

victim of artificial teeth in about a year, came to me and wanted a set just like those of his wife. Now, gentlemen, I venture to make the assertion that this condition can occur only in a certain class of mouths, and that is the class which we consider the most favorable for artificial dentures, the mouth being of almost uniform texture, caused by the equal distribution of bone and the superimposed tissue. This allows the plate, from the change caused by the absorption of the alveoli, to settle gradually and imperceptibly into the other part, and may interfere with the circulation, and produce a chronic inflammation. In other cases where the mouth is more or less bony the inflammation would be of the acute form, and, 's you know, painful. It would be then evident that the plate was "cutting," and the patient would immediately seek relief from her dentist. There is another point which may have escaped your notice, as it did mine for some time, and that is, that if the cases had been of poison by mercury, then, by the continual cutting away of the plate, fresh surface was being exposed, and furnished the most favorable condition for the exhibition of the poison. No medicine or washes were used in either case. It may not be out of place to mention that the new impressions were taken in modeling composition.

To sum up, these cases were simply the result of mechanical violence, caused by ill-fitting plates, and I cannot escape the conviction that other cases of so-called mercurial poisoning were from the same cause.

As some gentleman may have had cases that corroborate or antagonize the apparent evidence of these cases, I should be glad to hear from them.

PASSING HINTS.

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I was forcing an aluminum crown on recently when it began to crack at the edge, and I felt for a little while that I was in a dilemma. By-and-bye I brought the margins together again, then spliced the break with another bit of aluminum, doubled over the edge in and out, and forced firmly together with pliers. Dressed the outside smooth, reduced the tooth and soon had it in place. I have since tested platinoid in the mouth for other uses and find it soon tarnishes. I find that a tracing of carbolic acid close along the gum margin controls the mucus until the cement is fully set; this is important. Someone else uses tinct. perchlorid