

Dr. BARBOUR uses nitric acid for canker sores; objects to the nitrate of silver because it discolours dentine. He uses carbolic acid after extracting, following an application of Labarague's solution, which he allows to remain in the socket a minute or so. He asked for information in a case which he had recently. During his absence from the city his assistant extracted several lower teeth; swelling began almost immediately to supervene in the region of the angle of the jaw. The swelling had about reached its height when he saw the case, and aside from the open sockets the only evidence of traumatic injury was a slight scratch on the cheek, apparently made by either the forceps beak or one of the roots. The teeth had come out quite easily. The swelling soon became quite discolored, and eventually suppurated, though very little pus followed the lancet. A hardened lump still remains. What was its cause?

No one seemed in a position to answer the question.

Dr. MAGEE showed a cast of a case in which a patient having lost all the teeth from one side of the upper jaw through necrosis, and having a perfectly formed row on the opposite side had a denture constructed whereby the contour of the face was restored, and the lower teeth made once more useful during mastication. He made a wire crib attachment of platinized gold to fit snugly over the three molars, and to it soldered a frame-work to be engaged by the vulcanite across the vault. He frequently employs a crib attachment in replacing lost teeth, where a plate is objectionable and crown and bridge-work inadvisable; for it not only keeps the teeth from wiggling about, but it supports the denture so that recession of the gums around the remaining teeth does not attend the wearing of the artificial substitute.

Dr. MOORE reported a case where extreme recession of the gum followed the grinding down of a lateral incisor for a Logan crown. Whether arsenic had been used in devitalizing the pulp and a sufficient quantity was left in the tooth to cause sloughing, he did not know; but as the tooth had not been treated, unless a small hole drilled into the pulp chamber very high: up under the gum, could be called treatment, he could think of nothing else as being a likely cause. However, the condition was there, and he asked if anyone could suggest a possible amelioration.

Dr. NASE suggested that he make an incision horizontally, and putting a stitch in the part of the gum below the incision, draw it down and tie it to the tooth. The idea was to have the gap fill in with granulations.

Before the meeting was closed, Dr. Whitney, on behalf of himself and Dr. Moore, invited the members and their wives (those who had them with them) to an afternoon's outing in a steam