as the filling progresses, so as to leave a suitable excess for final surface condensation.—Dental Cosmos.

W. Storer How, D.D.S., Philadelphia, Penn., suggests the use of one or two discs of rubber dam as a protection to pulps nearly exposed. The use of a drop of pure mastic varnish in the bottom of cavity will facilitate the placing of disc in position. The second disc may be spread with soft cement and placed cement down on the first, and burnished gently down. Other pulp protectors he suggests, such as thin gutta percha, paraffin paper, vulcanizable rubber, celluloid or mica discs. A piece of oiled mica, he says, makes one of the best matrices to be had, having in its favor thinness, smoothness, flexibility, resistance to acid action, shapability with scissors, to say nothing of cheapness. One of the best ways to fasten such a matrix in place is by using heat-softened gutta percha pressed against it on either side between the teeth.

THE INFLUENCE OF PREGNANCY ON CARIES.—Ruben Peterson, M.D., of Grand Rapids, Mich., read a paper with this title before the Grand Rapids Dental Society. We cannot do better than copy the doctor's own admirable summary of his observations: 1. It is probably true that dental caries is more liable to occur during pregnancy. 2. Dental caries is a disease characterized by a molecular disintegration of the normal constituents of the teeth. 3. The disease is caused by the action of certain pathogenic micro-organisms which produce lactic acid, which, in turn, decalcifies the