

cavity dressing should be covered with such a mass of micro-organism pesthouses we are not able to determine. Creasote, to begin with, is not a disinfectant, being simply an oleaginous antiseptic. It is not a destroyer of bacteria in the sense that a dentist should use it. It is not a deodorant or chemical disinfectant. It simply masks the smell of mephitic gases. It is very useful as a preserver of telegraph poles and fence posts. It is sparingly soluble in water, and is not an anæsthetic. It will arrest pus formation alone; when iodine is dissolved in it, it is the iodine that does the work. As for a sandarac dressing, the alcohol in which the gum is dissolved is not a germicide, nor is the gum. Why use it? The more or less porous meshes of the cotton after the separation of the gum by evaporation of the alcohol, is a fruitful source of infection. Users of such dressing, as a rule, are not careful in applying them. They seldom or never use the rubber dam in making such dressings to roots, and never adjust it when removing them. Contaminated saliva entering an aseptic root is just as bad for it as the food debris, etc., was in the beginning. If you must use creasote, use it on shingles or for preserving wood in some form, but never in the mouth.—*Editorial, the Dental Review.*

**DENTALPHOBIA.**—Writing under this heading, Dr. W. H. Robinson, Alameda, Cal., in the December *Stomatological Gazette*, discusses that kind of pain experienced by some of our patients which arises entirely from dread of the dental chair. In these cases the patient has such a horror of dental operations that to touch a tooth with an instrument causes him to jump and declare he has been hurt dreadfully. The mind apparently does not distinguish between the sensations of touch and feeling, and the only anæsthetic available is to relieve the mind of the fear and dread that induces this condition, by making it capable of distinguishing between these sensations. Cure the pain dread that fear induces, and the actual pain the dentist causes will be but little trouble to the patient. As fully one-half the suffering in the dental chair is caused, not from dental instruments, nor from lesions made by them, it will be seen how worthless are all obtundents except as their application suggests and induces mental conditions that overcome this dread. Be candid with your patients; do all you can by gentleness and sympathy to gain their confidence and relieve their dentalphobia. Use all rational drug obtundents, and when these fail join in the patients' whims, put their language in the superlative, intensify it to the highest degree; tell them it hurts awfully, fearfully, worse than having their picture taken. To your surprise you will find this better than that old chestnut, "It won't hurt."