

As a general rule, he preferred to make clasped cases for *men*, and suction plates for *women*. The latter in most cases have a decided advantage, but men as a rule will not be bothered with them. They want something they can put in their mouths and use without any "getting used to." Ladies on the contrary (the side they are mostly on,) have more patience, more perseverance, and their tongues being so much more active and accommodating, it don't take them so long to feel at home with a plate in their way. He very often puts little stay bands on plates, so as to hold them until the patient becomes accustomed to and learns how to manage them; then he cuts them off. When the integuments are soft and flabby, the plates will sometimes cut up into them and produce serious irritation; half-round wire on the edge generally gives relief in such cases. He thought the injury to clasped teeth was more a chemical than a mechanical action. He had no faith in the idea suggested, to allow the saliva free access between the band and tooth; cleanliness on the part of the patient is the all-important preventive. The standard clasp had perhaps some little advantage, but could seldom be used. He had seen a perfect groove worn in a tooth by gilling twine used in regulating cases, undoubtedly by chemical action, as mechanical abrasion in this case was impossible. The extreme sensitiveness at the neck of the tooth, he thought due to the fact that at this spot the cementum and enamel, each brought to a thin edge, unite often without lapping over, leaving in many cases the dentine poorly protected. This can readily be seen with the naked eye—better with the microscope, by making a longitudinal section of a canine or incisor.—*Dental Cosmos*.

SELECTED ARTICLES.

DISEASES OF THE JAWS.

By THOMAS WATERMAN, M. D., BOSTON.

I.—*Naso-pharyngeal Polypus*. *Extirpation preceded by Temporary Displacement of the Superior Maxilla*.—B. F. F., æt. 39. A polypus of the left nasal fossa has been steadily growing for four years. It is visible just within the anterior nares, can be felt behind the soft palate, and can be seen by raising the palate with a spatula. It is hard and firm to the touch, does not readily bleed, and is not accompanied by deafness. Its point of origin is plainly from the posterior