

Tit Bits from the Editors.

WE contend that it takes special gifts and talents to teach ; but we also contend that it takes no special talent or gift to discover that *some* graduates being turned out, even in this day and time, are not competent to practise dentistry intelligently.—*American Dental Weekly*.

PROBABLY one of the most frequent causes of the continuance of diseased conditions is due to the neglect of dentists in making careful diagnoses of diseases present in the mouths of their patients. As a rule the patient is conscious of some source of pain or irritation, which leads him to place himself in the care of the dentist. The dentist corrects the evil, looks for some more cavities, removes a little salivary calculus, and dismisses the patient. He generally fails to study the mouth, with a view to making either esthetics or practical improvements. In other words, he fails to be looking for trouble. A case in point may be cited at this time. The patient has been in the hands of a good, conscientious, honest and able operator for years, who always "cleaned and filled his teeth." A careful examination at once revealed the fact that one side of the mouth had not been used for mastication for years. There was no complaint as to any particular tooth on that side, on the contrary the patient said the dentist told him everything was "all right." The losses on both sides were equal, and no reason seemed to exist why one should be used in preference to the other. Careful tapping and tests of heat and cold seemed to indicate nothing wrong, but the patient did remember that the insertion of a large amalgam filling in the upper first molar on that side was followed by considerable pain, but that it had been "all right now for years." It seemed best to tap the tooth ; the pulp was dead, the root canals while not necessarily filled with offensive matter, contained material in a stage of decomposition. The slight soreness led to the abandonment of this side of the mouth, which was abetted by the difficult eruption of a third lower molar, whose environment was constantly in an inflamed condition. Having found, in addition to calculus, caries and blind abscess, also eruptio difficilis, a search for further discoveries was instituted, and this was rewarded by finding abrasion, two teeth sensitive from erosion near the gingival margin and one tooth attacked by pyorrhœa alveolaris. The latter was confined to about one-half of the circumference of the root of a lateral incisor, and its form was of that apparently inoffensive yet destructive nature which would have resulted in the loss of the tooth ere the patient could have been aware of the seriousness of the condition. These