

I sometimes think we do not realize the fearful responsibility resting upon us as dentists in regard to this matter. Let me illustrate: We use the gum lancet, or extract a tooth in a mouth in which there are specific ulcers; the instruments are covered with infecting pus; we wipe or clean them off, or at least we think we do, and imagine that they are clean, while in reality they are in the best possible condition for inoculation; an innocent lady takes her seat in your beautifully upholstered chair, her gums are lanced, or a tooth extracted with this same instrument. What is likely to be the result, I ask, of such a slipshod performance? I will leave you to draw your own conclusions, and say nothing of the long train of *unfortunate consequences* that may follow, even to *succeeding generations*.

It cannot be too strongly impressed upon our minds that all instruments should be not merely cleansed, but thoroughly *sterilized* after use, or the next confiding patient may become inoculated.

We should ever remember that the law of asepsis rules every part of the great territory of antiseptic work, and in no department more than in dentistry.

If cleanliness is next to godliness anywhere, it is certainly doubly so in the mouth.

Cases in Practice.

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In December last, Miss A. M. applied for relief from an aching tooth. Upon examination I found her suffering from a badly abscessed left upper central incisor, implicating the lateral, cuspid, bicuspid and first and second molars on the left side, the wisdom tooth not yet being erupted. All these teeth were in a very disgusting state, pus oozing from around their roots, and emitting an odor far from pleasant. She was wearing an artificial denture containing a right central, lateral and cuspid.

The history of the case as gleaned from the patient, was as follows:—Some two or three weeks previous she noticed the left central becoming sore to the touch, which gradually increased, the